



**KWAZULU-NATAL PROVINCE**

**HEALTH**  
REPUBLIC OF SOUTH AFRICA

# 2021 / 22 ANNUAL REPORT VOTE 7



**GROWING  
KWAZULU-NATAL  
TOGETHER**

 KwaZulu-Natal Department of Health

 kznhealth

 KZN Department of Health

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# ANNUAL REPORT

## 2021/22

# 2021/22 ANNUAL REPORT

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# 2021/22 ANNUAL REPORT

## TABLE OF CONTENTS

PART A: GENERAL INFORMATION .....	9
FOREWORD BY THE MEMBER OF THE EXECUTIVE COUNCIL FOR HEALTH.....	17
REPORT OF THE ACCOUNTING OFFICER.....	21
ACCOUNTING OFFICER STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY OF THE ANNUAL REPORT .....	34
STRATEGIC OVERVIEW .....	35
PART B: PERFORMANCE INFORMATION.....	47
PROGRAMME 1 - ADMINISTRATION.....	87
PROGRAMME 2 - DISTRICT HEALTH SERVICES.....	95
SUB-PROGRAMME: PRIMARY HEALTH CARE.....	100
SUB-PROGRAMME: DISTRICT HOSPITALS .....	102
SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL.....	106
SUB-PROGRAMME: MATERNAL, NEONATAL, CHILD & WOMEN'S HEALTH AND NUTRITION .....	111
SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL.....	118
PROGRAMME 3 - EMERGENCY MEDICAL SERVICES.....	133
PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED) .....	139
SUB-PROGRAMME: TUBERCULOSIS HOSPITALS.....	145
SUB-PROGRAMME: PSYCHIATRIC - MENTAL HOSPITALS.....	147
SUB-PROGRAMME: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS.....	149
PROGRAMME 5 – CENTRAL AND TERTIARY HOSPITALS.....	157
SUB-PROGRAMME: TERTIARY HOSPITALS (GREYS, KING EDWARD VIII & NGWELEZANA HOSPITALS) .....	163
SUB-PROGRAMME: CENTRAL HOSPITAL (INKOSI ALBERT LUTHULI CENTRAL HOSPITAL) .....	165
PROGRAMME 6 - HEALTH SCIENCES AND TRAINING.....	171
PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES.....	177
PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT .....	181
PART C: GOVERNANCE.....	187
PART D: HUMAN RESOURCES OVERSIGHT REPORT .....	215
PART E: ANNUAL FINANCIAL STATEMENTS.....	253

## LIST OF TABLES

TABLE 1: DEPARTMENTAL RECEIPTS .....	27
TABLE 2: PROGRAMME EXPENDITURE.....	29
TABLE 3: ALIGNMENT OF THE PDOH IMPACT AND OUTCOMES TO HEALTH SECTOR POLICIES AND STRATEGIES.....	38
TABLE 4: ENTITIES REPORTING TO THE MEC FOR HEALTH .....	45
TABLE 5: TRANSFER PAYMENTS FOR THE PERIOD 1 APRIL 2021 TO 31 MARCH 2022 .....	76

# 2021/22 ANNUAL REPORT

TABLE 6: TRANSFER PAYMENTS BUDGETED FOR PERIOD 1 APRIL 2021 TO 31 MARCH 2022 .....	77
TABLE 7: COMPREHENSIVE HIV AND AIDS GRANT.....	79
TABLE 8: NATIONAL TERTIARY SERVICES GRANT.....	81
TABLE 9: SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME (EPWP) INCENTIVE GRANT FOR PROVINCES .....	82
TABLE 10: HEALTH FACILITY REVITALISATION GRANT .....	82
TABLE 11: DONOR FUNDS RECEIVED.....	83
TABLE 12: CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN .....	85
TABLE 13: OUTCOME INDICATORS (PROGRAMME 1).....	88
TABLE 14: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1).....	90
TABLE 15: BUDGET APPROPRIATION AND EXPENDITURE .....	93
TABLE 16: OUTCOMES INDICATORS (PHC) .....	100
TABLE 17: : OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PHC).....	101
TABLE 18: OUTCOME INDICATORS (DISTRICT HOSPITALS).....	102
TABLE 19: OUTPUT PERFORMANCE INDICATORS AND TARGETS (DISTRICT HOSPITALS) .....	104
TABLE 20: OUTCOMES INDICATORS (HAST) .....	106
TABLE 21: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST) .....	109
TABLE 22: OUTCOME INDICATORS (MCWH&N).....	111
TABLE 23: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N) .....	115
TABLE 24: OUTCOMES INDICATORS (DISEASE PREVENTION AND CONTROL) .....	118
TABLE 25: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISEASE PREVENTION AND CONTROL).....	120
TABLE 26: PROGRESS ON INSTITUTIONAL RESPONSE TO THE COVID-19 PANDEMIC.....	121
TABLE 27: BUDGET APPROPRIATION AND EXPENDITURE .....	129
TABLE 28: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS).....	135
TABLE 29: BUDGET APPROPRIATION AND EXPENDITURE .....	136
TABLE 30: OUTCOME INDICATORS (PROVINCIAL HOSPITALS) .....	141
TABLE 31: OUTPUT INDICATORS AND MTEF TARGETS (REGIONAL HOSPITALS) .....	143
TABLE 32: OUTCOME INDICATORS (TB HOSPITALS) .....	145
TABLE 33: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TB HOSPITALS) .....	145
TABLE 34: OUTCOME INDICATORS (PSYCHIATRIC HOSPITALS) .....	147
TABLE 35: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PSYCHIATRIC HOSPITALS).....	148
TABLE 36: OUTCOME INDICATORS (CHRONIC HOSPITALS) .....	149
TABLE 37: OUTCOME INDICATORS (CHRONIC HOSPITALS) .....	150
TABLE 38: BUDGET APPROPRIATION AND EXPENDITURE .....	154
TABLE 39: OUTCOME INDICATORS (TERTIARY AND CENTRAL HOSPITALS) .....	159
TABLE 40: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TERTIARY HOSPITALS) .....	163
TABLE 41: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (CENTRAL HOSPITAL).....	165
TABLE 42: BUDGET APPROPRIATION AND EXPENDITURE .....	169
TABLE 43: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 6) .....	172
TABLE 44: BUDGET APPROPRIATION AND EXPENDITURE .....	174
TABLE 45: OUTPUT PERFORMMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7).....	178
TABLE 46: BUDGET APPROPRIATION AND EXPENDITURE .....	179
TABLE 47: OUTCOME INDICATORS (PROGRAMME 8) .....	182
TABLE 48: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8).....	182
TABLE 49: BUDGET APPROPRIATION AND EXPENDITURE .....	184
TABLE 50: SCOPA RESOLUTIONS SUMMARY .....	192
TABLE 51: (3.1.1) PERSONNEL EXPENDITURE BY PROGRAMME: 01/04/2021 - 31/03/2022 .....	219
TABLE 52: (3.1.2) PERSONNEL COST BY SALARY BAND: 01/04/2021 - 31/03/2022 .....	219
TABLE 53: (3.1.3) SALARIES, OVERTIME, HOME OWNERS ALLOWANCE & MEDICAL AID BY PROGRAMME: 01/04/2021 - 31/03/2022.....	220
TABLE 54: (3.1.4) SALARIES, OVERTIME, HOME OWNERS ALLOWANCE & MEDICAL AID BY SALARY BAND: 01/04/2021 - 31/03/2022.....	220
TABLE 55: (3.2.1.) EMPLOYMENT AND VACANCIES BY PROGRAMME AS ON 31 MARCH 2022.....	222
TABLE 56: (3.2.2.) EMPLOYMENT AND VACANCIES BY SALARY BAND AS ON 31 MARCH 2022 .....	222

# 2021/22 ANNUAL REPORT

TABLE 57: (3.2.3.) EMPLOYMENT AND VACANCIES BY CRITICAL OCCUPATION AS ON 31 MARCH 2022 .....	223
TABLE 58: (3.3.1) SMS POST INFORMATION AS ON 31 MARCH 2022 .....	223
TABLE 59: (3.3.2) SMS POST INFORMATION AS ON 30 SEPTEMBER 2021 .....	224
TABLE 60: (3.3.3) ADVERTISING AND FILLING OF SMS POSTS: 01/04/2021 - 31/03/2022 .....	224
TABLE 61: (3.3.4) REASONS FOR NOT HAVING COMPLIED WITH THE FILLING OF FUNDED VACANT SMS - ADVERTISED WITHIN 6 MONTHS AND FILLED WITHIN 12 MONTHS AFTER BECOMING VACANT FOR THE PERIOD : 01/04/2021 - 31/03/2022..	224
TABLE 62: (3.3.5) DISCIPLINARY STEPS TAKEN FOR NOT COMPLYING WITH THE PRESCRIBED TIMEFRAMES FOR FILLING SMS POSTS WITHIN 12 MONTHS FOR THE PERIOD: 01/04/2021 - 31/03/2022.....	225
TABLE 63: (3.4.1) JOB EVALUATION BY SALARY BAND: 01/04/2021 - 31/03/2022 .....	225
TABLE 64: (3.4.2) PROFILE OF EMPLOYEES WHOSE POSITIONS WERE UPGRADED DUE TO THEIR POSTS BEING UPGRADED: 01/04/2021 - 31/03/2022 .....	226
TABLE 65: (3.4.3) EMPLOYEES WITH SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION BY OCCUPATION: 01/04/2021 - 31/03/2022 .....	227
TABLE 66: (3.4.4) PROFILE OF EMPLOYEES WHO HAVE SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION: 01/04/2021 - 31/03/2022 .....	227
TABLE 67: (3.5.1) ANNUAL TURNOVER RATES BY SALARY BAND: 01/04/2021 - 31/03/2022 .....	228
TABLE 68: (3.5.2) ANNUAL TURNOVER RATES BY CRITICAL OCCUPATION: 01/04/2021 - 31/03/2022 .....	228
TABLE 69: (3.5.3) REASONS WHY STAFF LEFT THE DEPARTMENT: 01/04/2021 - 31/03/2022 .....	229
TABLE 70: (3.5.4) PROMOTIONS BY CRITICAL OCCUPATION: 01/04/2021 - 31/03/2022.....	230
TABLE 71: (3.5.5) PROMOTIONS BY SALARY BAND: 01/04/2021 - 31/03/2022 .....	230
TABLE 72: (3.6.1) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL CATEGORIES AS ON 31 MARCH 2022 .....	231
TABLE 73: (3.6.2) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL BANDS AS ON 31 MARCH 2022 .....	232
TABLE 74: (3.6.3) RECRUITMENT: 01/04/2021 - 31/03/2022 .....	232
TABLE 75: (3.6.4) PROMOTIONS: 01/04/2021 - 31/03/2022.....	233
TABLE 76: (3.6.5) TERMINATIONS: 01/04/2021 - 31/03/2022 .....	233
TABLE 77: (3.6.6) DISCIPLINARY ACTION: 01/04/2021 - 31/03/2022 .....	234
TABLE 78: (3.6.7) SKILLS DEVELOPMENT: 01/04/2021 - 31/03/2022 .....	234
TABLE 79: (3.7.1) SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS AS ON 31 MAY 2021 .....	235
TABLE 80: (3.7.2) REASONS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS FOR ALL SMS MEMBERS AS ON 31 MAY 2021 .....	235
TABLE 81: (3.7.3) DISCIPLINARY STEPS TAKEN AGAINST SMS MEMBERS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS AS ON 31 MAY 2021 .....	235
TABLE 82: (3.8.1) PERFORMANCE REWARDS BY RACE, GENDER, AND DISABILITY: 01/04/2021 - 31/03/2022.....	235
TABLE 83: (3.8.2) PERFORMANCE REWARDS BY SALARY BAND FOR PERSONNEL BELOW SMS: 01/04/2021 - 31/03/2022.....	236
TABLE 84: (3.8.3) PERFORMANCE REWARDS BY CRITICAL OCCUPATIONS: 01/04/2021 - 31/03/2022.....	237
TABLE 85: (3.8.4) PERFORMANCE RELATED REWARDS (CASH BONUS), BY SALARY BAND FOR SMS: 01/04/2021 - 31/03/2022 .....	238
TABLE 86: (3.9.1) FOREIGN WORKERS BY SALARY BAND: 01/04/2021 - 31/03/2022 .....	238
TABLE 87: (3.9.2) FOREIGN WORKERS BY MAJOR OCCUPATION: 01/04/2021 - 31/03/2022.....	239
TABLE 88: (3.10.1) SICK LEAVE: 1 JANUARY 2021 - 31 DECEMBER 2021 .....	239
TABLE 89: (3.10.2) INCAPACITY LEAVE (TEMPORARY AND PERMANENT): 1 JANUARY 2021 - 31 DECEMBER 2021 .....	240
TABLE 90: (3.10.3) ANNUAL LEAVE: 1 JANUARY 2021 - 31 DECEMBER 2021 .....	240
TABLE 91: (3.10.4) CAPPED LEAVE: 1 JANUARY 2021 - 31 DECEMBER 2021 .....	241
TABLE 92: (3.10.5) LEAVE PAY-OUTS: 01/04/2021 - 31/03/2022 .....	241
TABLE 93: (3.11.1) STEPS TAKEN TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE .....	242
TABLE 94: (3.11.2) DETAILS OF HEALTH PROMOTION AND HIV AND AIDS PROGRAMMES .....	242
TABLE 95: (3.12.1) COLLECTIVE AGREEMENTS: 01/04/2021 - 31/03/2022 .....	246
TABLE 96: (3.12.2) MISCONDUCT AND DISCIPLINARY HEARINGS FINALISED: 01/04/2021 - 31/03/2022 .....	246
TABLE 97: (3.12.3) TYPES OF MISCONDUCT ADDRESSED AT DISCIPLINARY HEARINGS: 01/04/2021 - 31/03/2022 .....	246
TABLE 98: (3.12.4) GRIEVANCES LOGGED: 01/04/2021 - 31/03/2022.....	247
TABLE 99: (3.12.5) DISPUTES LOGGED WITH COUNCILS: 01/04/2021 - 31/03/2022 .....	247



# 2021/22 ANNUAL REPORT

TABLE 100: (3.12.6) STRIKE ACTIONS: 01/04/2021 - 31/03/2022.....	247
TABLE 101: (3.12.7) PRECAUTIONARY SUSPENSIONS: 01/04/2021 - 31/03/2022.....	248
TABLE 102: (3.13.1) TRAINING NEEDS IDENTIFIED: 01/04/2021 - 31/03/2022.....	248
TABLE 103: (3.13.2) TRAINING PROVIDED: 01/04/2021 - 31/03/2022.....	249
TABLE 104: (3.14.1) INJURY ON DUTY: 01/04/2021 - 31/03/2022.....	249
TABLE 105: (3.15.1A) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS: 01/04/2021 - 31/03/2022.....	250
TABLE 106: (3.15.1B) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS: 01/04/2021 - 31/03/2022.....	250
TABLE 107: (3.15.2) ANALYSIS OF CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDIS) 01/04/2021 - 31/03/2022.....	250
TABLE 108: (3.15.3) REPORT ON CONSULTANT APPOINTMENTS USING DONOR FUNDS: 01/04/2021 - 31/03/2022.....	250
TABLE 109: (3.15.3) ANALYSIS OF CONSULTANT APPOINTMENTS USING DONOR FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDIS): 01/04/2021 - 31/03/2022.....	250
TABLE 110: (3.16.1) GRANTING OF EMPLOYEE INITIATED SEVERANCE PACKAGES: 01/04/2021 - 31/03/2022.....	251

## LIST OF GRAPHS

GRAPH 1: IDEAL CLINIC STATUS OBTAINED RATE.....	53
GRAPH 2: PHC UTILISATION RATE.....	53
GRAPH 3: PHC UTILISATION RATE UNDER 5 YEARS (ANNUALISED).....	54
GRAPH 4: EXPENDITURE PER PHC HEADCOUNT – 2021/22.....	54
GRAPH 5: PHC UTILISATION RATE AND PHC UTILISATION RATE UNDER 5 YEARS PER DISTRICT – 2021/22.....	55
GRAPH 6: PROPORTION OF PHC CLIENT CONTACT PER DISTRICT – 21/22.....	55
GRAPH 7: PHC HEADCOUNT AND PHC HEADCOUNT UNDER 5 YEARS PER DISTRICT – 2021/22.....	56
GRAPH 8: UNDER 5 POPULATION PROPORTION VS UNDER 5 UTILISATION RATE – PER DISTRICT 21/22.....	56
GRAPH 9: AVERAGE LENGTH OF STAY – DISTRICT HOSPITALS.....	57
GRAPH 10: INPATIENT BED UTILISATION RATE – DISTRICT HOSPITALS.....	57
GRAPH 11: OPD HEADCOUNT NEW CASES NOT REFERRED – DISTRICT HOSPITALS.....	58
GRAPH 12: EXPENDITURE PER PDE – DISTRICT HOSPITALS.....	59
GRAPH 13: BUR VS ALOS PER DISTRICT – 2021/22.....	59
GRAPH 14: OPD HEADCOUNT IN RELATION TO OPD HEADCOUNT NOT REFERRED NEW – 2021/22.....	60
GRAPH 15: INPATIENT DEATH VS INPATIENT CRUDE DEATH RATE PER DISTRICT – 2021/22.....	61
GRAPH 16: ALL DS-TB CLIENT DEATH RATE.....	61
GRAPH 17: ALL DS-TB CLIENT TREATMENT SUCCESS RATE.....	61
GRAPH 18: ART CLIENT REMAIN ON ART END OF MONTH – TOTAL.....	62
GRAPH 19: TROA PER DISTRICT – MARCH 2022.....	62
GRAPH 20: ART ADULT VIRAL LOAD SUPPRESSED RATE - (12 MONTHS).....	62
GRAPH 21: ART CHILD VIRAL LOAD SUPPRESSED RATE - (12 MONTHS).....	63
GRAPH 22: HIV POSITIVE 15-24 YEAR OLDS (EXCL ANC) RATE.....	63
GRAPH 23: TB INCIDENCE.....	63
GRAPH 24: ART ADULT DEATH RATE (6 MONTHS).....	64
GRAPH 25: ART CHILD DEATH RATE (6 MONTHS).....	64
GRAPH 26: HIV INCIDENCE.....	64
GRAPH 27: ART DEATH RATE (6 MONTHS).....	64
GRAPH 28: TB RIFAMPICIN RESISTANT/MDR/PRE-XDR TREATMENT SUCCESS RATE – SHORT.....	65
GRAPH 29: TB RIFAMPICIN RESISTANT/MDR/PRE-XDR TREATMENT SUCCESS RATE – LONG.....	65
GRAPH 30: PROPORTION OF TB CLIENT TREATMENT SUCCESS RATE, TB CLIENT LOST TO FOLLOW UP RATE AND TB CLIENT DEATH RATE FOR APRIL 2020 – MARCH 2021 COHORT.....	66
GRAPH 31: MATERNAL MORTALITY IN FACILITY RATIO – TOTAL.....	66
GRAPH 32: MATERNAL DEATHS PER LEVEL OF CARE – PUBLIC SECTOR 21/22.....	67
GRAPH 33: NEONATAL DEATH IN FACILITY RATE – TOTAL.....	67

# 2021/22 ANNUAL REPORT

---

GRAPH 34: LIVE IN BIRTH UNDER 2 500 G IN FACILITY RATE – TOTAL .....	68
GRAPH 35: INFANT PCR POSITIVE AROUND 10 WEEKS RATE.....	68
GRAPH 36: [NUMBER OF] INPATIENT DEATHS UNDER 5 YEARS – TOTAL .....	69
GRAPH 37: UNDER 5 DEATHS PER AGE CATEGORY, PER LEVEL OF CARE – 2021/22.....	69
GRAPH 38: DEATH UNDER 5 YEARS AGAINST LIVE BIRTH RATE – TOTAL .....	70
GRAPH 39: CHILD UNDER 5 YEARS DIARRHOEA CASE FATALITY RATE – TOTAL .....	70
GRAPH 40: CHILD UNDER 5 YEARS PNEUMONIA CASE FATALITY RATE - TOTAL.....	70
GRAPH 41: CHILD UNDER 5 YEARS SEVERE ACUTE MALNUTRITION CASE FATALITY RATE – TOTAL .....	71
GRAPH 42: [NUMBER OF] INPATIENT DEATHS UNDER 1 YEAR – PUBLIC SECTOR - TOTAL.....	71
GRAPH 43: EARLY NEONATAL DEATH RATE – TOTAL.....	72
GRAPH 44: STILL BIRTH IN FACILITY RATE – TOTAL.....	72
GRAPH 45: CHILD UNDER 5 YEARS DIARRHOEA INCIDENCE .....	73
GRAPH 46: CHILD UNDER 5 YEARS PNEUMONIA INCIDENCE.....	73
GRAPH 47: CHILD UNDER 5 YEARS SEVERE ACUTE MALNUTRITION INCIDENCE.....	74
GRAPH 48: PATIENT EXPERIENCE OF CARE SATISFACTION RATE.....	74
GRAPH 49: PATIENT SAFETY INCIDENT CASE CLOSURE RATE .....	75

## LIST OF FIGURES

FIGURE 1: MACRO ORGANISATIONAL STRUCTURE .....	43
FIGURE 2: REPORTING LINES.....	44



# 2021/22 ANNUAL REPORT

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## **SUBMITTING THE 2021/22 ANNUAL REPORT (VOTE 7) TO THE EXECUTIVE AUTHORITY**

MEC for Health

KwaZulu-Natal Department of Health

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the period 1 April 2021 to 31 March 2022.



**Dr S C Tshabalala**

**Accounting Officer**

**KwaZulu-Natal department of Health**

**Date:** 29/08/2022

# 2021/22 ANNUAL REPORT

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## **PART A: GENERAL INFORMATION**

	Page
Department's General Information .....	10
Abbreviations .....	11
Foreword by the MEC .....	17
Report of the Accounting Officer .....	21
Accounting Officer Statement of Responsibility and confirmation of Accuracy of the Annual Report .....	34
Strategic Overview .....	35

# 2021/22 ANNUAL REPORT

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## DEPARTMENT'S GENERAL INFORMATION

**Department:** KwaZulu-Natal Department of Health

**Website:** <http://www.kznhealth.gov.za>

**Head Office: Natalia**

**Physical Address:** 330 Langalibalele Street  
Pietermaritzburg  
3201

**Postal Address:** Private Bag X9051  
Pietermaritzburg  
3200

**Telephone:** 033 – 395 2111 (switchboard)

**Head Office: Old Boys Model School**

**Physical Address:** 310 Jabu Ndlovu Street  
Pietermaritzburg  
3201

**Postal Address:** Private Bag X9051  
Pietermaritzburg  
3200

**Telephone:** 033 – 815 8300 (switchboard)

**Head Office Park: Town Hill**

**Physical Address:** 35 Hysslop Road  
Pietermaritzburg  
3201

**Postal Address:** As above

**Telephone:** 033 940 2400 (switchboard)

# 2021/22 ANNUAL REPORT

## ABBREVIATIONS

Abbreviation	Description
<b>A</b>	
AGL	Adherence Guidelines
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AIP	Annual Implementation Plan
ALOS	Average Length of Stay
ANC	Antenatal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ASSA	Actuarial Society of South Africa
<b>B</b>	
BANC +	Basic Antenatal care Plus
BOD	Burden of Disease
BUR	Bed Utilisation Rate
<b>C</b>	
CARC	Cluster Audit and Risk Committee
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CEO(s)	Chief Executive Officer(s)
CFR	Case Fatality Rate
CHC(s)	Community Health Centre(s)
CHE	Council for Higher Education
CHW	Community Health Worker
COE	Compensation of Employees
COS	Community Outreach Services
CPIX	Consumer Price Index
CSD	Central Supplier Database
CYPR	Couple Year Protection Rate
<b>D</b>	
DCST	District Clinical Specialist Team
DHIS	District Health Information System
DIS	Departmental Investigation Services
DIO	District Information Officer
DOH	Department of Health
DOPW	Department of Public Works
DPSA	Department of Public Service and Administration
DQPR	District Quarterly Progress Report

# 2021/22 ANNUAL REPORT

Abbreviation	Description
DORA	Division of Revenue Act
<b>E</b>	
ECD	Early Child Development
EHW	Employee Health and Wellness
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
EPMDS	Employee Performance Management and Development System
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Managing Obstetric Emergencies
<b>F, G, H</b>	
HAI	Hospital Care Associated Infections
HAST	Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, Sexually Transmitted Infections and Tuberculosis
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPRS	Health Patient Registration System
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resources Development
HRM	Human Resources Management
HT	Health Technology
HTA	High Transmission Area
HWSETA	Health and Welfare Sector Education and Training Authority
<b>I</b>	
IALCH	Inkosi Albert Luthuli Central Hospital
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information Communication Technology
ICU	Intensive Care Unit
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
IPD	Inpatient Days
IPT	Isoniazid Preventive Therapy
<b>K, L</b>	
KCD	King Cetshwayo District
KMC	Kangaroo Mother Care

# 2021/22 ANNUAL REPORT

Abbreviation	Description
KPA	Key Performance Area
KRA	Key Result Area
KZN	KwaZulu-Natal
LARC	Long-Acting Contraceptive Devices
LOGIS	Logistical Information System
LRO	Labour Relations Office
LTF	Lost to follow up
<b>M</b>	
MBFI	Mother and Baby-Friendly Initiative
MCWH	Maternal Child and Women's Health
MCS	Modified Cash Standard
M&E	Monitoring and Evaluation
MDR	Multi Drug Resistant
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUAC	Mid-Upper Arm Circumference
<b>N</b>	
nCPAP	Nasal Continuous Positive Airway Pressure
NDOH	National Department of Health
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NHLS	National Health Laboratory Services
<b>O</b>	
OECD	Organisation for Economic Co-operation and Development
OES	Organisational Efficiency Services
OHS	Occupational Health and Safety
OHSC	Office of the Health Standards Compliance
OPD	Out-Patient Department
ORWOPS	Other remunerated Work Outside Public Service
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
<b>P</b>	

## 2021/22 ANNUAL REPORT

Abbreviation	Description
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEP	Post-Exposure Prophylaxis
PERSAL	Personnel and Salaries System
PFMA	Public Finance Management Act
PHC	Primary Health Care
PMIS	Project Management Information System
PPE	Personal Protective Equipment
PPP	Public Private Partnership
PPSD	Provincial Pharmaceutical Supply Depot
PreP	Pre-Exposure Prophylaxis
PSETA	Public Service Education and Training Authority
PSI	Patient safety Incident
PTS	Patient Transport Services
<b>Q, R, S</b>	
QA	Quality Assurance
RFA	Results for Action
RSA	Republic of South Africa
RMC	Risk Management Committee
RTC	Regional Training Centre
SAC	Severity Assessment Code
SAM	Severe Acute Malnutrition
SANC	South African Nursing Council
SAPC	South African Pharmacy Council
SBD	Supplier Business Declaration
SBR	Still Birth Rate
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SHP	Strategic Health Programmes
SITA	State Information Technology Agency
SLA	Service Level Agreement
SMS	Senior Management Service
SO	Strategic Objective
SOP(s)	Standard Operating Procedure(s)
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
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## 2021/22 ANNUAL REPORT

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Abbreviation	Description
TB	Tuberculosis
TLD	Tenofovir Disoproxil, Lamivudine, Dolutegravir
TROA	Total Patients Remaining on ART
<b>U, V, W, X</b>	
UHC	Universal Health Coverage
UKZN	University of KwaZulu-Natal
ULAM	Urine Lipoarabinomannan
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis



## **FOREWORD BY THE MEMBER OF THE EXECUTIVE COUNCIL FOR HEALTH**

The year 2021/22 will go down as one of the toughest in the history of our Province and, indeed, the country.

Just when we thought we were starting to recover from the devastation of COVID – 19, and trying to reclaim our lives in a strange new world that was starting to look and feel familiar again, the Province of KwaZulu-Natal was hit by two disasters that came completely from leftfield.

These were in the form of the rampant looting and social unrest that took more than three hundred lives and cost billions in damaged property; as well as the severe floods that cast a swathe of destruction across the Province, leaving at least 448 people deceased and more than 40 000 without homes.

We are immensely grateful to our political leadership at national, provincial and local government level; civil society; our social partners; as well as our valued healthcare professionals, for their support and display of immense courage and leadership during extremely tough times.

We remember those who fell with their boots on, in the frontlines of battle, trying to save their fellow compatriots from the COVID – 19 pandemic. We also take our hats off to all our support staff, as well as the people of KwaZulu-Natal at large for playing their part to help us navigate our way out of all of these uncharted waters.

While these disasters affected various spheres of society quite gravely, their impact was felt even more acutely by us as the Department of Health. Firstly, in terms of the mental anguish among healthcare workers who had to contend with the loss of patients and colleagues on an unprecedented scale. Secondly, due to the stress and fear that they themselves could lose their own lives by virtue of being on the frontlines of the battle. Of course, there was also the unusually higher number of hospital admissions and mortal human remains that had to be collected and managed from these situations and events, which no doubt took a heavy toll on our healthcare workers in general, not least our emergency medical services and forensic pathology staff. As a Department, we also suffered more than R200 million worth of damage to our infrastructure due to the flooding.

When you consider that all of this happened against a backdrop of an already vastly-diminishing provincial health budget, you begin to appreciate the amount of pressure that we are under, as we endeavour to meet the healthcare needs of the people of this Province.

But, be that as it may, it is worth noting that we still managed to do well in certain areas during the period under review. During the course of the 2021/22 financial year, we were able to contain the rate of mother to child transmission of HIV to 0.4%.

We increased the number of children under the age of 1 who have been immunised, from 217 198 in 2020/21 to 242 394 in 2021/22.

We also tested 3, 955 million people for HIV, while a total of 1, 541 million patients remained on Anti-Retroviral Therapy, as at the end of March 2022;

## 2021/22 ANNUAL REPORT

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Notably, we also managed to reduce the rate of maternal mortality in-facility from 125.2 per 100 000 live births to 100.6 per 100 000 live births.

We also managed an overall 23, 906 million patients at Primary Health Care level, and managed to screen 13, 1 million people for mental health.

The lifting of COVID – 19 restrictions, thanks to the relatively low impact of the current dominant strain of the virus, has enabled us to resume the implementation of a number of programmes that were disrupted by the pandemic from the 2019/20 financial year onwards.

From now onwards, we have to move with great speed to make up for lost time.

Among the programmes that we will be accelerating, going forward, is the re-engineering of Primary Health Care through a community-based approach to health (taking healthcare services to the people); implementation of the e-Health system; promotion of health literacy, and heightening the public's understanding of National Health Insurance. We will also continue working hard to reduce the rate of Severe Acute Malnutrition; reduce the death rate of children aged under 5; address the healthcare needs of key population groups, including the LGBTQI community; and to ensure the establishment and revitalisation of hospital boards and clinic committees, in order to improve governance.

We will also seek to increase the number of people who are screened and tested for diseases in order to wage a formidable war against ailments such as HIV/AIDS and TB; as well as non-communicable diseases such as cancer, diabetes, heart disease, stroke, obesity, hypertension, and many others. We will play close attention to the rate of maternal and child mortality and morbidity, while continuing to seek ways to improve the level of mental healthcare services that we provide, as well as access thereto.

Ensuring a healthy citizenry is crucial for any country that wants to have a bright future. Such a future, is highly dependent on economic development and growth. A healthy workforce is a cornerstone of that, which means that the country's fortunes – and indeed its future - are tied to the work that we do.

We wish to remind managers and employees of the Department of Health that, when planning their work and discharging their daily duties, they must never forget that their actions – or inaction, or dereliction of duty - are invariably a matter of life and death. And work settings do not get any more serious than that.

It is therefore vital that every link in our collective chain of healthcare workers is solid and does its job in tandem with that of others, so that we are able to pull in the same direction, and contribute meaningfully to Government's noble quest to improve health outcomes in this Province.

The 2030 vision for health as outlined in the National Development Plan is to achieve a health system that works for everyone and produces positive health outcomes.

We are a Department that fully subscribes to Principles of Batho Pele (Putting People First), which is a people-centred initiative that aims to enhance the quality and accessibility of government services to the people. This approach is rooted on improving efficiency and accountability to the recipients of public goods and services.

## 2021/22 ANNUAL REPORT

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We are counting on our staff to be good ambassadors of our caring and responsive Government, and to have the Batho Pele approach uppermost in their minds at all material times.

These principles are: consultation, service standards, courtesy, access, information, openness and transparency, dealing with complaints, and giving best value.

We appeal to our staff to uphold and implement these principles, and to treat themselves, their colleagues, and – most importantly – the public, with respect, dignity and courtesy at all times.

Always remember the sheer privilege of having a relatively secure job in this tough economy and never take it for granted. Treat everyone who requires assistance from you in the same manner that you would want your own family members or relatives to be treated.

That way, you will have done us, yourselves, your families, and your own communities proud.

Thank you



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

**Ms Nomagugu Simelane**

**MEC for Health: KwaZulu-Natal Department of Health**

## 2021/22 ANNUAL REPORT

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# 2021/22 ANNUAL REPORT

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## REPORT OF THE ACCOUNTING OFFICER

### DEPARTMENTAL OVERVIEW

The 2021/22 financial year marks the second year of the new 5 years strategic planning cycle. The 2020-2025 Strategic Plan is aligned with the National Development Plan, the Medium Term Strategic Framework, the Provincial Growth and Development Plan, as well as legislative and policy mandates and the burden of disease that determines needs and demands for health care in the Province.

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

In 2021/22 the policy priorities set out in the Annual Performance Plan (APP) were in line with the three overarching outcomes that seek to achieve the impact of “Increased Life Expectancy”. The outcomes are “Universal Health Coverage”, “Improved Client Experience of Care” and “Reduced Morbidity and Mortality”.

Details of the actual performance of the Department during 2021/22 are included in the Annual Report, highlighting the achievements and challenges. During this financial year:

- The Department managed 23 906 112 patients at Primary Health Care (PHC) level
- There were 13 126 378 people screened for mental disorders
- The mother to child HIV transmission rate remained at 0.4%.
- The number of severe acute malnutrition deaths under 5 years increased from 164 to 185, pneumonia deaths under 5 years increased from 148 to 185 and the diarrhoea deaths under 5 years increased from 133 to 138
- Diarrhoea incidence increased from 3.7 (3.8)/1000 to 6.5/1000; pneumonia incidence increased from 11.5 (11.6)/1000 to 17.5/1000; and severe acute malnutrition incidence increased from 1.2 (1.3)/1000 to 1.6/1000
- The number of children under 1 year fully immunised increased from 217 217 (227 198) to 242 394
- A total of 3 955 243 people were tested for HIV and a total of 1 541 952 patients remained on Anti-Retroviral Therapy (ART) at the end of March 2022
- The maternal mortality in facility rate decreased from 125.2 (123.9) per 100 000 live births to 100.6 per 100 000 live births

### Enabling Systems

### Human Resources

The Department had 70,201 filled posts with a vacancy rate of 15.4% as at 31st March 2022. It has been very difficult to reduce the vacancy rate in the Department due to the COVID-19 pandemic and all the additional posts



## 2021/22 ANNUAL REPORT

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that were created to meet the demands for COVID-19. On a year-on-year basis, the average human resource strength increased by a further 1 122 employees from 69 079 in Financial year 2020/21 to 70 201 in financial year 2021/2022.

The increased human resource strength for the year under review was mainly due to the employment of additional resources to assist the Department to cope with the COVID-19 pandemic as well as an additional allocation of Medical Interns and Community Service Officers. It is unclear whether the trajectory will continue in the medium term, given the prescribed cumbersome appointment processes to fill vacancies, particularly non-exempt posts. The Medium-Term Expenditure Framework allocation demonstrated the adverse impact of the continued reduction of the Compensation of Employees annual baselines, which will more likely persist over the medium-term, placing evermore pressure on the Department to fund its Human Resource capacity requirements within its own allocation.

The Department has a Nursing College which offers Nurse Training; the total number of students currently on training is 609, of which 198 are enrolled in Legacy nursing programmes accredited by the South African Nursing Council. A total of 394 students are registered for the Diploma in Nursing, which forms part of the New Nursing Qualifications being offered in the Country, which requires accreditation with the Council for Higher Education (CHE) and the South African Nursing Council (SANC). The accreditation processes with the above mentioned accreditation bodies are currently underway for the remaining programmes to be offered by the Department's College.

Seven new programmes: one Advanced Diploma in Midwifery and six Post Graduate Diplomas: Mental Health Nursing, Nephrology Nursing, Critical Care Nursing (Adult), Perioperative Nursing, Primary Care Nursing and Midwifery are being evaluated by accreditation bodies. Six more programmes are being processed for submission to accreditation bodies: Child Nursing, Emergency Care Nursing, Orthopaedic Nursing, Ophthalmic Nursing, Oncology and Palliative Care Nursing as well as Higher Certificate in Nursing. It is projected that enrolment will increase by 50 – 150% in the next two years, depending on accreditation results and budget allocations.

The Department, in order to address the skills shortage in the medical Professionals, has 100 Students who trained in Cuba and now are doing their 18 months integration programme in Local universities. There is a total of 249 students doing internship with 169 on second year and 80 on first year of their internship. There are 199 bursary holders who are now doctors and are doing community service. Twenty one students are currently still in Cuba continuing with their studies at various levels of medical training. Thirteen are expected to return from Cuba in July 2022 to do their 18 months local studies. Within the same medical profession 51 bursary holders who studied in Republic of South Africa (RSA) programme are doing their community service and 34 bursary holders are doing their internship. Fifty Nine bursary holders are currently at universities completing their studies. The total of 168 bursary holders inclusive of medical, pharmacy and allied professionals are currently in training at universities.

# 2021/22 ANNUAL REPORT

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The Department provided bursaries to in-service employees in order to address critical skills shortage and improve employees' qualifications that is necessary to improve performance or compliance with professional bodies' requirements. Three hundred and sixty employees benefited from this training initiative.

The Department implemented various training and development initiatives which were reported in the Annual Training Report submitted to the Public Service Sector Education and Training Authority (PSETA) and Health and Welfare Sector Education and Training Authority (HWSETA).

The total number of employees trained was 18 368 out of 18 502 planned beneficiaries which amount to 99.27% achievement of the target. The main contributing factor being Nurse Training, Regional Training Centre (RTC), and COVID – 19 training programmes. The Department did not achieve the planned target on generic and transversal skills programmes due to COVID -19 pandemic that compelled the postponement or cancelling of most training sessions. As a post COVID – 19 recovery strategy some training sessions had been done using online platforms and others have been accommodated in the Workplace Skills Plan for 2022/2023 financial year.

As a caring Government, the Department was able to implement training and development programmes targeting the unemployed beneficiaries of training that entered various training / learning programmes. For this reporting period there were unemployed youth who benefited from programmes such as unemployed graduates internship programme and bursaries for the prospective employees. These programmes are solely aimed to address the youth unemployment whilst improving on service delivery. Some of the internship programmes are achieved by partnering with developmental partners who source funding from the Health and Welfare Sector Education and Training Authority (HWSETA) for the placement of unemployed youth to gain practical workplace experience whilst getting a monthly stipend for 12 months.

## **Infrastructure**

Project progress has been measured using the approved Annual Implementation Plan (AIP) and the end of year AIP Infrastructure Reporting Module 2021/2022 based report extracted from the Project Management Information System (PMIS). The AIP originally had 900 projects but at the end of the financial year had 961 projects. The increase in projects is due to the re-evaluation of project progress, expenditure trends and re-prioritising of maintenance type projects such as roof replacements, generators, and other projects. A number of packages were also unbundled such as some fencing and Emergency Medical Services wash-bays mainly because the KZN Department of Public Works, does not manage packages as an Implementing Agent,

The following evaluation is noted (excluding maintenance, Health Technology (HT), leases and non-infrastructure):

- 39 Projects in planning had limited movement and no expenditure
- 4 Projects in design had limited movement and no expenditure
- 25 Projects remain in tender stage
- 44 projects remain in construction stage

# 2021/22 ANNUAL REPORT

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- 32 projects remain in retention stage
- 20 Projects were closed.

Overall comparison at the end of April (when financial systems closed for 2021/2022) show:

- 42 Projects were budgeted for but had no expenditure
- 1 Project had no budget but reflected expenditure
- 14 Projects were cancelled

## **Critical Engineering Assets maintained**

The 2021/2022 Infrastructure Development Annual Implementation Plan on the side of Engineering and Technical Services was developed to facilitate an increased investment to projects that address statutory compliance, safety and restoration of services that improve the reliability of state facilities. The emphasis was on Primary Health Care Facilities driven by the need to accelerate ideal clinic realization and maintenance. This is evidenced by the amount of budget allocations that address this critical area of infrastructure asset management.

Generators Installation Programme - The Department aimed to complete the installation of 397 generators in 2021/22 with a budget of R169,2 million. This includes the purchase of additional generators for emergency breakdown of the installed generators. The total number of generators installed to date is 285.

Asbestos Eradication Programme - A total allocation to the value of R33,812 million was allocated for the implementation of the asbestos eradication programme in all Provincial clinics and Community Health Centres (CHCs). An amount of R11,1 million was spent in 2021/22 on 43 completed facilities out of 73 in a programme.

Perimeter Fencing Replacement Programme - A total allocation to the value of R51,3 million was allocated for the programme across the Province. An amount of R29,8 million was spent in 2021/22 on 98 completed facilities out of 111 in a programme.

The 72 HR Standby Water Tank installation Programme - A total of 155 Water tanks with an estimated value of R84 million was placed on the plan for 2020/21 and 2021/22. Programmes have been awarded in 10 out of 11 Districts and implementation is currently underway with 43 units installed and commissioned with the expenditure of R37,5 million in 2021/22.

The Lift Replacement Programme were started with a budget of R26,6 million set aside for the replacement of 43 lifts in various facilities which include Addington Hospital, King Edward Hospital, RK Khan Hospital, St Aidan's Hospital, Prince Mshiyeni Hospital, Edendale Nurses Home and St Mary's Hospital. An amount of 24 Lift installation has been completed.

An Autoclaves Replacement Programme whereby a total of 8 steam autoclaves were installed and commissioned in 2021/22 at R2 million

# 2021/22 ANNUAL REPORT

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## **Projects in Construction:**

Seventy Projects were in construction and R671, 188 million was spend on these projects

Projects of interest in construction in 2021/2022 are as follows:

- Hlabisa Hospital: Construction of Outpatients Department (OPD), Accident & Emergency, Pharmacy and Allied services - Project Cost: R230,945, million
- Project: King Edward VIII Hospital - Upgrade Nursery - Project Cost: R115,461million
- Catherine Booth Hospital - Phase 1& 2 Refurbish existing wards - Project Cost at R63,030 million
- Nkonjeni Hospital - Build a new Neonatal facility & renovate existing - Project Cost: R78,740 million

## **Projects at Practical Completion:**

For the period 2019/20 to 2021/22, a total of 65 projects reached Practical Completion at a total cost of R1,019,362 billion, including Dr Pixley ka Isaka Seme Memorial Hospital, a new 500 Bed Regional Hospital with a cost of R3,253, billion

## **COVID – 19 Interventions:**

The KZN- Department of Health (DOH) approach to the intervention was to leave a legacy behind. Therefore, the affected facilities (i.e. wards, or other spaces) have been completely renovated. The Isolation beds provided to date are 1 387 and Quarantine 226 beds however the current usable Isolation beds are 908 and Quarantine 54 beds due to the following:

- Catherine Booth Hospital is still in construction (30 x Isolation beds);
- Royal Show Grounds has been decommissioned (254 x Isolation beds);
- 3 x Field Hospitals are being decommissioned
- Infrastructure Maintenance Hub (92 x Quarantine beds) was not used and the facility has been reverted to an Infrastructure Maintenance bed.

## **Revenue:**

The Department did not reach its revenue collection target for 2021/22, this was mainly due to COVID – 19 pandemic and the challenges the Road Accident Fund is experiencing. While progress has been made in rolling out patient revenue systems in hospitals, the IT infrastructure and connectivity still poses a challenge.

The process to revive the efficiency within the Supply Chain Management (SCM) component of the Department is on-going and progress is beginning to be evident. The time that is taken to process bids has been significantly reduced. The decentralization of delegations to institutions is yielding the desired results in that service delivery

# 2021/22 ANNUAL REPORT

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lead times have been greatly reduced. The system is now more responsive to end-user requests. Head Office SCM, as a result, is now better able to respond and process the bids quicker than previously. A total of 143 bids were advertised during the financial year.

## **Financial Management Improvements**

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

## **COVID-19 Implications**

The impact of the COVID – 19 pandemic has worsened the Department’s financial outcome. The Supply Chain Management processes were also adversely affected with a direct impact on the expired contracts that were extended whilst the replacement process were concluded. The full financial impact of the COVID-19 is still being quantified and is poised to have a ripple effect over the entire 2021/2022 Medium Term Expenditure Framework (MTEF) period.

# 2021/22 ANNUAL REPORT

## Financial Performance

**TABLE 1: DEPARTMENTAL RECEIPTS**

Departmental receipts	2021/2022			2020/2021		
	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	245 094	211 498	33 596	289 664	198 229	91 435
Fines, penalties and forfeits	24	22	2	72	26	46
Interest, dividends and rent on land	249	329	(80)	166	932	(766)
Sale of capital assets	17 798	18 916	(1118)	8 000	17	7 983
Financial transactions in assets and liabilities	22 732	22 535	197	18 531	17 414	1 117
<b>Total</b>	<b>285 897</b>	<b>253 300</b>	<b>32 597</b>	<b>316 433</b>	<b>216 618</b>	<b>99 815</b>

# 2021/22 ANNUAL REPORT

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## **Financial Performance**

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

During the last two previous financial years, the Department has seen substantial over collection against sale of goods and services as a result of concerted effort to ensure revenue recoveries and through provision of training to the institutions. Due to the COVID – 19 pandemic revenue collection was decreased during the financial year. The set revenue target was under collected by R32,597, the budget revenue collection for 2021/22 was R285,897 million and the actual revenue collected was R253,300 million. The main reason for under collection is due to COVID – 19 pandemic, the Road Accident Fund experiencing financial difficulties and was unable to settle outstanding hospital accounts.

## **Tariff policy**

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

## **Free Services**

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



# 2021/22 ANNUAL REPORT

**TABLE 2: PROGRAMME EXPENDITURE**

Programme Name	2021/2022			2020/2021			Reasons for Variance	
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure		
	R'000	R'000	R'000	R'000	R'000	R'000		
<b>Administration</b>								
Current payment	924 989	924 989	0	1 667 613	1 629 315	398 318	Refer notes to the Appropriation Statement	
Transfers and subsidies	23 049	23 049	0	11 697	11 076	621		
Payment for capital assets	91 40	91 40	0	240 692	22 631	218 061		
Payment for financial assets	123	123	0	4 039	4 039	0		
<b>Total</b>	<b>1 040 001</b>	<b>1 040 001</b>	<b>0</b>	<b>1 924 061</b>	<b>1 307 061</b>	<b>617 000</b>		
<b>District Health Services</b>								
Current payment	26 375 798	26 455 979	(80,81)	24 641 611	24 341 051	300 560		
Transfers and subsidies	472 842	469 946	2 896	403 756	364 206	39 550		
Payment for capital assets	420 719	343 434	77 285	328 272	231 896	96 376		
Payment for financial assets	512	512	0	99	99	0		
<b>Total</b>	<b>27 269 871</b>	<b>27 269 871</b>	<b>0</b>	<b>25 373 738</b>	<b>24 937 252</b>	<b>436 486</b>		
<b>Emergency Medical Services</b>								
Current payment	1 512 031	1 512 031	0	1 462 376	1 429 072	33 304		
Transfers and subsidies	13 920	13 920	0	6 737	5 818	919		
Payment for capital assets	70 815	70 815	0	195 098	171 037	24 061		
<b>Total</b>	<b>1 596 766</b>	<b>1 596 766</b>	<b>0</b>	<b>1 664 211</b>	<b>1 605 927</b>	<b>58 284</b>		
<b>Provincial Hospital Services</b>								
Current payment	11 386 381	11 386 381	0	11 706 304	11 102 742	603 562		
Transfers and subsidies	211 951	211 951	0	98 455	98 425	30		

## 2021/22 ANNUAL REPORT

Programme Name	2021/2022			2020/2021			Reasons for Variance
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	
Payment for capital assets	147 400	147 400	0	222 280	124 438	97 842	Refer notes to the appropriation Statement
Payment for financial assets	24	24	0	34	34	0	
<b>Total</b>	<b>11 745 756</b>	<b>11 745 756</b>	<b>0</b>	<b>12 027 073</b>	<b>11 325 639</b>	<b>701 434</b>	
<b>Central Hospital Services</b>							
Current payment	5 283 641	5 283 641	0	5 341 332	5 270 488	70 844	
Transfers and subsidies	27 517	27 517	0	27 098	27 104	(6)	
Payment for capital assets	43 997	43 997	0	132 261	87 868	44 393	
<b>Total</b>	<b>5 355 155</b>	<b>5 355 155</b>	<b>0</b>	<b>5 500 691</b>	<b>5 385 460</b>	<b>115 231</b>	
<b>Health Science and Training</b>							
Current payment	1 267 526	1 267 526	0	1 122 076	1 137 118	(15 042)	
Transfers and subsidies	92 096	92 096	0	126 123	126 123	0	
Payment for capital assets	2 564	2 564	0	16 998	1 956	15 042	
Payment for financial assets	1	1	0	0	0	0	
<b>Total</b>	<b>1 362 187</b>	<b>1 362 187</b>	<b>0</b>	<b>1 265 197</b>	<b>1 265 197</b>	<b>0</b>	
<b>Health Care Support Services</b>							
Current payment	309 839	309 839	0	406 908	423 608	(16 700)	
Transfers and subsidies	803	803	0	1 001	1 001	0	
Payment for capital assets	7 516	7 516	0	5 266	5 905	(639)	
Payment for financial assets	1	1	0				
<b>Total</b>	<b>318 159</b>	<b>318 159</b>	<b>0</b>	<b>413 175</b>	<b>430 175</b>	<b>(17 339)</b>	Refer notes to the appropriation Statement

## 2021/22 ANNUAL REPORT

Programme Name	2021/2022			2020/2021			Reasons for Variance
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	
<b>Health Facilities Management</b>							
Current payment	753 619	753 619	0	614 018	712 973	(98 955)	
Transfers and subsidies	0	0	0	0	0	0	
Payment for capital assets	1 188 463	1 188 463	0	2 525 902	2 400 222	125 680	
<b>Total</b>	<b>1 942 082</b>	<b>1 942 082</b>	<b>0</b>	<b>3 139 920</b>	<b>3 113 195</b>	<b>26 725</b>	
<b>Departmental Total</b>	<b>50 629 977</b>	<b>50 629 977</b>	<b>0</b>	<b>51 308 066</b>	<b>49 370 245</b>	<b>1 937 821</b>	

# 2021/22 ANNUAL REPORT

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## **Unauthorised Expenditure**

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

## **Unauthorised Expenditure Approved**

Unauthorised Expenditure Act that approves and authorises the unauthorised expenditure incurred in the 2018 / 2019 financial year. The KwaZulu-Natal Unauthorised Expenditure Authorisation Act 2022 (Act 1 of 2022) dated 31st March 2022 was gazette to the value of R14 248 million. This could not be processed on the financial statements due to the modified cash standard as the Department did not receive the funds by 31st March 2022.

## **Public Private Partnership (PPP)**

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements (*Note 29*). The PPP agreement was extended for a further 18 months, with expiry in year 2023.

## **Supply Chain Management**

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

## **Gifts and Donations**

Donations to value of R323 826 million were received and are reflected in the annexure 1F to the Financial Statement as is utilised in accordance with the donor request.

## **Events after reporting date**

No event subsequent to balance sheet date occurred.

## **Exemptions and deviations received from the National Treasury**

The following exemptions have been obtained from the Provincial Treasury:

### *BAS/Persal reconciliation*

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

## **Other matters**

The dispute between the Department and the National Health Laboratory Services (NHLS) over the outstanding debt owed by the Department for laboratory services has not been finalised. The contingent liability has been disclosed under Contingent Liabilities Annexure 2B.

# 2021/22 ANNUAL REPORT

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## Approval

The Annual Performance Information set out on pages 48 to 185 and Annual Financial Statements set out on pages 269 to 440 are hereby approved by the Acting Accounting Officer of the Department of Health: KwaZulu-Natal.



A handwritten signature in black ink, appearing to read 'S C Tshabalala', written over a horizontal line.

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

Date 25/08/2022

## 2021/22 ANNUAL REPORT

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### **ACCOUNTING OFFICER STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY OF THE ANNUAL REPORT**

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

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any omissions.

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

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

The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing, and implementing a system of Internal Control that has been designed to provide reasonable assurance as to the integrity and reliability of the Performance Information, the Human Resources Information and the Annual Financial Statements.

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

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2022.

Yours faithfully,



**Dr S C Tshabalala**

**Accounting Officer**

**KwaZulu-Natal Department of Health**

## STRATEGIC OVERVIEW

### Vision

Optimal health for all persons in KwaZulu-Natal

### Mission

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

### Core Values

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

### Legislative and Other Mandates

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

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

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

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

# 2021/22 ANNUAL REPORT

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

- Basic Conditions of Employment Act (Act No. 75 of 1997): Provides for the minimum conditions of employment that employers must comply with in their workplace.
- Child Care Act, 74 of 1983: Provides for the protection, welfare and treatment of certain children and to provide for incidental matters.
- Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended): Provides a legal framework for termination of pregnancies (under certain circumstances) and based on informed choice.
- Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982: Provides for the control of the practice of the professions of Chiropractors, Homeopaths and Allied Health Professions, to determine its functions and matters connected therewith.
- Dental Technicians Act, 19 of 1979: Consolidate and amend laws relating to the profession of Dental Technician and to provide for matters connected therewith.
- Disaster Management Act: Classification of a National Disaster: COVID-19 (coronavirus). Notice on the classification of the COVID-19 pandemic as a National Disaster based on the potential magnitude and severity of the Covi-19 pandemic on 15 March 2020.
- Division of Revenue Act (Act 7 of 2003): Provides for the manner in which revenue generated may be disbursed.
- Health Professions Act (Act No. 56 of 1974): Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- Human Tissue Act (Act No. 65 of 1983): Provides for the administration of matters pertaining to human tissue.
- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.
- Labour Relations Act (Act No. 66 of 1995): Provides for the law governing labour relations and incidental matters.
- Medicines and Related Substances Act (Act No. 101 of 1965 as amended): Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines.
- Mental Health Care Act (Act No. 17 of 2002): Provides a legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions.
- National Health Act (Act No. 61 of 2003) and Amendments: Provides for a transformed National Health System to the entire Republic.
- National Health Laboratories Services Act (Act No. 37 of 2000): Provides for a statutory body that provides laboratory services to the public health sector.



# 2021/22 ANNUAL REPORT

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- Nursing Act (Act 33 of 2005): Provides for the regulation of the nursing profession.
- Occupational Health and Safety Act (Act No. 85 of 1993): Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace.
- Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations: Provides for the administration of State funds by functionaries, their responsibilities and incidental matters.
- Preferential Procurement Policy Framework Act (Act No. 5 of 2000): Provides for the implementation on the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs.
- Public Service Act (Act No. 103 of 1994) and the Public Service Regulations: Provisions for the administration of the public service in its national and provincial spheres, as well as provides for the powers of ministers to hire and fire.
- Pharmacy Act (Act No. 53 of 1974 as amended): Provides for the regulation of the pharmacy profession, including community service by Pharmacists.
- Skills Development Act (Act No. 97 of 1998): Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace.
- Traditional Health Practitioners Act (Act No. 35 of 2004): Regulates the practice and conduct of Traditional Health Practitioners.

## Policy Mandates

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

# 2021/22 ANNUAL REPORT

## Government Policy Frameworks that Govern the Department

- National Development Plan 2030
- The Sustainable Development Goals 2030
- Medium Term Strategic Framework 2019-2024
- The Provincial Growth and Development Strategy and Plan 2035
- Provincial Poverty Eradication Master Plan
- Negotiated Service Delivery Agreement for Health
- National Health Insurance White Paper
- Human Resources for Health Policies and Frameworks
- Provincial Strategic Goals and Objectives
- Infrastructure: KwaZulu-Natal Planning and Development Act, No 6 of 2008; Regulations Regarding Communicable Diseases 2008; Emergency Medical Services Regulations 2015; Construction Regulation 2014; and Space Planning Norms and Standards for Office Accommodation used by Organs of State 2005.

## Strategic Outcome Orientated Goals

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

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

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

# 2021/22 ANNUAL REPORT

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	Medium Term Expenditure Framework (MTSF) Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals (Abbreviated)	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
	seeking health care by 2030	Priority 1: Capable, Ethical and Developmental State	families and communities Universal Health Care Coverage Fill posts with skilled, committed and competent individuals	essential medicines and vaccines for all 3 (c) - Substantially increase health financing and the health workforce in developing countries Strengthen the capacity of all countries for early warning, risk reduction and management of national and global health risks	3.2(e) Facilitate health research and knowledge management to inform evidence-based and responsive planning and decision-making.	<p><i>Health Coverage through NHI</i></p> <p><i>SO: Improve quality and safety of care</i></p> <p><i>SO: Provide leadership and enhance governance in the health sector for improved quality of care</i></p> <p><i>SO: Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i></p> <p><i>SO: Improve equity, training and enhance management of Human Resources for Health</i></p> <p><i>SO: Improving availability to medical products, and equipment</i></p> <p><i>SO: Robust and effective health information systems to automate business processes and improve evidence based decision making</i></p>

# 2021/22 ANNUAL REPORT

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	Medium Term Expenditure Framework (MTSF) Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals (Abbreviated)	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
						<i>SO: Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities</i>
Improved Client Experience of Care	Outcome: Progressive improvement in the total life expectancy of South Africans	Priority 3: Education Skills and Health			Strategic Objective 3.2: Enhance the health of communities and citizens	<i>SO: Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health</i>
Reduced Morbidity and Mortality	<p>Outcome: Reduce Maternal and Child Mortality</p> <p>Outcome: Progressive improvement in the total life expectancy of South Africans</p> <p>Outcome: Improved educational and health outcomes and skills development for all women, girls, youth and persons with disability</p>	Priority 3: Education Skills and Health	<p>Improvement in evidence-Based preventative and therapeutic interventions for HIV</p> <p>Progressively improve TB prevention and cure</p> <p>Reduce maternal and child mortality</p> <p>Reduce the prevalence of non-communicable chronic diseases by 28 percent</p> <p>Reduce Injury, accidents and violence by 50% from 2010 levels</p>	<p>"2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons".</p> <p>3.1 - By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>3.2 - By 2030, end preventable deaths of new-borns and children under 5</p>	<p>3.2(b) Implement the KZN 2017-2022 Multi-Sectoral Response Plan for HIV, TB and STIs to reduce the burden of communicable diseases.</p> <p>3.2(c) Accelerate implementation of comprehensive integrated community- and facility-based services/ interventions to improve maternal, neonatal and child health.</p> <p>3.2(d) Accelerate implementation of comprehensive and integrated community- and facility-based services/ interventions to reduce the burden of non-</p>	<p>Goal 1: Increase Life Expectancy improve Health and Prevent Disease</p> <p>SO: <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa</i></p>

# 2021/22 ANNUAL REPORT

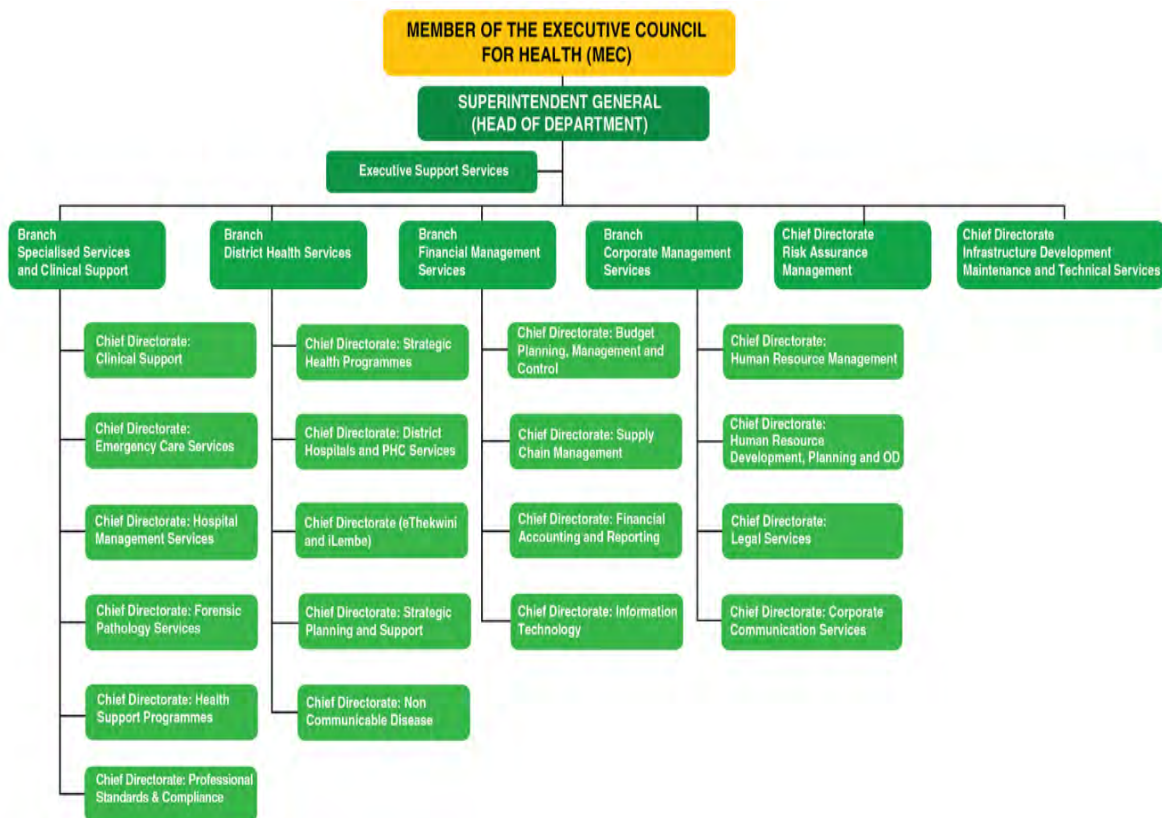
KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	Medium Term Expenditure Framework (MTSF) Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals (Abbreviated)	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
				<p>years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births</p> <p>3.3 - By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <p>3.4 - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>3.5 - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> <p>3.6 - By 2020, halve the number of global deaths and injuries from road traffic accidents</p>	communicable diseases.	

# 2021/22 ANNUAL REPORT

KZN DOH Impact and Outcome 2020-2025	Medium Term Strategic Framework 2019-2024 Impacts	Medium Term Expenditure Framework (MTSF) Priorities 2019-2024	National Development Plan: Vision 2030 goals	Sustainable Development Goals (Abbreviated)	Provincial MTSF Implementation Plan	Health sector's strategy 2019-2024
				<p>3.7 - By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>3.9 - By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p> <p>3.a - Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate</p> <p>3.b - Support the research and development of vaccines and medicines for the communicable and non-communicable diseases</p>		

## Organisational Structure

FIGURE 1: MACRO ORGANISATIONAL STRUCTURE



# 2021/22 ANNUAL REPORT

## Reporting Lines

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

**FIGURE 2: REPORTING LINES**





# 2021/22 ANNUAL REPORT

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## Entities reporting to the MEC for Health

TABLE 4: ENTITIES REPORTING TO THE MEC FOR HEALTH

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



## **PART B: PERFORMANCE INFORMATION**

	Page
Auditor-General Report on Predetermined Objectives.....	48
Overview of Departmental Performance .....	48
Achievement of Institutional Impacts and Outcomes .....	52
Transfer Payments .....	76
Conditional Grants .....	79
Donor Funds .....	83
Capital Investment .....	85
Programme 1 .....	87
Programme 2 .....	95
Programme 3 .....	133
Programme 4 .....	139
Programme 5 .....	157
Programme 6 .....	171
Programme 7 .....	177
Programme 8 .....	181

## **Auditor General Report on Predetermined Objectives**

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

Refer to pages 254 to 265 of the Report of the Auditor General, published as Part E: Financial Information.

## **Overview of Departmental Performance**

### **Service Delivery Environment**

#### **Overview**

The KwaZulu-Natal (KZN) population decreased from 11 749 501 in 2020/21 to 11 563 185 in 2021/22 due to changes in the mid-year estimates from Statistics South Africa (Stats SA). The main beneficiaries for public health services remained the uninsured population with only 13.1% of the population on medical aid (2019 General Household survey; 17 December 2020 StatsSA).

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

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

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

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

## 2021/22 ANNUAL REPORT

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The top 10 causes of death in KZN have remained essentially unchanged from last year. The burden of disease in KZN, as reflected by the most important causes of mortality, remains a complex mix of communicable and non-communicable diseases, with the latter including a significant component of non-natural causes of death. Grouped according to these categories, communicable diseases constitute 19.9% of the top ten causes of death in KZN, non-communicable diseases 28.3%, diseases of lifestyle (a sub-component of non-communicable causes) 13.6% and non-natural causes 12.6%. This mix of causes of death illustrates that KZN is still undergoing an epidemiological transition, from a state characterized by high numbers of death due to communicable diseases, often in younger people, to one characterized by higher number of deaths due to non-communicable diseases, mostly in older people. KZN's profile of deaths differs from that for Africa as a whole, where infectious diseases predominate causing 35.1% of deaths (Statista 2020). The most important causes of death in KZN also differ from those in Europe, where only pneumonia features in the top 10 causes of death; most deaths result from non-infectious causes and more than 80% of deaths occur in people over the age of 65 (Organisation for Economic Cooperation and Development (OECD)/European Union 2018). Furthermore, KZN society remains highly inequitable in terms of household income and living conditions, and the profile of deaths reflects this.

The effect of Human Immune Virus (HIV) on the death rate in KZN has declined since the implementation of mass treatment, but its impact on morbidity in the Province remains significant, especially through its role in increasing vulnerability to Tuberculosis (TB) (the most important cause of death in KZN for this year, and several years preceding). However, TB is also the quintessential disease of poverty, and, like the other communicable diseases in the top ten causes of death in the Province, it demonstrates that poverty remains a major obstacle to improved health status in KZN. This is in spite of declines in the incidence of malnutrition in the Province, and the disappearance of diarrhoeal diseases from the top ten causes of death. The improvement of living standards, especially in housing and nutrition, remains vital to the elimination of diseases of poverty from KZN.

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

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

# 2021/22 ANNUAL REPORT

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## **Services Provided**

### *Community-based services*

Non-acute health services are provided at community and household level through Ward Based Outreach teams (WBOTs), School Health Teams, TB Surveillance and Multi Drug Resistant Tuberculosis (MDR-TB) Teams and Community Health Workers (CHWs). Services include health promotion/ education; screening for health conditions; appropriate referral to health facilities; follow-up and support of patients on treatment; home-based care; school health services including implementation of health promoting schools; the management of MDR-TB patients at household level; mental health and chronic care.

Phila Mntwana Centres, linked to Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive health services targeting children. OSS is used as vehicle for inter-government service integration at community level including addressing the social determinants of health e.g. poverty eradication, provision of sanitation, water, electricity and waste removal.

The Centralised Chronic Medication Dispensing and Distribution (CCMDD) Programme makes chronic medication available to patients at community level, close to where they reside. This decongests facilities, saves cost and travelling times to facilities and decreases waiting times at health facilities.

Services at truck stops, taxi ranks, and other high-risk areas increase access to basic and essential services e.g. testing for HIV, TB and other chronic conditions. Services offered at these easily accessible sites increases the possibility of timeous referral for appropriate clinical management of conditions at fixed facilities.

### *Primary Health Care (PHC) services*

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

### *Hospital Services*

In and out-patient services are rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access in especially rural areas.

Regional Hospitals render services at General Specialist level and serve as referral for District Hospitals. All Regional Hospitals render a significant proportion of level-one services mainly due to demographic distribution of households and location of hospitals. Queen Nandi and Newcastle Hospitals provide mother and child services. McCord's Hospital is the Provincial Eye Care Hospital.

Specialised TB and Psychiatric hospitals provide acute and sub-acute services for the two clinical disciplines.

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

# 2021/22 ANNUAL REPORT

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Tertiary Hospitals and one Central Hospital provide highly specialised tertiary and quaternary services.

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

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

Services include emergency response, special operations, communication, aeromedical services and patient transport services. Aeromedical services are provided by the use of all available aeromedical services in KZN, namely Air Mercy Services, Netcare and Black Eagle. These are dispatched as and when required.

## *Forensic Pathology Services*

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

## *Clinical Forensic Medicine*

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

## **Service Delivery Challenges**

The COVID – 19 pandemic resulted in an increased demand for Emergency Medical Services (EMS), particularly in urban areas, this resulted in a negative impact on response times to priority 1 emergency cases. The majority of the COVID – 19 related cases were in urban areas. The COVID – 19 pandemic further resulted in an increase in inter facility transfer which have a longer turnaround time and thereby reduces the number of cases each ambulance can attend within a 12 hour shift and delayed response times.

Should Emergency Medical Services (EMS) attain the National norm of 1 ambulance per 10 000 population, there are some cases that will still not be responded to within 30 minutes in urban areas and 60 minutes in rural areas due to distance, road infrastructure and terrain of the Province.

## **Service Delivery Improvement Plan**

The Department did not have a Service Delivery Improvement Plan that covered the 2021/22 financial year, as per the Department of Public Service and Administration's (DPSA) directive.

## **Organisational Environment**

During 2021/22, the total number of persons working days lost due to strike action was 10 days. The strike action was not significant enough to negatively affect service delivery.

Four (4) hospital Chief executive officers (CEOs) resigned from their posts in the reporting year, while two (2) CEOs retired. The Senior Management Services was further affected by the demise of a hospital CEO. One district director resigned while another retired during the reporting year. At the Head office, the Chief Director for Information Technology resigned.

There were 8 appointments of Senior Management officials. Four (4) of these posts were at the Head Office in the Ministerial Services, Supply Chain (2) and health Ombudsperson sections. District Director posts accounted

# 2021/22 ANNUAL REPORT

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for 3 of the appointments at Ugu, uMgungundlovu and eThekweni. There was also an appointment of a Chief Executive Officer at RK Khan Regional Hospital.

COVID-19 had a negative impact on the finalisation of disciplinary cases, training of staff due to limited funds, increased staff workload, death of 327 staff members, and staff incapacity increases. The reviewed process for the filling of posts has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which, consequently, has a negative impact on staff well-being as well as service delivery backlogs of having unfilled posts.

To compensate for staffing shortages/service delivery pressures, there was employment of additional resources to assist the Department to cope with the COVID-19 pandemic as well as an additional allocation of Medical Interns and Community Service Officers.

## **Key policy developments and legislative changes**

A review of the policies that were processed through the departmental policy committee, showed that no policies that affected the functioning of the Department had been approved or effected in the reporting year.

## **Achievement of Institutional Impacts and Outcomes**

### **Administration**

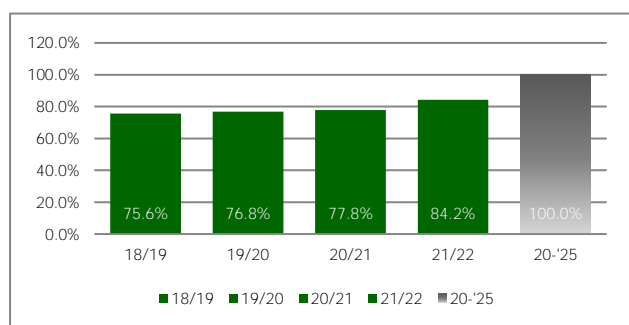
The UHC service index is low at 59%, compared to the five year target of 73.5% target, and this is due to targets in the tracer indicator not being met. The high volume of medical claims and the backlog on court proceedings resulted in an increase in contingent liability of medico-legal cases to R 27.8 billion, pushing the performance further away from the 2024/25 target of R 18 billion. The non-compliance to the non-negotiable vital elements in certain sub-domains resulted to the 28.2% actual performance on the percentage of facilities certified by Office of the Health Standards Compliance (OHSC), which is 153% lower than the 71.4% to be achieved by the end of 2024/25 financial year. The percentages of PHC facilities with functional clinic committees and hospitals with functional hospital boards decreased from the baselines due to expired membership and are at 22.7% and 50%, respectively against the 100% targets. There were increases in the Professional Nurses per 100 000 and Medical Officers per 100 000. The increases are attributed to employment of additional nurses for COVID-19 purposes and allocation of additional Community Service Practitioners and Medical Interns.



# 2021/22 ANNUAL REPORT

## Primary Health Care

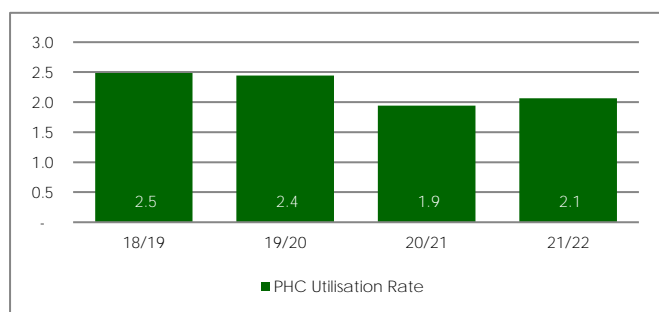
**GRAPH 1: IDEAL CLINIC STATUS OBTAINED RATE**



The Ideal Clinic programme in KZN, has reached a point where the current status quo needs to be maintained. This is due to the following rationale. When the KZN Department of Health took over municipal health services, there were many clinics in town centers that did not meet the Ideal Clinic Infrastructure requirements, for the 3 streams

(Acute, Chronic and Maternal Child and Women’s Health (MCWH)). The clinics are strategically located (emphasized by their high workload), and cannot be easily relocated. The rental agreements on these properties do not allow for structural change, or for the Department to provide maintenance. Therefore, until such time as a suitable replacement structures can be purchased to house these clinics, these facilities will never be compliant. This situation will be further exacerbated, as the Department is in discussions to take over the Local Government clinics in eThekweni.

**GRAPH 2: PHC UTILISATION RATE**



The PHC headcount has decreased by 16.2% (21/22) from the baseline year of 2018/19. This equates to a drop of 4 619 251 in actual headcount, due to the COVID-19 pandemic that started in March 2020 and continued into 21/22. However, year-on-year there was an increase of 4.8% (1 096 231 actual headcount) as

restrictions were lifted. If taken into consideration with the Community Outreach services, this equates to a utilisation rate of 3 PHC points of contact, per capita for the 21/22 reporting cycle (23 906 112 PHC headcount + 10 524 511 Community Outreach headcount = 34 430 623 / 11 563 185).

The biggest increase for PHC headcount, year-on-year (20/21 vs 21/22), is in the age group 5 – 9 years at 12.2% (101 165 increased headcount). The under 5 PHC headcount has also increased by 10.8% (403 297 headcount). The smallest increase was seen in the PHC headcount for 20 years and older at 2.6% (450 711 headcount). This increase in headcount, is also reflected in the data, from the Community Outreach Services (COS) with increase in services provided to under 5 years.

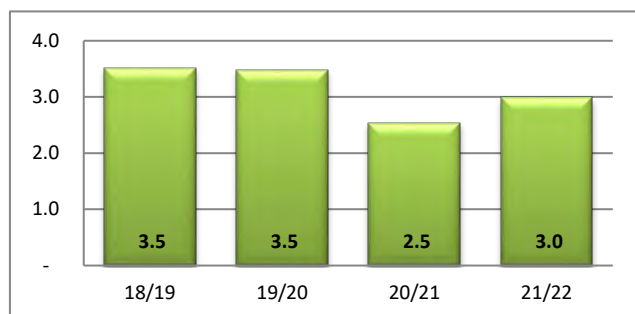
uMkhanyakude had the highest PHC utilisation rate with a PHC headcount of 2 055 081 with Harry Gwala having the lowest PHC Headcount at 1 018 407, although both have small catchment populations.

It was expected that with the decrease in PHC Headcount numbers, the OPD Not referred new cases would increase, however this has not materialized, with a 20.5% (739 624 – 588 175) decrease seen in the OPD Not

# 2021/22 ANNUAL REPORT

referred new between 21/22 and the baseline (2018/19), again due to the COVID-19 pandemic and the various levels of lockdown.

**GRAPH 3: PHC UTILISATION RATE UNDER 5 YEARS (ANNUALISED)**



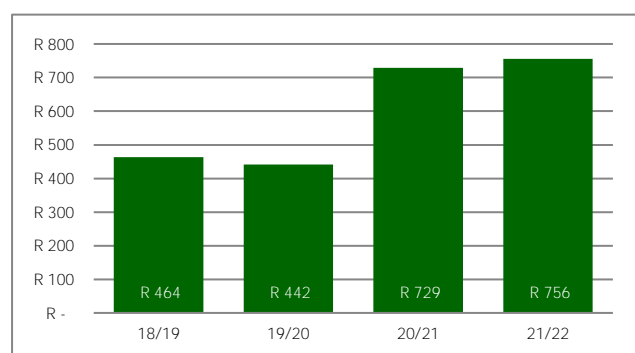
The under 5 utilisation rate has increased, proportionally with the increase in the PHC Headcount and the return of patients into public health facilities following the COVID-19 pandemic.

The under 5 population that has had contact with the public health sector comprises of the PHC headcount under 5 years and the Community Outreach Services for under 5 combined.

In this scenario, the PHC headcount in 2018/19 accounted for 70.9% (4 691 885 / 6 619 306) of the proportion, which dropped to 67.4% (3 743 064 / 5 557 149) during the COVID-19 pandemic as less under 5 children came to the PHC facilities.

The recommended PHC utilisation rate for under 5 years, by the National Department of Health (NDoH), is 5 visits per year. If this strategy was employed, the PHC headcount for under 5 years would need to increase to 6 240 480 visits per annum. Currently, the audited data is 3 743 054, which is 60% (3 743 054 / 6 240 480) of the targeted headcount. Should the COS figure be included as well, this would in effect mean that the proportion would increase to 89% (5 557 149 / 6 240 480).

**GRAPH 4: EXPENDITURE PER PHC HEADCOUNT – 2021/22**

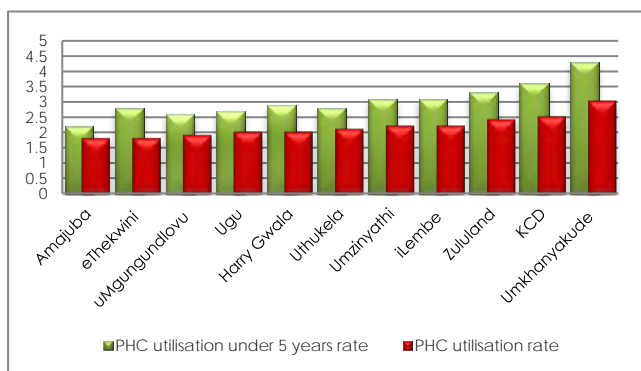


The increase in the Cost per PHC headcount is directly attributed to the drop in headcount, (28 368 964 in 2018/19 to 23 906 112 in 2021/22), and an increase above Consumer Price Index (CPIX) for expenditure of 37.3% (R 13 156 267 in 2018/19 and R 18 065 906 in 2021/22), both due to COVID-19. The increase in the expenditure is due to the increase in Personal Protective Equipment (PPE)

and the increase in drug prices relating to the pandemic. Compensation of Employees (CoE) remains the cost driver at a PHC level with approximately 65% of all current costs attributed to CoE. It is therefore essential that the skills mix at this level is correct, between nurses, administration and cleaning services.

# 2021/22 ANNUAL REPORT

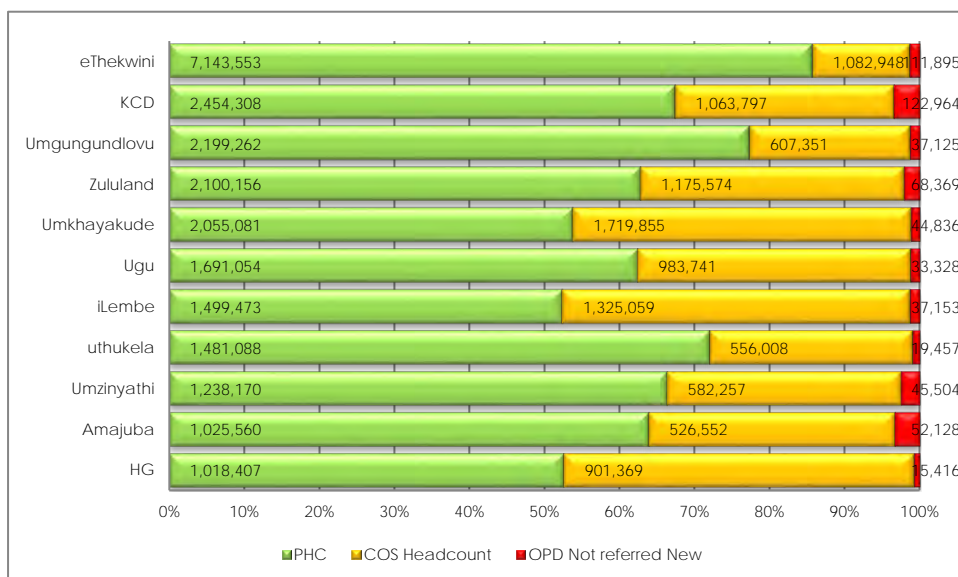
**GRAPH 5: PHC UTILISATION RATE AND PHC UTILISATION RATE UNDER 5 YEARS PER DISTRICT – 2021/22**



uMkhanyakude continues to exhibit a strong PHC health seeking behaviour with a PHC utilisation rate of 3, and an under 5 PHC utilisation rate of 4.3. When viewed in conjunction with the Community Outreach Services (COS), this is further enhanced. This positive PHC health seeking behaviour is largely due to the topography in the district (very flat sandy coastal

belt interspersed with lagoons and other large bodies of water, with a mountainous interior climbing towards the Highveld), poor condition of the roads, the socio-economic poverty of the majority of the population and the distance between facilities. The indigent population does not have the disposable income, nor transport means to travel the vast distances to the nearest hospital.

**GRAPH 6: PROPORTION OF PHC CLIENT CONTACT PER DISTRICT – 21/22**



In the more remote districts such as Amajuba (52 128 = 3.2%) and King Cetschwayo District (KCD) (122 964 = 3.1%), OPD Headcount not referred new (Clients that have bypassed traditional PHC

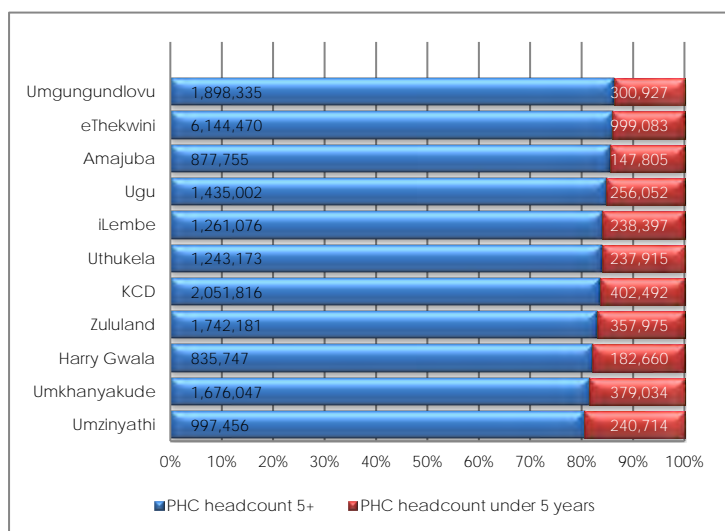
facilities) contributes a significant portion towards PHC Client contacts. iLembe (1 325 059 = 46.3%), Harry Gwala (901 369 = 46.5%) and uMkhanyakude (1 719 855 = 45%) have a strong Community Outreach services and as such these contacts contribute significantly towards the overall PHC client contact within these districts. iLembe has 32 Ward Based Outreach Teams (WBOTs), uMkhanyakude has 29 WBOTs and Harry Gwala has 57 WBOTs which allows these districts to have a higher COS headcount.

All OPD Not referred new headcounts, have increased year-on-year, with KCD having the biggest increase of 54.7% (43 460), uThukela at 30.2% (4 966) and uMkhanyakude at 22.8% (8 336). This increase coincides with the opening up of the lock down levels as the COVID-19 pandemic progressed, and should be viewed in conjunction with the increase of the PHC headcount that has occurred across all districts except Harry Gwala District, where a decrease of 25 717 PHC headcount is noted, year-on-year.

# 2021/22 ANNUAL REPORT

Districts with a higher population density with vast urban areas show a trend of higher PHC headcounts at fixed facilities. eThekwini has a population density of 1 741 people / km<sup>2</sup> (eThekwini District Health Plan (DHP) 20/21) and Msunduzi Sub-District, in uMgungundlovu, of 928 people / km<sup>2</sup> (uMgungundlovu DHP 20/21), which means accessing fixed clinics is easier within a close confined area.

**GRAPH 7: PHC HEADCOUNT AND PHC HEADCOUNT UNDER 5 YEARS PER DISTRICT – 2021/22**



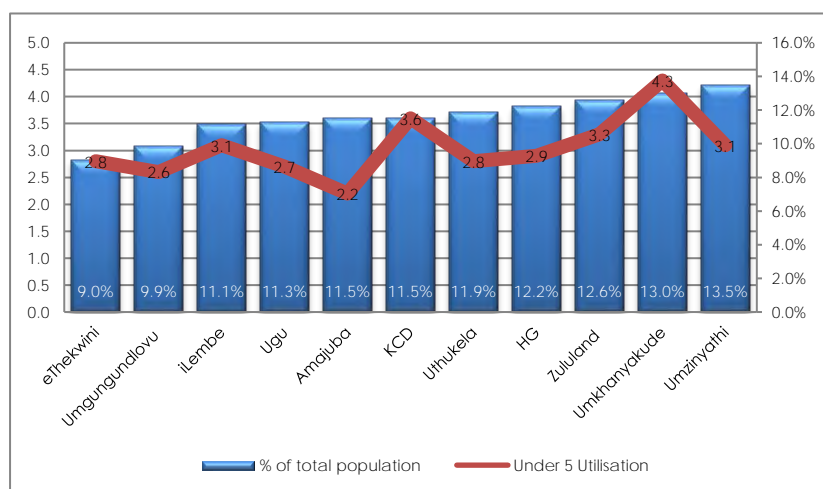
The under 5 headcount in uMgungundlovu makes up 13.7% of the total headcount. The same is true in eThekwini at 14%. Both of these districts have a daily in-migration of people seeking health services either near their work place, or for convenience with better access to social services.

The under 5 headcount makes up a bigger proportion of the headcount in Zululand (17%), Harry Gwala (17.9%),

Umkhanyakude (18.4%) and Umzinyathi (19.4%), which is to be expected given their demographics. In these 4 rural districts, there is no big economic town with any significant industry, to hold the working age population (20 – 65 years) within the district, and therefore this age group migrates to the more urbanized districts to seek employment opportunities.

Ladysmith in uThukela, Port Shepstone in Ugu, Stanger / Ballito in iLembe and Newcastle in Amajuba all attract the working population within their district therefore the balance between the under 5 years and working population, is not as skewed.

**GRAPH 8: UNDER 5 POPULATION PROPORTION VS UNDER 5 UTILISATION RATE – PER DISTRICT 21/22**



eThekwini and uMgungundlovu have the smallest proportion of under 5 population in KZN, as they are the economic hubs of KZN and therefore have a larger working population. Younger children, of the working population, often live with grandparents in the more rural areas, until reaching school going age. This is reflected in the high

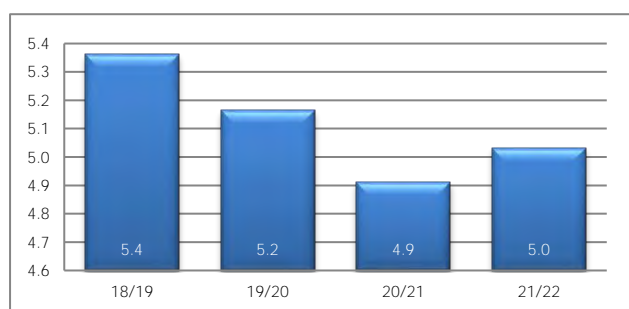
# 2021/22 ANNUAL REPORT

proportion of under 5 population in Harry Gwala (12.2%), Zululand (12.6%), uMkhanyakude (13%) and uMzinyathi (13.5%).

The low under 5 PHC headcount and utilisation (2.2) in Amajuba should be further investigated, as this has been the trend for the last 10 years with no clear rationale. uMkhanyakude continues to perform well in PHC with an under 5 utilisation rate of 4.3 visits per under 5 child per annum.

## District Hospitals

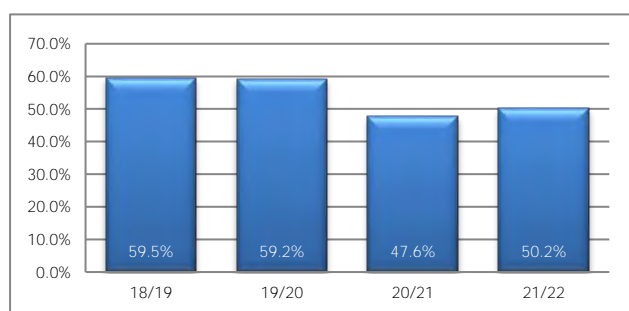
**GRAPH 9: AVERAGE LENGTH OF STAY – DISTRICT HOSPITALS**



The average length of stay (ALOS) is affected by the number of days patients have spent in hospital. The COVID-19 pandemic meant that patient numbers declined in 20/21 (1 420 412) Inpatient days (IPDs) and 21/22 (1 509 640 IPDs) which is reflected in the lower Average Length of Stay (ALOS) of 4.9 days and 5.0 days respectively.

The implementation of admission criteria, as well as discharge criteria are factors that influence the ALOS at a district level. The shortage of diagnostic equipment at some district hospitals, also plays a significant role in this indicator, as patients have to stay longer to access diagnostic services. The variance range from Nkonjeni Hospital (Zululand) with 3.4 days, to Niemeyer Memorial Hospital (Amajuba) at 8.6 days, with a provincial average of 5.1 days.

**GRAPH 10: INPATIENT BED UTILISATION RATE – DISTRICT HOSPITALS**



The decline in the number of inpatient days also impacts on the Bed Utilisation Rate (BUR) with a 15.6% decrease from the baseline (59.5% in 18/19) to 50.2% in the current reporting cycle.

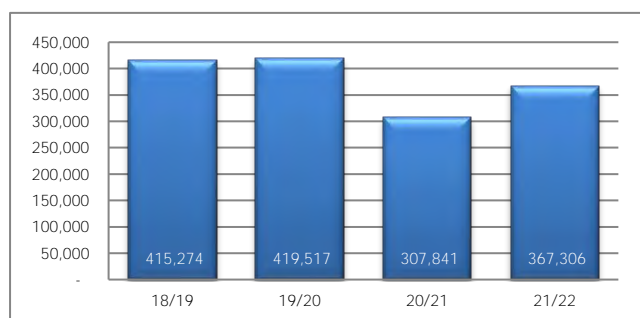
As expected, Niemeyer Memorial Hospital (Amajuba) has the lowest BUR in KwaZulu-Natal at 16.1%. This hospital is a small mining hospital in

Utrecht that the Department took over the management of, when the mines closed. St Mary's in eThekweni, a missionary hospital that the Department took over on 1<sup>st</sup> October 2017, has the highest BUR at 78.2%. Combined with the ALOS of 4.5 days, this could indicate that the hospital is being over utilized by the surrounding community. It should be noted that there is no public health hospital between St Mary's hospital in Marianhill and Northdale Hospital meaning that the densely populated and well-travelled N3 corridor between Pinetown and Pietermaritzburg has a lack of district hospital facilities. Northdale Hospital (Pietermaritzburg) has a BUR of 76.7% and an ALOS of 5.3 days, and as with St Mary's hospital in Marianhill, indicates that there is pressure being placed on this facility with over utilisation.

# 2021/22 ANNUAL REPORT

The limited funding envelope means that the budget has to stretch further. One of the methods employed to curtail expenditure is to ensure that services are rendered at the correct level. PHC patients therefore need to enter the system and be treated at a PHC level, as this reduces the cost. The PHC cost per headcount is R 756 per PHC visit compared with R 3 498 per PDE at district hospital meaning that it is 4.6 times cheaper to treat a patient at PHC level rather than at district hospital level. The indicator OPD Headcount New Not Referred takes on significance within this context, as these are patients that can be treated at a PHC level, but are accessing services at a District Hospital level.

**GRAPH 11: OPD HEADCOUNT NEW CASES NOT REFERRED – DISTRICT HOSPITALS**



From the graph, it is clear that COVID – 19 had an impact on 20/21 figures for patients accessing PHC services from district hospitals. There has been an increase of 59 465 year-on-year, but still below the pre-COVID figures. This indicator is also heavily influenced by community attitude towards PHC services. If PHC services are sparsely

distributed, not well managed, or difficult to access this could lead to the community choosing to access services at hospital level therefore bypassing PHC services.

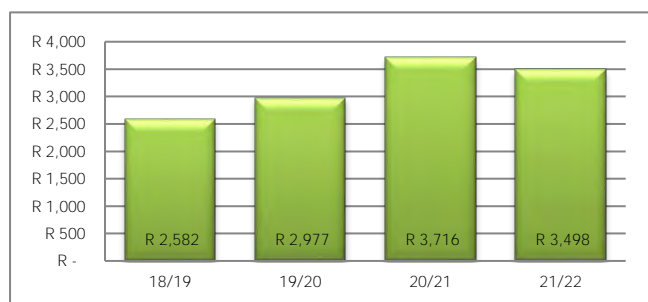
Provincially, eThekwini has the lowest OPD Not Referred Rate at 31.2% for district hospitals. Cognizance should be given to the fact that eThekwini has 16 hospitals in which 4 are district hospitals, and 7 are regional hospitals, which does skew the bigger picture.

The 5 district hospitals with a highest OPD Not referred Headcount are Dundee Hospital (80.2% - 14 305) in uMzinyathi District, Mbongolwane Hospital (89.2% - 13 889), Catherine Booth Hospital (89.6% - 8 872), Eshowe Hospital (91% - 53 684) and Nkandla Hospital (96.1% - 23 364) in KCD. The lowest district hospitals are St Apollinaris Hospital (9.8% - 410) and Christ the King Hospital (16.7% - 733) in Harry Gwala District and St Mary’s Marianhill (20.4% - 6 475) in eThekwini.

Gateway Clinics, positioned at the entrance of the hospital to “catch PHC patients bypassing clinics” make a significant contribution to ensuring that PHC patients are treated at a PHC level. Three hospitals (Mbongolwane, Catherine Booth and Nkandla Hospitals) in the top 5 hospitals with the highest OPD Not Referred Rate, do not have Gateway Clinics. Eshowe Gateway clinic treated 63 473 PHC patients, and Dundee Gateway Clinic, 21 679 PHC patients. Provincially, Gateway Clinics account for 5.6% (1 341 076) of the total PHC headcount.

# 2021/22 ANNUAL REPORT

**GRAPH 12: EXPENDITURE PER PDE – DISTRICT HOSPITALS**



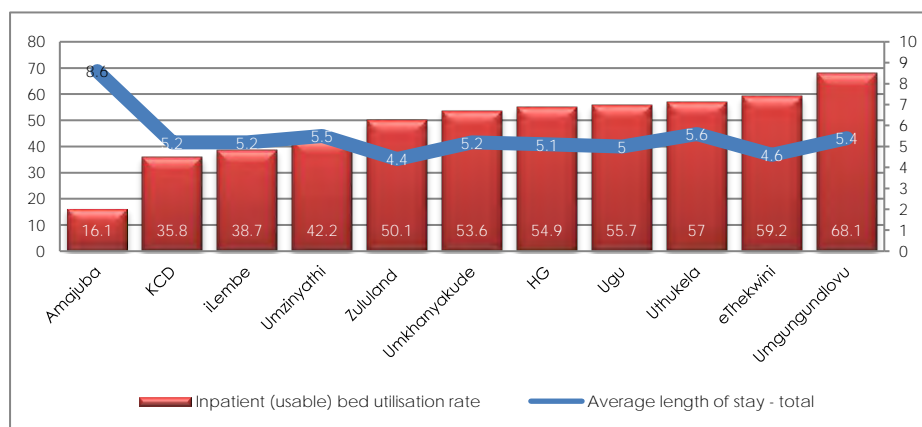
The expenditure per PDE is influenced by the operational costs of the facility combined with the patient load. During COVID-19, facilities had a lower patient load, with higher expenses for PPE thereby escalating the expenditure per PDE.

Expenditure has increased by 16% from 2018/19 (R 6 649 557) to 2021/22 with an expenditure of

R 7 914 895. This is despite the cost containments implemented and the moratorium on the recruitment of staff. PPE and CoE remain the main cost drivers at this level of service. The decrease of R218 per PDE, is due to the increase in patient activity with the PDE increasing from 20/21 by 170 779.

Niemeyer Memorial Hospital, had the highest Cost per PDE at R 22 953 (District Quarterly Progress Report (DQPR) 21/22) due to their low BUR (16.1%) and high ALOS (8.6 Days). This hospital has a full complement of staff and experienced a drastic reduction in the number of patients admitted as the hospital was repurposed as a COVID – 19 hospital only.

**GRAPH 13: BUR VS ALOS PER DISTRICT – 2021/22**



The relationship between the Average Length of Stay (ALOS) and the Bed Utilisation Rate is a complex one. In practice, often hospitals keep patients longer thus increasing both the BUR and the

ALOS. In theory, an efficiently managed hospital will have a lower ALOS (3.5 days and below) and a higher BUR (75% and above).

Amajuba has one district hospital, Niemeyer Memorial Hospital, which has been repurposed as a COVID – 19 hospital. The low admission rate for COVID – 19 in 2021/22, has meant that the hospital has a Bed Utilisation Rate (BUR) of 16.1%, which is substantially below the national accepted norm of 75%. The Average Length of Stay (ALOS) is also above the accepted average of 3 days, at 8.6 days due to the COVID – 19 protocols and clinical management.

uMgungundlovu has 2 District Hospitals, being Northdale and Appelsbosch. Northdale has a higher BUR at 76.2% (DQPR Q4 Report), due to the transport drainage system around Northern Msunduzi and southern Umshwathi Sub-District. In Msunduzi Sub-District, the community around Edendale and Imbali routinely use Harry Gwala Regional Hospital for district health services, as it is more easily accessible. Appelsbosch is underutilized at 42%, as it is set back from the transport links and taxi fares from the community to the hospital are expensive.

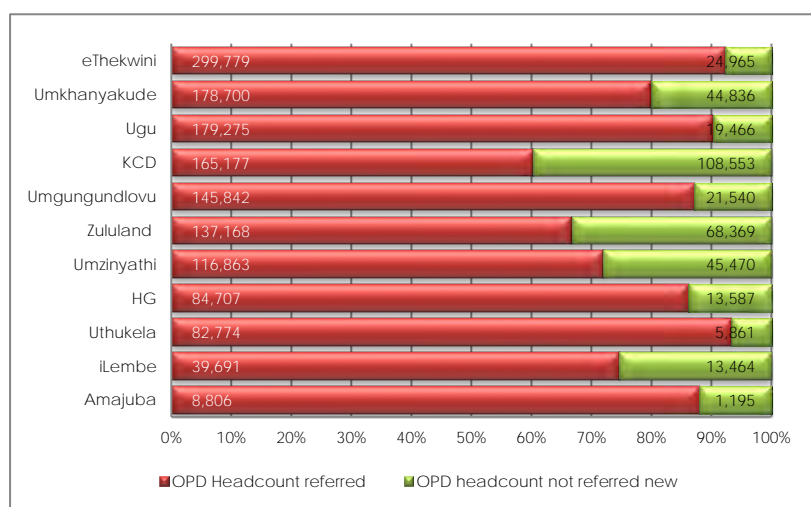


# 2021/22 ANNUAL REPORT

In eThekweni, a quarter (1/4) of the hospitals are district hospitals, which places pressure on the regional hospitals to provide level 1 hospital services. The District hospitals therefore reflect a varied BUR depending on services provides and accessibility to the community. These hospitals are King Dinuzulu Hospital (52.2%) which also provides specialized TB and Psychiatric hospital services to the District, St Mary’s Marianhill (80.3%) which shows a high utilisation, Wentworth (64.7%) which is providing some level 2 hospital services and Osindisweni Hospitals (46.1%). (District Quarterly Progress Report (DQPR Q4)).

Zululand hospitals have improved efficiencies reflected in their lower average length of stay (4.4 days) in conjunction with their BUR (50.1%). This is in part to Itshelejuba Hospital (ALOS 3.9 days) and Nkonjeni Hospital (3.9 days) who both displayed lower than average ALOS’s.

**GRAPH 14: OPD HEADCOUNT IN RELATION TO OPD HEADCOUNT NOT REFERRED NEW – 2021/22**



KCD, Zululand and uMzinyathi have the highest proportion of OPD Not referred in relation to Total OPD headcount. This is consistent with the lack of Gateway Clinics in KCD District hospitals and the strategic placement of the hospitals in relation to the communities they serve.

Although both uMzinyathi and

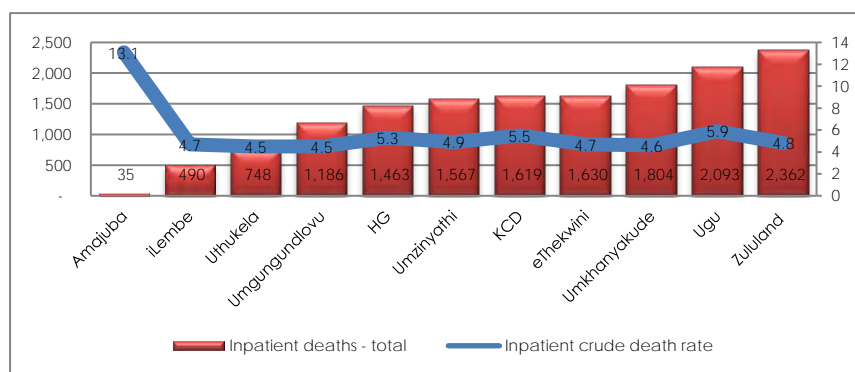
Zululand have the lowest average catchment population per clinic with uMzinyathi at 10 545 capita per clinic, and Zululand at 11 563 capita per clinic, population distribution patterns are similar in these 2 districts. Both districts have a strong traditional social element entrenched in the Tribal Land Authority structures with subsistence farming contributing significantly. The population is therefore widely dispersed amongst family homesteads that have little disposal income for transportation to health care. The communities therefore tend to access health care at their closest facility.

eThekweni in contrast, has an average capita per clinic rate of 35 249 capita per clinic which is the highest provincially. Due to the high population density in this metropolitan, health services are possibly easier to access hence the OPD Not referred contributes only 7.7% of the total OPD Headcount.



# 2021/22 ANNUAL REPORT

**GRAPH 15: INPATIENT DEATH VS INPATIENT CRUDE DEATH RATE PER DISTRICT – 2021/22**



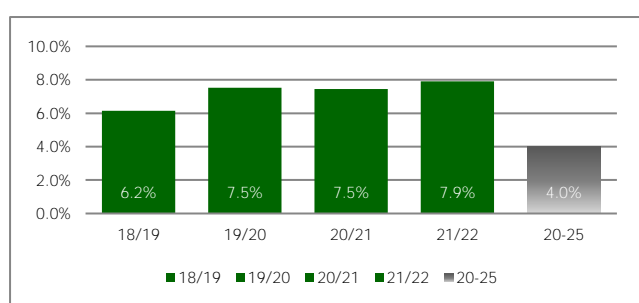
Zululand has the highest number of crude inpatient deaths in facility with an average crude death rate of 4.8% as there was a high number of inpatient admissions over the 5 district hospitals.

Ugu by contrast has the highest crude death rate (5.9%), apart from Amajuba, as the overall number of inpatient admissions was lower as there are only 3 district hospitals in the district.

uMgungundlovu (number of inpatient crude deaths 1 186) and eThekweni (number of inpatient crude death 1 630) both have regional and tertiary hospital services in easy commute to the most populous areas and therefore should have a lower crude death rate (4.7% for eThekweni and 4.5% for uMgungundlovu). The same is true for iLembe and uThukela. uMkhanyakude, and to a certain degree KCD, do have a high number of actual deaths at 1 804 and 1 619 respectively. In uMkhanyakude, there are 5 district hospitals but there are no regional or tertiary hospitals close by, so critical ill patients with a poor prognosis can sometimes die in the facility waiting for a transfer to Ngwelezana Hospital. The same is true for parts of KCD with 6 district hospitals in the more remote parts of the district, which have transfer challenges to Ngwelezana Hospital.

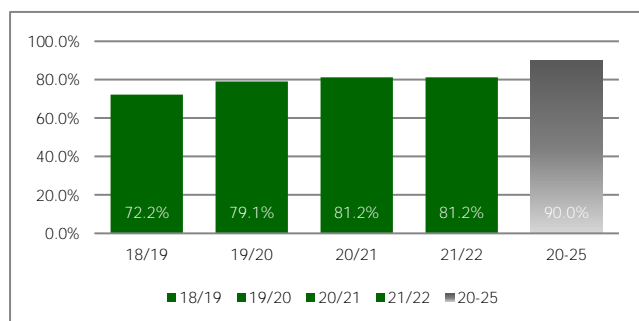
## HIV/AIDS, Sexually Transmitted Infections and Tuberculosis

**GRAPH 16: ALL DS-TB CLIENT DEATH RATE**



Death rate increased from 7.5% (20/21) to 7.9% due late presentation i.e. patients seek health care when they are critically ill and die soon after treatment initiation. The death rate is highest amongst the HIV/ Aids co-infected patients who are virally unsuppressed.

**GRAPH 17: ALL DS-TB CLIENT TREATMENT SUCCESS RATE**

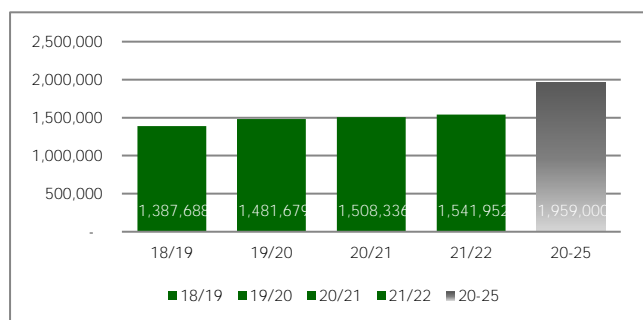


There was no improvement on the success rate of 81.2% reported during 2020/2021. The success rate is affected by negative outcomes i.e. high loss to follow up (LTF) of 10.3% and TB death rate of 8.2%. The high loss to follow is due to poor updating of outcomes on Tier.net especially in

# 2021/22 ANNUAL REPORT

high volume facilities and limited physical tracing and tracking of patients who missed appointments.

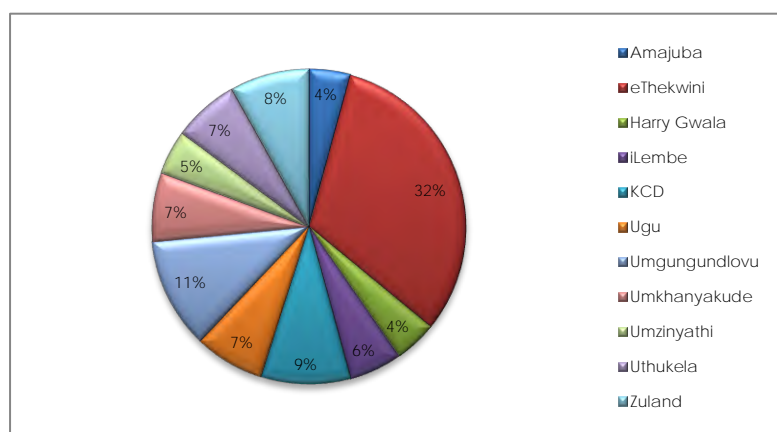
**GRAPH 18: ART CLIENT REMAIN ON ART END OF MONTH – TOTAL**



Steady improvement is noted year-on-year with a net gain on Total Patients remaining on ART (TROA). Net gain remains below input areas on TROA which result in disproportionate gain. Loss to Follow Up contributes mainly to failure to achieve TROA targets as it remains at 29% at 12 months. Adherence guidelines and or literacy

classes are not optimally rolled out. Positivity yield remains significantly low at 3% against a target of 6% which makes new initiations low despite some district efforts of targeted testing and index testing.

**GRAPH 19: TROA PER DISTRICT – MARCH 2022**

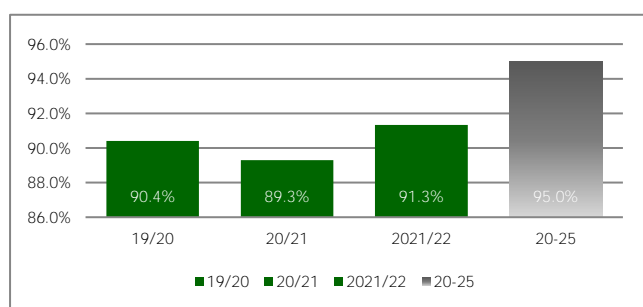


As expected, 32% of all TROA reside in eThekweni, followed by uMkungundlovu (11%) and KCD (9%) as these are the most populous of the districts and the economic hubs of the KZN.

Amajuba and Harry Gwala, at 4% respectively, have the least TROA which coincides with the smaller

catchment populations.

**GRAPH 20: ART ADULT VIRAL LOAD SUPPRESSED RATE - (12 MONTHS)**

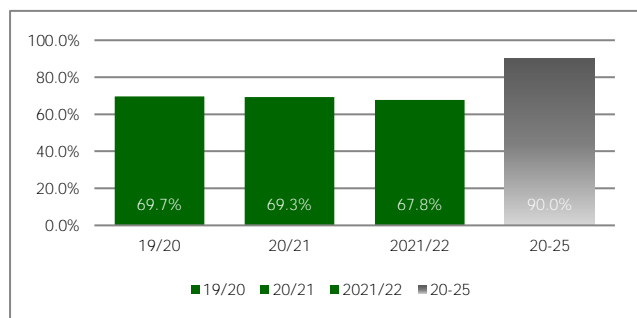


There has been significant improvement on adult suppression, especially among women which is consistently above 90%. Men sub-population remains below target of about 80%. Efforts are in place to target men across treatment cascades in the form of Isibaya Samadoda/iKhosomba lamajita/ men’s friendly services. Tenofovir

Disoproxil, Lamivudine, Dolutegravir (TLD) an ART drug used in 1<sup>st</sup> treatment regime (which combines different types of drugs into one capsule), transition has registered benefits in terms of suppression goals.

# 2021/22 ANNUAL REPORT

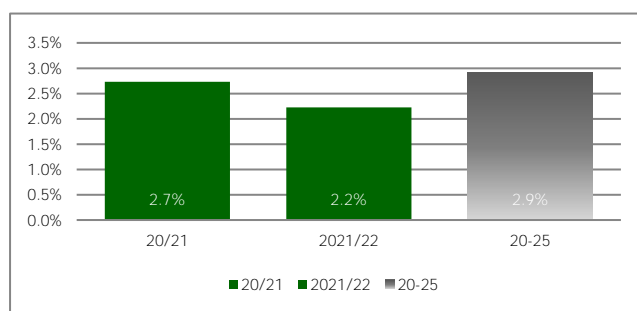
**GRAPH 21: ART CHILD VIRAL LOAD SUPPRESSED RATE - (12 MONTHS)**



This sub-population is struggling with ART treatment outcomes. Challenges with ART adherence result in paediatric HIV treatment failure (>1 000 copies), combined with no effective management of ART side-effects and dosing complexities for children. Disclosure issues negatively impact on treatment success as the

group relies on consent and information from adults/guardians. The Results for Action (RFA) dashboard is still not utilised effectively. Comprehensive Paediatric / adolescent matrix of interventions strategy shall attend to this particular sub-population.

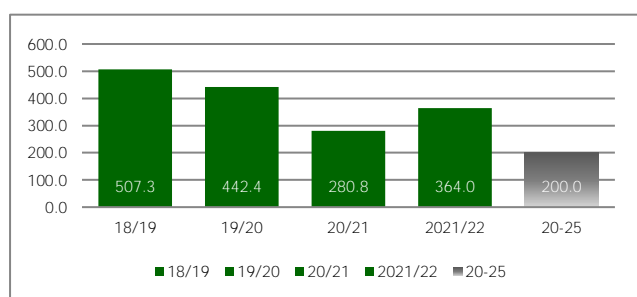
**GRAPH 22: HIV POSITIVE 15-24 YEAR OLDS (EXCL ANC) RATE**



In 2021/22 more young people were tested comparative to 2020/21. A general decline in the positivity rate has been noted even though the facilities are prioritizing index testing during Operation Phuthuma. Districts are encouraged to focus on Index testing modality in order to get more positive people who do not know their HIV

status. The strategy going forward, would be to decrease testing target to focus on targeted testing in the high-risk communities.

**GRAPH 23: TB INCIDENCE**

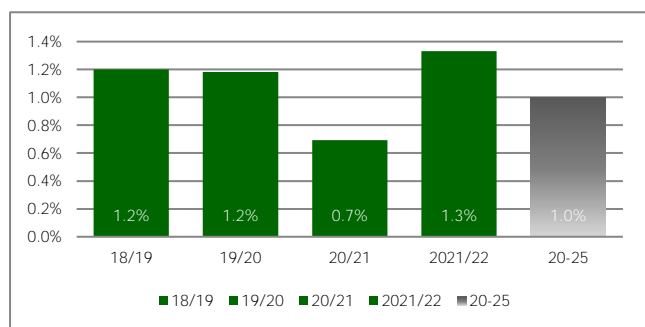


The TB notification rate (reported as TB incidence) has declined from 507.3/100 000 population in 18/19 to 364/100 000 in 2021/22 though the target of 350 was not met. The increase in notification is attributed to positive yields on the implementation of “Finding TB Missing Cases” strategies targeting Population at Risk as well as

the introduction of the urine test to screen for TB in HIV positive clients.

# 2021/22 ANNUAL REPORT

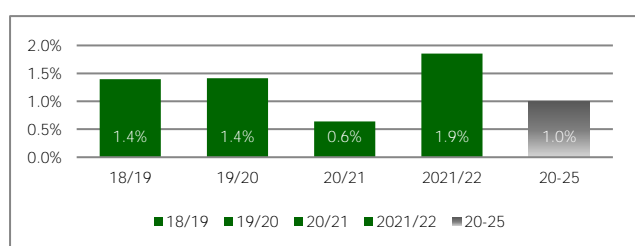
**GRAPH 24: ART ADULT DEATH RATE (6 MONTHS)**



The death rate seems to have stabilized over the years. There is a noted challenge with linking HIV deaths to other causes of death as available clinical governance structures do not deal specifically with HIV. Late presentation has improved as more clients are identified earlier. Efforts to elevate Advanced Clinical Care are

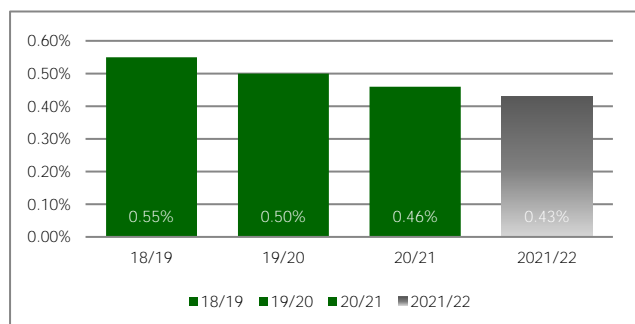
underway to identify clinical issues in this regard.

**GRAPH 25: ART CHILD DEATH RATE (6 MONTHS)**



As per earlier analysis, paediatric HIV care needs special attention in the form of matrix interventions. Sub-optimal clinical management including linkage to care, dosage adjustment and unsuppressed viral loads all contribute adversely to care in this age group.

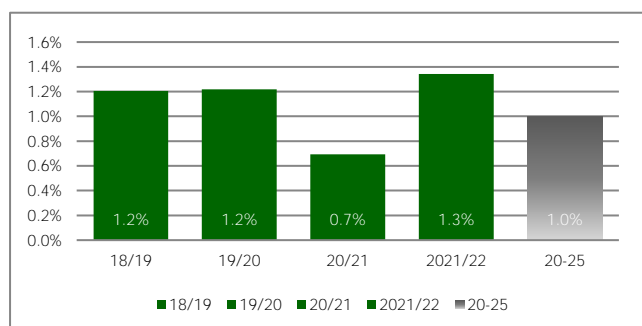
**GRAPH 26: HIV INCIDENCE**



A gradual decline in the HIV incidence has been recorded. It is believed that the HIV prevention programs like condom distribution, Sexually transmitted Infections (STI) programmes, Pre-Exposure Prophylaxis (PrEP), Post-Exposure Prophylaxis (PEP), ART resulting in viral suppression and reduced HIV transmission has

contributed in the reduction.

**GRAPH 27: ART DEATH RATE (6 MONTHS)**

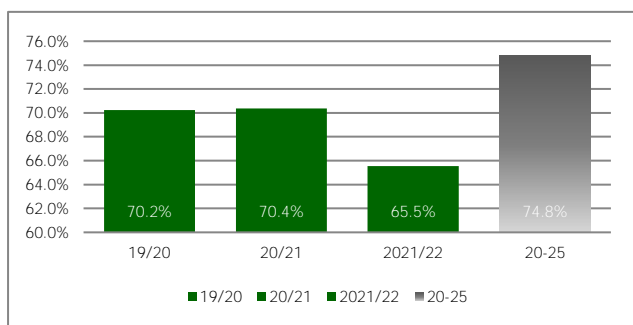


The ART death rate at six months has increased because of late presentation by patients to health facilities and irregular reviews of mortality audits to analyze causes of death amongst client on antiretroviral treatment. The program will conduct quarterly meetings in order to analyze the causes of death amongst People living with

HIV. Community and targeted HIV testing will be conducted.

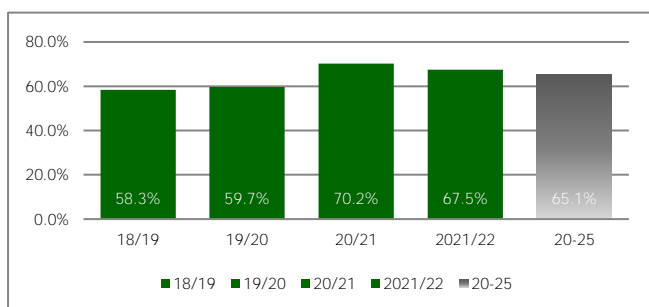
# 2021/22 ANNUAL REPORT

**GRAPH 28: TB RIFAMPICIN RESISTANT/MDR/PRE-XDR TREATMENT SUCCESS RATE – SHORT**



The target was missed by 8% mainly due to high loss to follow up (12.5%) as a result of limited resources to track, trace and monitor patients in the community. Deaths are highest in HIV/TB co-infected patients who are previous TB and ART Loss to follow up clients.

**GRAPH 29: TB RIFAMPICIN RESISTANT/MDR/PRE-XDR TREATMENT SUCCESS RATE – LONG**



There has been a 2.5 % decrease (from 70.2% reported on 20/21 to 67.5%) for long treatment regimen treatment success rate due high loss to follow up which increased from 12.3% (20/21) to 14.3% and high death rate of 11.9%. Loss to follow is due to limited resources to track, trace and monitor patients in the community whereas

death rate is because of late presentation more noticeable in co-infected HIV patients who are previous TB and ART loss to follow up.

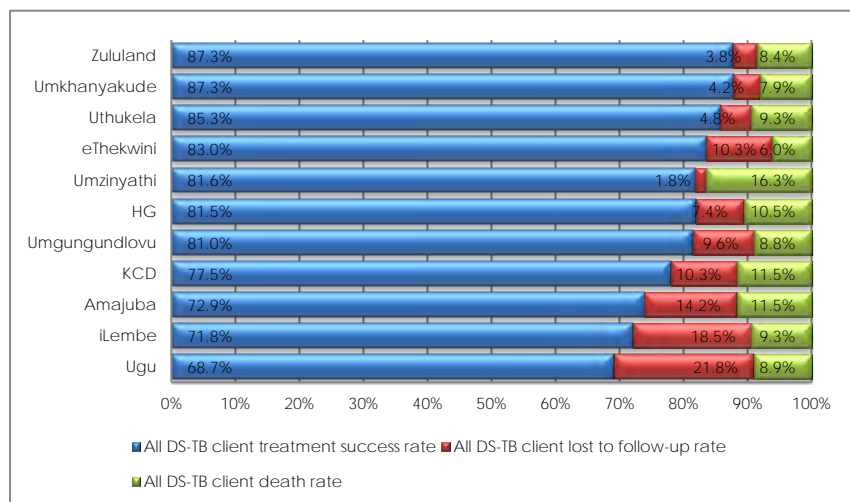
HIV management programme performance review (2021/2022) indicates that KwaZulu-Natal is currently at 94-86-90 for total populations in terms of performance against 90-90-90 strategy. Performance by gender indicates that males are at 93-80-75 and females at 95-90-75 against the targets. To achieve the 90-90-90 targets, KZN must increase the number of clients on ART with 3 101. The gap is higher in the males and children sub-populations.

Clients that are virally suppressed are at 90%, which is the target for the adult population. However, improvement is warranted for viral load completion as it remains at a low 75% across the adult population and at 71% for children under 15 years. Viral Load Results for Action (RFA) training and eLabs project expansion coupled with their implementation plans took place concurrently to improve suppression. There has been a noticed improvement in suppression, since this initiation was implemented. Viral load champions /HIV/AIDS, STIs and TB (HAST) champion model seems to be improving viral load suppression.

The Province is still experiencing inconsistencies in the standard of care for children and adolescent with HIV within facilities and the community. This has resulted in a testing and treatment gap within the paediatric and adolescent sub-populations. Provincially, the current performance is at 80-65-71 in terms of performance against 90-90-90 in children under 15 years. To achieve 90-90-90 targets, KZN must increase the number of children on ART by 20 137.

# 2021/22 ANNUAL REPORT

**GRAPH 30: PROPORTION OF TB CLIENT TREATMENT SUCCESS RATE, TB CLIENT LOST TO FOLLOW UP RATE AND TB CLIENT DEATH RATE FOR APRIL 2020 – MARCH 2021 COHORT**

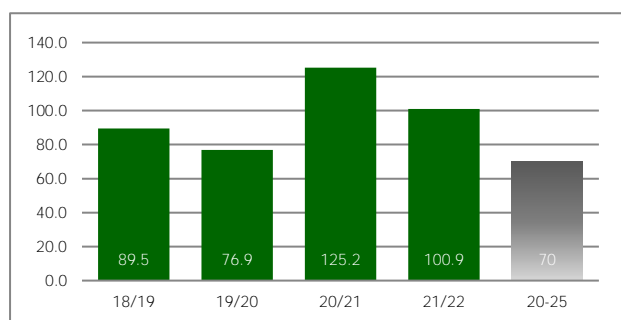


Districts that have the highest treatment success rate invariably have the lowest TB lost to follow up and TB death rates. The reversal of this trend is evident in Ugu which has a low success rate of 68.7% combined with a TB lost to follow up rate of 21.8% and a TB death rate of 8.9%.

By contrast Zululand and uMkhanyakude, both with good PHC structures and processes in place, have a higher TB success rate.

## Maternal Child Nutrition and Women’s Health

**GRAPH 31: MATERNAL MORTALITY IN FACILITY RATIO – TOTAL**

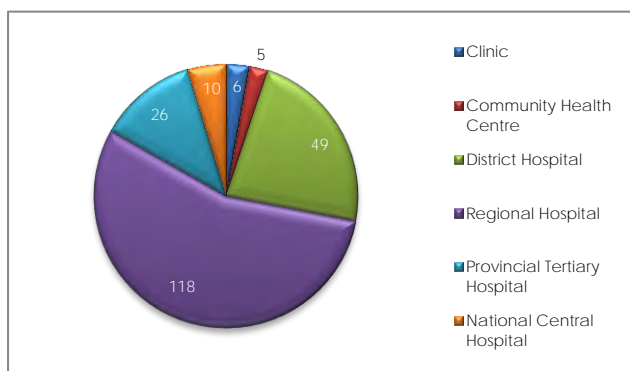


The steady decline in Maternal Mortality ratio (MMR) up to 2019/20 was reversed in 2020/21 because of the COVID – 19 pandemic. This was a new cause of maternal death for which there was no effective treatment. Thus an increase in maternal deaths was inevitable and unavoidable. Most of the increase was due to direct complications of COVID –

19 infections, but there was also an increase in deaths due to indirect adverse effects of the COVID – 19 pandemic on the maternity health service (e.g. Lack of staff due to increased absenteeism). In 2021/22, there was a decline in the MMR compared to 2020/21 because the COVID – 19 pandemic waves were less severe than in 2020/21. The Omicron variant in particular did not affect pregnant women as severely despite the fact that only a small minority of pregnant women had been vaccinated against COVID – 19. Further decline in MMR can be expected in 2022/23 as long as further COVID – 19 waves remain mild as with Omicron. This will allow health services to turn their attention to reducing maternal mortality from the common causes that pre-dated the COVID – 19 pandemic.

# 2021/22 ANNUAL REPORT

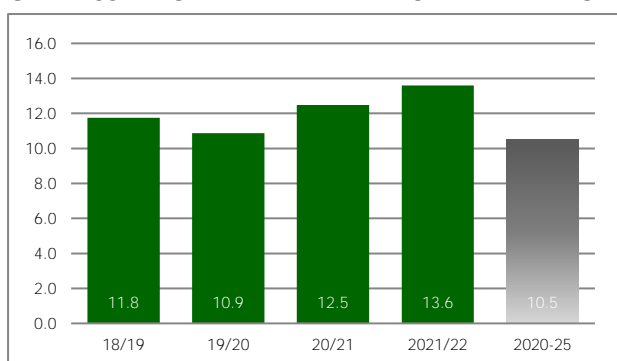
**GRAPH 32: MATERNAL DEATHS PER LEVEL OF CARE – PUBLIC SECTOR 21/22**



The bulk of maternal deaths occur at a Regional Hospital level, as this is the in between level. District Hospitals refer maternal complications and high risk pregnancies upwards as there is not the capacity and skills at a district hospital level to deal with these obstetric complications. By comparison, there are only 3 Tertiary hospitals, of which Ngwelezana is a developing Tertiary Hospital

and has a challenge with staff retention of specialists. There are also 2 regional hospitals that are specialized Mother and Child Hospitals, namely Queen Nandi (KCD) and Newcastle (Amajuba) thus adding to the maternal deaths in these Districts. Eleven (11) maternal deaths occurred at PHC level, which is higher than previous years, and could be due to accessibility of services due to COVID.

**GRAPH 33: NEONATAL DEATH IN FACILITY RATE – TOTAL**



Neonatal deaths increased by 13.6% (2 487 in 2020/21 to 2 825 in 2021/22) and live births only increased by 9.1% (199 258 in 2020/21 to 217 443 in 2021/22) resulting in the increased mortality rate. Neonatal deaths have increased by 18.9% (2 375 in 2019/20 to 2 825 in 2021/22) since the start of the COVID – 19 pandemic.

COVID – 19 negatively impacted on neonatal outcomes due to et al, reduction in staff patient ratios (due to redeployment, quarantine and deaths of staff members) and separation of mothers and babies (causing reduced access to breast milk and skin to skin contact resulting in increased health care associated infections).

Forty-seven point 5 percent (47.5%) of deaths were caused by prematurity with a case fatality rate of 13.9%. Preterm admissions increased by 7.4% from 8309 in 2020/21 to 8923 in 2021/22. The greatest mortality- 54% (712/1316) was in babies born weighing under 1000g accounting for 25% of all neonatal deaths. Factors contributing to prematurity deaths, are low birth weight (increased from 11.8% in 20/21 to 12.3% in 21/22); teenage pregnancy; (994 babies were born to mothers younger than 14 in 21/22); inadequate coverage of antenatal steroids and inadequate respiratory support. After antenatal steroids (which help mature the premature baby's lungs) respiratory support is the most impactful intervention in reducing premature deaths. Only 41.3% (3436 / 8923) of preterm babies received nasal continuous positive airways pressure (nCPAP). However this has increased by 10% from 2020 (3123/8309). Challenges in providing respiratory support relate to inadequate infrastructure (particularly lack of medical air in many facilities), inadequate oxygen pressure (due to increased demand for the COVID – 19 patients) and procurement challenges with equipment consumables.

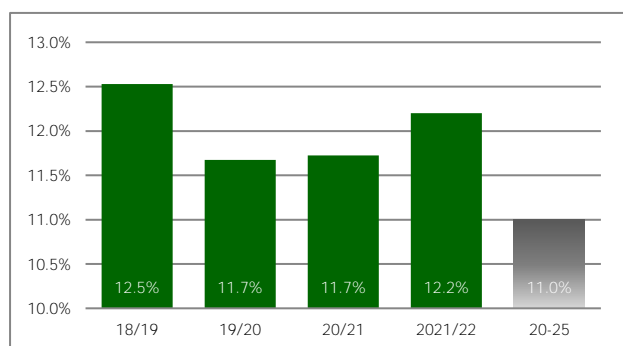
# 2021/22 ANNUAL REPORT

*Timing of deaths:* 73.3% of neonatal deaths occurred within the 1st week of admission. These are primarily due to birth complications & inadequate access to respiratory support. However, in 2021/22, there was a 31% increase in late deaths related to high bed utilisation & high staff patient ratios resulting in infection outbreaks.

*Location of deaths:* 48% of deaths occur at Regional Hospitals due to high bed utilisation & staff patient ratios. There are only 46% of the required high care and Intensive Care Unit (ICU) beds (275/600), available for use.

Key interventions planned to address these challenges are the upgrading of all neonatal units to ensure provision of medical air and adequate electrical points, procurement of respiratory support equipment, increased monitoring and strengthening of administration of antenatal steroids and reintroduction of basic neonatal training which had to be stopped during the pandemic.

**GRAPH 34: LIVE IN BIRTH UNDER 2 500 G IN FACILITY RATE – TOTAL**

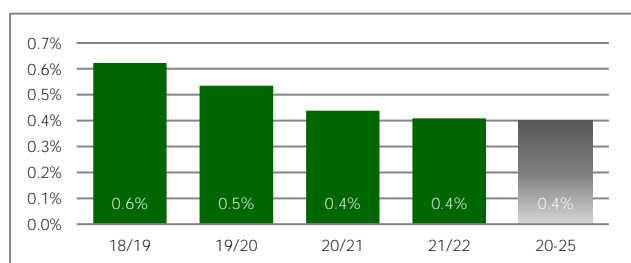


Basic Antenatal Care Plus (BANC+) was implemented in 2018/19. BANC+ advocated for more antenatal visits, improvement of antenatal care and auditing of antenatal care. Auditing of antenatal care is done as a peer review, with one district auditing another. Decline in low birth weight was noticed around 2019 – 2021. Peer review

stopped in 2020 and training on BANC+ was transferred to district level. Auditing of antenatal care stopped due to a shortage of midwives at PHC. When COVID -19 happened, the shortage of nurses, including midwives, meant that the quality of antenatal care worsened. This is seen in the 21/22 performance, which was very slow to improve in spite of recovery plan implementation.

Further to the above, there is high rate of continuous maternal infections that are missed at antenatal clinics and pre-existing maternal medical conditions that are poorly managed which contributed to the high low birth weight.

**GRAPH 35: INFANT PCR POSITIVE AROUND 10 WEEKS RATE**

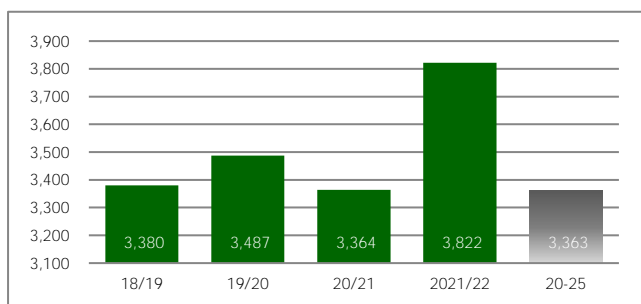


The positive caseload was reduced from 222 in 2020/21 to 209 in 21/22. Identification of gaps leading to mother to child transmission of HIV at facility level, through Facility PCR meetings and visits, is assisting in closing the gaps thereby reducing new HIV infections amongst children.



# 2021/22 ANNUAL REPORT

**GRAPH 36: [NUMBER OF] INPATIENT DEATHS UNDER 5 YEARS – TOTAL**



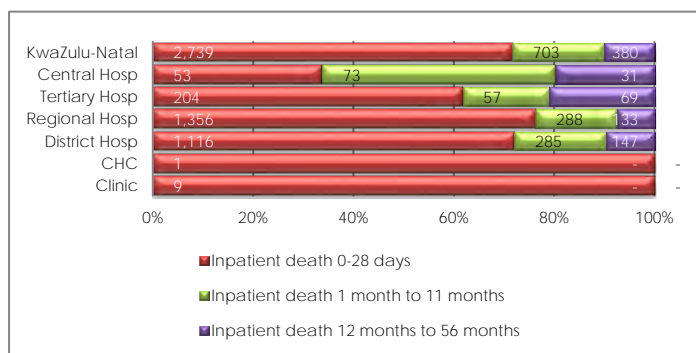
The number of deaths in children under-5 years has increased by 16.3% over the four year period from 2018/19 to 2021/22. The majority of these deaths occurred in the newborn period which accounted for 66.7% of under-5 deaths in 2018/19 and 71.8% in 2021/22. Over this four year period the proportion of under-5 deaths due

to diarrhoea dropped from 5.1% to 3.7%; due to acute respiratory infections dropped from 8.2% to 5.0%; and due to severe acute malnutrition dropped from 5.3% to 4.8%.

The proportion of under-5 deaths occurring between 1 and 4 years of age was 389 in both 2018/19 and 2021/22 although it dropped to 308 in 2020/21, during the COVID-19 lockdown. This means that the increase in under-5 deaths is due to an increase in neonatal deaths and unless this is addressed it is unlikely that the 2025 target for under-5 deaths will be achieved.

In addition to interventions to reduce neonatal deaths the introduction of the Essential Packages of Care for both Paediatrics and Child Health aim to strengthen health services for children in an effort to facilitate early entry into the health service, more effective assessments on entry and better care of children who require admission.

**GRAPH 37: UNDER 5 DEATHS PER AGE CATEGORY, PER LEVEL OF CARE – 2021/22**



The majority of the under 5 deaths (71.7%) occurs in the Neonatal category (0 – 28 days) and this drives up the under 5 death rate.

There is a correlation between neonatal death and maternal health, and therefore there is a high number of deaths (49.5%) at regional hospitals and District Hospitals

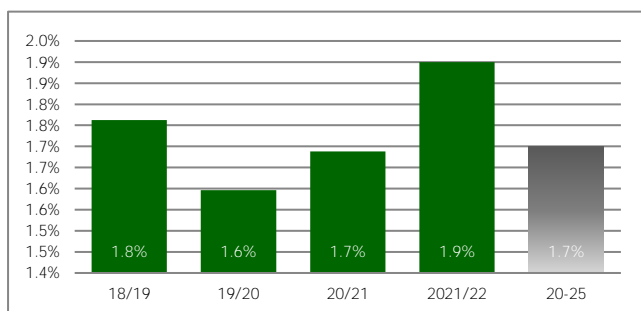
(40.7%) compared to Tertiary and Central Hospital level.

The number of deaths between 1 and 5 years has dropped significantly over the previous 10 years, with this age category contributing 11% to the total deaths under 5.

Strategies and interventions are therefore focusing on improving both maternal health and neonatal survival rates to improve the under 5 death rate.

# 2021/22 ANNUAL REPORT

**GRAPH 38: DEATH UNDER 5 YEARS AGAINST LIVE BIRTH RATE – TOTAL**



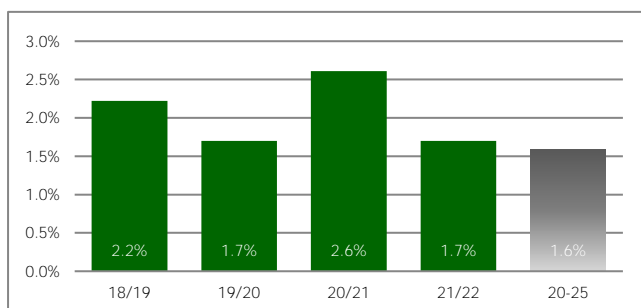
In 2021/22 there was a 16.3% increase in under-5 deaths and a slightly smaller, 13.4% increase in births, compared to the previous year resulting in a sustained increase in this indicator over the past three years.

The major contribution to under-5 deaths is

deaths in the neonatal period where the need for service exceeds the current capacity of the provincial neonatal services, especially at regional and tertiary level.

Whilst the role of improved neonatal care at district hospitals is an important element in addressing under-5 deaths, this needs to be complemented by an increase in access to regional and tertiary level neonatal beds. Various strategies are being undertaken to commission more regional and Kangaroo Mother Care (KMC) beds, to strengthen the delivery of respiratory support in district hospitals and optimize use of the available beds. Unless the Department is able to increase the capacity of the neonatal services it is unlikely that the 2025 target will be met.

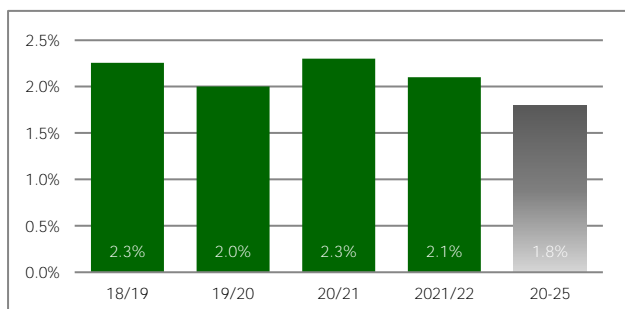
**GRAPH 39: CHILD UNDER 5 YEARS DIARRHOEA CASE FATALITY RATE – TOTAL**



The child under-5 years diarrhoeal disease case fatality rate (CFR) has decreased by 18.0% since 2018/19 although there have been fluctuations from year to year. This is due largely to a decline in the incidence of diarrhoeal disease associated with improved hand hygiene associated with the COVID-19 response. With the easing of lockdown

restrictions there was a 78.4% increase in the incidence of diarrhoea and a 63.0% increase in admissions for diarrhoeal disease between 2020/21 and 2021/22 but just a 10.5% increase in deaths resulting in an improved case fatality rate. The lower number of deaths was associated with earlier presentation to the health service and improved assessment and treatment on admission. The Department is on track to meet the 2025 target for this indicator.

**GRAPH 40: CHILD UNDER 5 YEARS PNEUMONIA CASE FATALITY RATE - TOTAL**



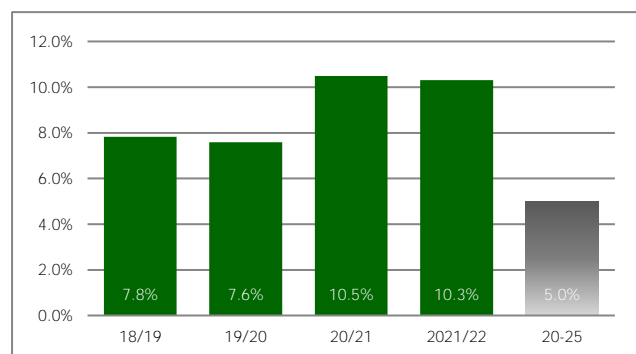
Since 2018/19 there has been a 4.4% decline in the child under-5 years pneumonia case fatality rate associated with a reduction in the incidence of pneumonia and well as the number of admissions and deaths due to pneumonia. This was in part due

# 2021/22 ANNUAL REPORT

to COVID-19 control measures with reduced mobility, the wearing of masks and the use of hand sanitiser.

With the relaxation of these measures in 2021/22 there was an associated 53.0% increase in the incidence of pneumonia, a 44.9% increase in the number of admission and a 32.4% increase in the number of deaths due to pneumonia. The smaller increase in deaths was associated with a reduction in the case fatality rate and was due to earlier presentation to the health service and easier access to respiratory support. If these improvements are maintained the Department may achieve the 2025 target for this indicator.

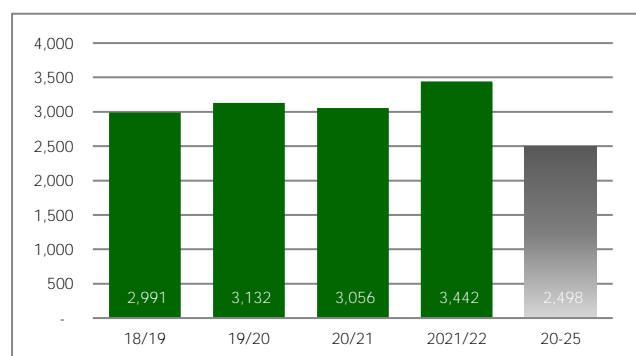
**GRAPH 41: CHILD UNDER 5 YEARS SEVERE ACUTE MALNUTRITION CASE FATALITY RATE – TOTAL**



There has been an increase in the child under 5 severe acute malnutrition (SAM) case fatality rate, which coincided with the onset of COVID-19, which resulted in poor PHC utilisation rates, decreased headcount amongst children under 5, and poor supplementation coverage. These impacted malnutrition case detection negatively for early initiation of treatment. In addition, a

decline in exclusive breastfeeding rates during this period contributed to an increase in SAM. The resultant food and nutrition security challenges experienced in all districts were exacerbated in eThekweni and uMgungundlovu, which were more adversely affected by the July 2021 riots. The major contributing factors to SAM deaths included poor and infant young child feeding history, social ills and co-morbid conditions like HIV, TB, cardiac illness, disabilities and neurodevelopment conditions.

**GRAPH 42: [NUMBER OF] INPATIENT DEATHS UNDER 1 YEAR – PUBLIC SECTOR - TOTAL**

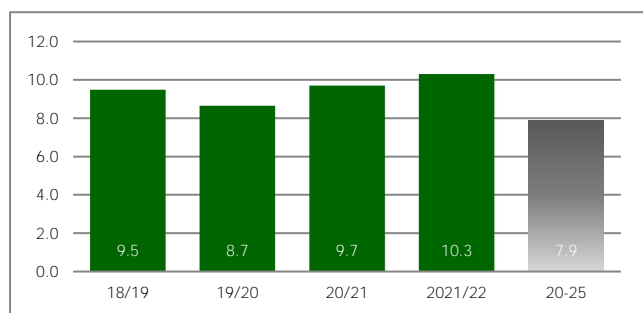


Although the number of inpatient deaths under-1 year increased, this increase occurred in the newborn period and there was an actual 2.4% decline in deaths from 1 to 11 months of age between 2018/19 and 2021/22. In 2021/22 newborn deaths accounted for 79.8% of all under-1 deaths and if the 2025 target for this indicator is to be met then the number of neonatal deaths

needs to be reduced. The roll out of the Essential Packages of Care for Paediatrics and Child Health are important interventions to strengthen health services for children beyond the neonatal period.

# 2021/22 ANNUAL REPORT

**GRAPH 43: EARLY NEONATAL DEATH RATE – TOTAL**



Compared with 2020/21 early neonatal deaths increased by 2.2% (1 890-1 932) despite an increase in live births of 9.1%. However this still accounts for 73.3% of all neonatal deaths.

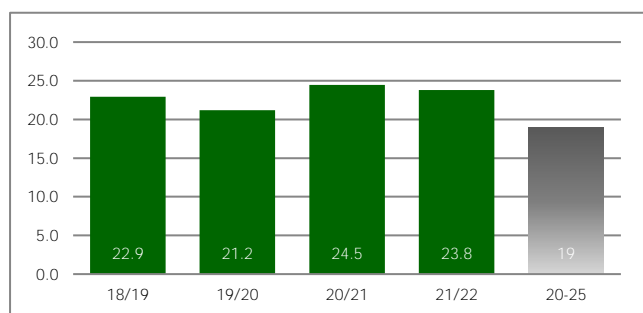
*Cause of deaths:* Early neonatal deaths are primarily due to birth complications, hypothermia, delays in transferring to

(particularly due to the lack of Advanced Life Support Paramedics required to transport neonates), or unavailability of beds at, higher levels of care & inadequate access to respiratory support.

*Location of deaths:* 51% of deaths occurred at Regional Hospitals due to inadequate bed numbers and high staff patient ratios. There are only 46% of the required high care and ICU beds (275/600) available at this level.

*Key interventions* planned to address these challenges are the upgrading of all neonatal units to ensure provision of medical air and adequate electrical points, procurement of respiratory support equipment, increased monitoring and strengthening of administration of antenatal steroids and reintroduction of basic neonatal training which had to be stopped during the pandemic.

**GRAPH 44: STILL BIRTH IN FACILITY RATE – TOTAL**

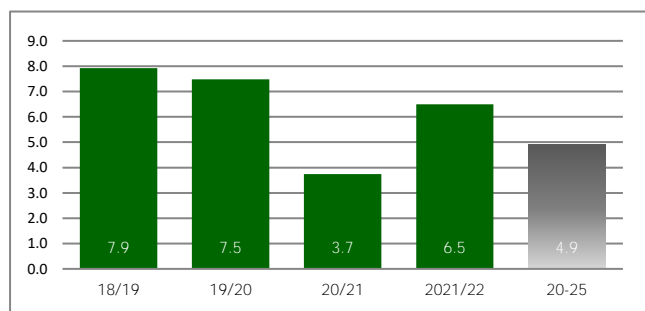


The Province has never managed to drop still birth rate (SBR) to below 20% due to various factors. Continuous infections during pregnancy that are poorly managed in antenatal care; coupled with existing maternal medical conditions that women present with when they become pregnant are regarded as major contributors of still birth.

Infections including syphilis are not adequately screened in Antenatal Care (ANC) clinics thus resulting in poor management and subsequently affect fetal wellbeing. This is due to lack of rapid syphilis testing in clinics. Prompt treatment of positive syphilis test is mandatory to reduce fetal infections and other negative outcomes. Syphilis testing and treatment is now monitored at local and provincial level, it was also added onto wellness dashboard indicators to re-enforce monitoring. BANC+ trainings are continuous at district level to update new midwives so that quality of antenatal care is improved.

# 2021/22 ANNUAL REPORT

**GRAPH 45: CHILD UNDER 5 YEARS DIARRHOEA INCIDENCE**



Though the diarrhoea incidence in children was coming down during the trend period, there has been a slight increase in 2021/22 in those districts that have been affected by floods and are short of clean water supply i.e. eThekweni, Ugu, iLembe and King Cetshwayo.

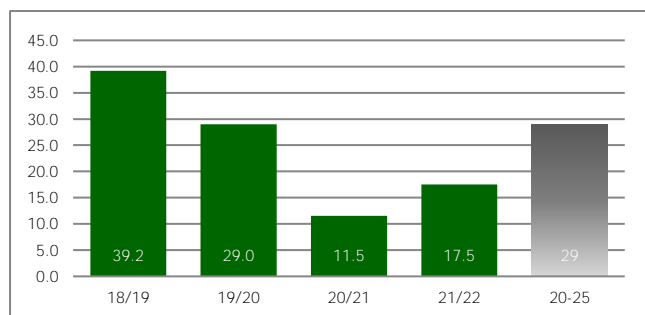
The remedial action is to accelerate the activities

that have been effective before:

Education on hand washing with soap and water (when water is available) or hand sanitization with alcohol solution, will play a huge role in reducing bacterial diseases resulting in diarrhoea

- Working closely with other government departments to promote environmental hygiene e.g. COGTA,
- Education on house and food hygiene and water sterilization using a teaspoon of household bleach in 25ℓ of water if a family does not have fuel to boil water.
- Strengthening of community based child health Programs at the Phila Mntwana Sites, households and Early Childhood Development (ECD) Sites.

**GRAPH 46: CHILD UNDER 5 YEARS PNEUMONIA INCIDENCE**



The pneumonia Incidence during the previous 2 years (particularly during COVID) came down because of reduced mobility of children during lockdown which resulted in reduced exposure to the viral and respiratory tract infections. Now that the accessibility to services is increasing again, and the ECD Sites are re-opened, most

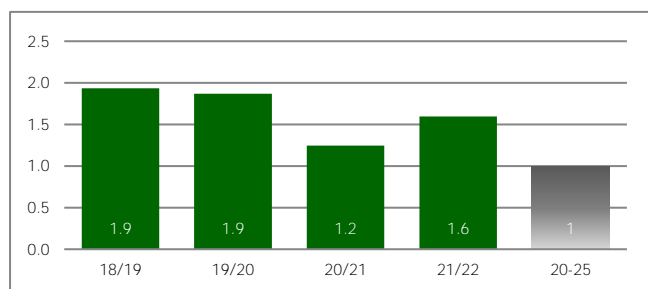
children have low immunity against viral and bacterial respiratory tract infections resulting in increased infections like Pneumonia.

Remedial Actions:-

- Strengthen the integrated Management of Childhood Illnesses and the issuing of antibiotics to treat infections.
- Increase the rate of pneumococcal vaccination of children against pneumonia.
- Promote good nutrition programmes for children to reduce malnutrition and increase immunity.

# 2021/22 ANNUAL REPORT

**GRAPH 47: CHILD UNDER 5 YEARS SEVERE ACUTE MALNUTRITION INCIDENCE**



There was an improvement in the SAM incidence in 20/21 as community health workers resumed household visits with child health services and PHC utilization rates improved.

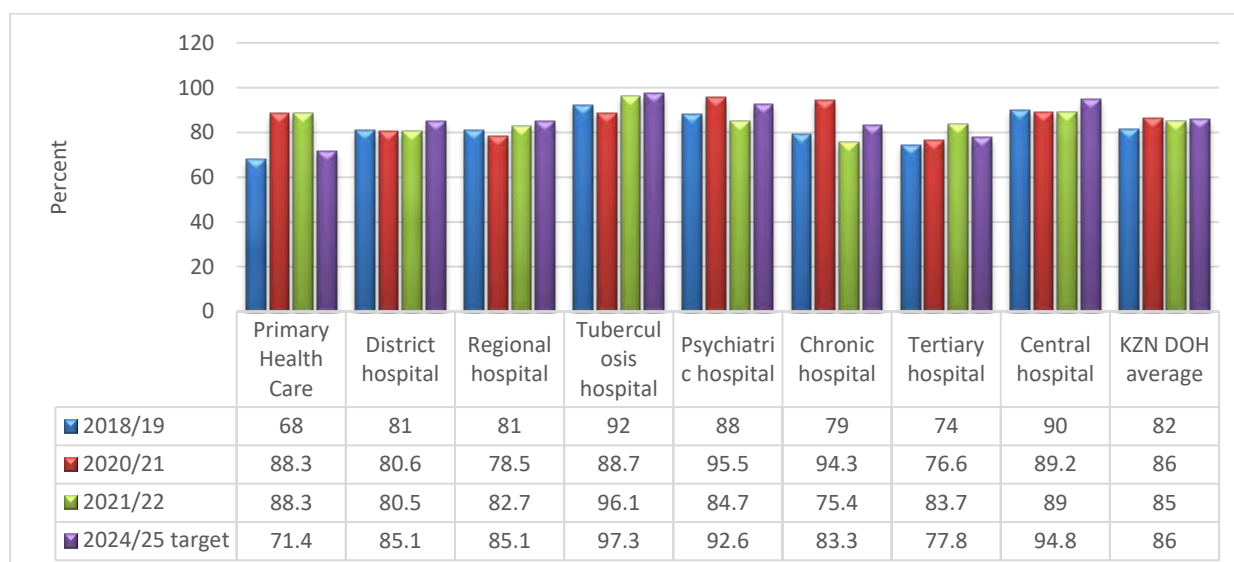
uMzinyathi and Zululand districts implemented the Family mid-upper arm circumference (MUAC)

project, which assisted in advocating for nutritional screening at community level.

## Quality Assurance

### Patient Experience of Care Satisfaction rate

**GRAPH 48: PATIENT EXPERIENCE OF CARE SATISFACTION RATE**

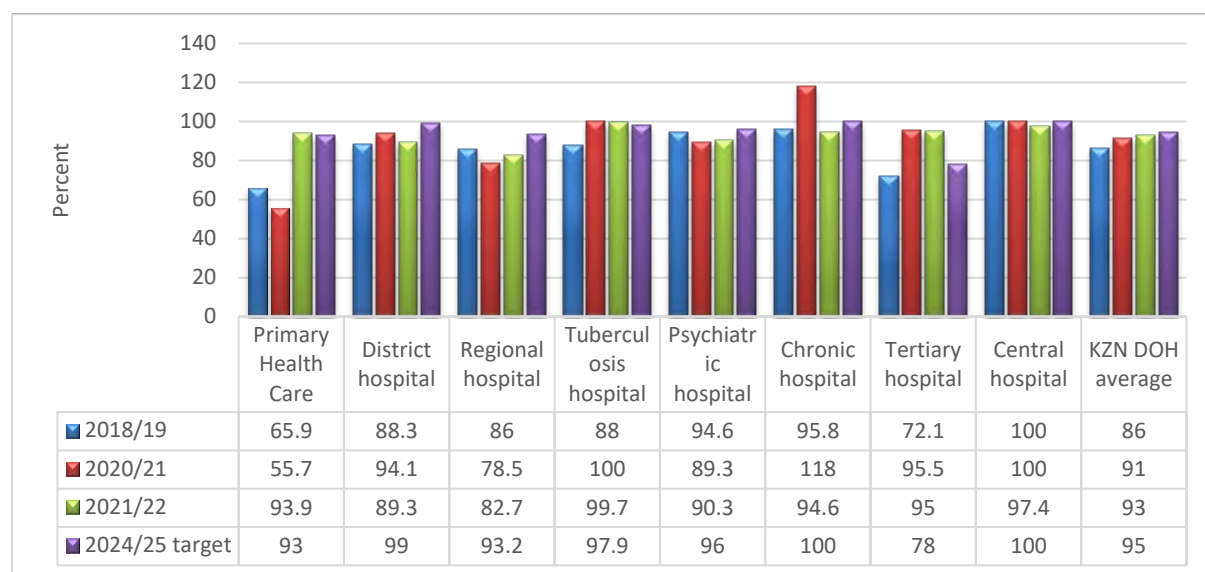


The Patient Experience of Care Satisfaction rate refers to the total number of satisfied responses as a proportion of all responses from the patient experience of care surveys. This indicator is monitored for all levels of care, i.e. from Primary health care level up to Central hospital level of care. Generally the provincial average has moved from the baseline of 82% in 2018/19 to 85% in 2021/22 and short of 1% percent to reach the 2024/25 target. Primary health care and tertiary hospital are the two levels that have exceeded their 2024/25 targets. Psychiatric, Chronic and Central hospitals are the three service levels that have an achievement that is lower than the baseline. The challenges include lack of medication, long waiting times, and lack of clean linen, among others.

# 2021/22 ANNUAL REPORT

## Patient Safety Incident Case Closure rate

**GRAPH 49: PATIENT SAFETY INCIDENT CASE CLOSURE RATE**



Patient Safety Incident Case Closure rate refers to patient safety incident cases closed in the reporting month as proportion of patient safety incident cases reported in the reporting month. There has been a steady increase in the provincial Patient Safety Incident Case Closure rate average, even though the target has not been met. Primary health care, Tertiary hospital and Tuberculosis hospital have in the 2021/22 financial year exceeded the 2024/25 targets. The main challenge reported is the issue of lengthy investigations that are required in some incidents.

### National Health Insurance

In 2019 69 General practitioners (GPs) were contracted against a target of 84 for the three NHI KZN Pilot Districts, uMgungundlovu, uMzinyathi and Amajuba. The target was not met due to the rural nature of the districts, making recruitment difficult. In 2020 104 GPs contracted against a target of 107. The target was not met due to the resignations of the GPs. By 2024, the department is looking at contracting the same number of GPs, i.e. 114, due to budget cuts.

In 2020, 487 managers were trained on leadership against the target of 547 because other managers did not turn up for the training. This was rectified by replacement of managers in the 3<sup>rd</sup> quarter. The training programme will be complete by November 2022.

In 2019, 7 934 794 clients were registered on Health Patient Registration System (HPRS). In 2020 the target was 11 267 437. The actual number of patients registered was 11 445 107.

# 2021/22 ANNUAL REPORT

## Transfer Payments

Transfer Payments to all Organisations other than Public Entities.

TABLE 5: TRANSFER PAYMENTS FOR THE PERIOD 1 APRIL 2021 TO 31 MARCH 2022

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the Public Finance Management Act (PFMA)	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
eThekwini Municipality	Local Government	To provide PHC Services	Yes	114 079	114 079	N/A
eThekwini Municipality	Local Government	To provide HIV & AIDS Services	Yes	135 224	135 224	N/A
HAPPY HOUR AMAOTI (DMH) NGO	Non-Profit Institution	To provide Mental Health Services	Yes	546	546	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR DURBAN NORTH NGO	Non-Profit Institution	To provide Mental Health Services	Yes	455	455	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR KWAXIMBA (DMH) NGO	Non-Profit Institution	To provide Mental Health Services	Yes	390	390	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR MPUMALANGA (DMH) NGO	Non-Profit Institution	To provide Mental Health Services	Yes	416	416	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR PHOENIX NGO	Non-Profit Institution	To provide Mental Health Services	Yes	260	260	Paid 10 months claims due to late submission by NGO.
AUSTERVILLE HALFWAY HOUSE NGO	<b>Non-Profit Institution</b>	To provide Mental Health Services	Yes	546	546	Paid 10 months claims due to late submission by NGO.
AZALEA HOUSE NGO	<b>Non-Profit Institution</b>	To provide Mental Health Services	Yes	503	503	Paid 10 months claims due to late submission by NGO.
JONA VAUGHN CENTRE NGO	Non-Profit Institution	To provide Mental Health Services	Yes	2 553	2 553	Paid 10 months claims due to late submission by NGO.
MADLINE MANOR NGO	Non-Profit Institution	To provide Mental Health Services	Yes	882	882	Paid 10 months claims due to late submission by NGO.
UMLAZI HALFWAY HOUSE NGO	Non-Profit Institution	To provide Mental Health Services	Yes	273	273	Paid 10 months claims due to late submission by NGO.



## 2021/22 ANNUAL REPORT

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the Public Finance Management Act (PFMA)	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
CLAREMONT DAY CARE CENTRE NGO	Non-Profit Institution	To provide Mental Health Services	Yes	468	468	N/A
EKUKHANYENI CLINIC NGO	Non-Profit Institution	To provide PHC Services	Yes	1 296	1 296	N/A
HIGHWAY HOSPICE (NGO)	Non-Profit Institution	Palliative Care	Yes	821	821	N/A
HILLCREST AIDS CENTRE TRUST	Non-Profit Institution	Palliative Care	Yes	800	800	N/A
MATIKWE OBLATE NGO	Non-Profit Institution	To provide PHC Services	Yes	558	558	N/A
POWER OF GOD (PHILAKADE TLC NGO)	Non-Profit Institution	To provide PHC Services	Yes	1 314	1 314	N/A
RAMAKRISHNA UMZAMO HOME	Non-Profit Institution	To provide Mental Health Services	Yes	729	729	N/A
SCADIFA CENTRE NGO	Non-Profit Institution	To provide Mental Health Services	Yes	1 458	1 458	N/A
SPARKES ESTATE NGO	Non-Profit Institution	To provide Mental Health Services	Yes	1 677	1 677	N/A
STILL A TIME	Non-Profit Institution	To provide Mental Health Services	Yes	206	206	N/A
THE BEKIMPILO TRUST NGO	Non-Profit Institution	To provide PHC Services	Yes	7 662	7 662	N/A

**TABLE 6: TRANSFER PAYMENTS BUDGETED FOR PERIOD 1 APRIL 2021 TO 31 MARCH 2022**

Name of transferee	Purpose for which the funds were to be used	Amount budgeted for R'000	Amount transferred R'000	Reasons why funds were not transferred
eThekwini Municipality	PHC Services	115 648	114 079	Late submission of documents by the Municipality for the procurement of medical and surgical supplies.
eThekwini Municipality	To provide HIV & AIDS Services	135 224	135 224	N/A

## 2021/22 ANNUAL REPORT

Name of transferee	Purpose for which the funds were to be used	Amount budgeted for R'000	Amount transferred R'000	Reasons why funds were not transferred
HAPPY HOUR AMAOTI (DMH) NGO	Non-Profit Institution	655	546	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR DURBAN NORTH NGO	Non-Profit Institution	546	455	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR KWAXIMBA (DMH) NGO	Non-Profit Institution	468	390	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR MPUMALANGA (DMH) NGO	Non-Profit Institution	499	416	Paid 10 months claims due to late submission by NGO.
HAPPY HOUR PHOENIX NGO	Non-Profit Institution	312	260	Paid 10 months claims due to late submission by NGO.
AUSTERVILLE HALFWAY HOUSE NGO	Non-Profit Institution	656	546	Paid 10 months claims due to late submission by NGO.
AZALEA HOUSE NGO	Non-Profit Institution	604	503	Paid 10 months claims due to late submission by NGO.
JONA VAUGHN CENTRE NGO	Non-Profit Institution	3 063	2 553	Paid 10 months claims due to late submission by NGO.
MADELINE MANOR NGO	Non-Profit Institution	1 058	882	Paid 10 months claims due to late submission by NGO.
UMLAZI HALFWAY HOUSE NGO	Non-Profit Institution	327	273	Paid 10 months claims due to late submission by NGO.
CLAREMONT DAY CARE CENTRE NGO	Non-Profit Institution	468	468	N/A
EKUKHANYENI CLINIC NGO	Non-Profit Institution	1 186	1 296	Paid by HO
HIGHWAY HOSPICE (NGO)	Non-Profit Institution	821	821	N/A
HILLCREST AIDS CENTRE TRUST	Non-Profit Institution	800	800	N/A
MATIKWE OBLATE NGO	Non-Profit Institution	558	558	N/A
POWER OF GOD (PHILAKADE TLC NGO)	Non-Profit Institution	1 314	1 314	N/A
RAMAKRISHNA UMZAMO HOME	Non-Profit Institution	729	729	N/A
SCADIFA CENTRE NGO	Non-Profit Institution	1 458	1 458	N/A
SPARKES ESTATE NGO	Non-Profit Institution	1 677	1 677	N/A
STILL A TIME	Non-Profit Institution	206	206	N/A

# 2021/22 ANNUAL REPORT

Name of transferee	Purpose for which the funds were to be used	Amount budgeted for R'000	Amount transferred R'000	Reasons why funds were not transferred
THE BEKIMPILO TRUST NGO	Non-Profit Institution	7 662	7 662	N/A

## Conditional Grants

**TABLE 7: COMPREHENSIVE HIV AND AIDS GRANT**

Name of the Grant	Comprehensive HIV / AIDS Grant		
Department who transferred the Grant	National Department of Health (NDOH)		
Purpose of the Grant	To enable the health sector to develop and implement an effective response to HIV/AIDS, TB and STIs.		
Expected outputs of the Grant and actual achievements.	Indicators	Expected Outcomes	Actual Achievements
	Number of facilities offering ART	No Target assigned	691
	Number of new patients that started treatment on ART	154 216	119 122
	Number of patients on ART remaining in care	1 686 154	1 541 952
	Number of antenatal clients initiated on ART	17 000	16 121
	Number of beneficiaries served by Home-Based Carers	Indicator No longer collected and reported	
	Number active Home-Based Carers (CHW) receiving stipends	10 350	10 296
	Number of male condoms distributed	133 889 999	106 967 000
	Number of female condoms distributed	7 596 804	3 813 20
	Number of High Transmission Area (HTA) intervention sites (cumulative)	99	99
	Number of HIV positive patients that started on Isoniazid Preventive Therapy (IPT)	79 204	81 540
	Number of active lay counsellors on stipends	1 612	1 570
	Number of clients tested for HIV (including antenatal)	3 795 315	3 955 243
	Number of health facilities offering MMC services	80	554
	Number of MMCs performed	149 448	94 786
	Number of babies PCR tested around 10 weeks	53 330	51 147
	Number of sexual assault cases offered ARV prophylaxis	4 772	4 755
	Number of Doctors trained on HIV/AIDS, STIs, TB and chronic diseases	339	124
Number of Professional Nurses trained on HIV/AIDS, STIs, TB and chronic diseases	3770	2388	

# 2021/22 ANNUAL REPORT

Name of the Grant	Comprehensive HIV / AIDS Grant		
	Number of HIV positive clients screened for TB	135 649	177 103
Amount per amended Division of Revenue Act (DORA) (R'000)	7 263 697		
Amount received (R'000)	7 263 697		
Reasons if amount as per DORA was not received	N/A		
Amount spent by the Department (R'000)	7 263 697		
Reasons for the funds unspent by the entity	The grant was fully spent		
Reasons for deviations on performance	N/A		
Measures taken to improve performance	N/A		
Monitoring mechanism by the receiving Department	<p style="text-align: center;"><b>1. Data Quality (Process to ensure data integrity)</b></p> <p>Financial - Information</p> <p>The finance data is checked monthly, where district Assistance Finance Managers and Provincial Finance admin clerks do monthly reconciliations and ensure that correct payments are made and also check if suppliers are paid on time.</p> <p>Non- Financial Information</p> <p>The non-financial information on District Health Information Software (WebDHIS) goes through a data cleaning process. Due to COVID-19 pandemic and vaccination rollout programme, there was no data cleaning workshop convened by Provincial Data Management. Instead, data cleaning was done electronically, via email, where districts data was extracted and data anomalies (outliers) were shared with districts for correction. The pandemic limited facility support in Quarter 1 – 3 of 2021/22.</p> <p>District refresher trainings on Data Management, Monitoring and Evaluation (M&amp;E), Planning prescripts and guidelines were conducted in 7 out of 11 districts. The remaining districts will be completed in Quarter 1 of the new financial year.</p> <p>A meeting was held with all District offices (Information and M&amp;E) on the 18 March 2022, where all previous audit findings were discussed, and interventions and activities that need to take place in relation to data quality. A revised Audit Improvement Plan was implemented and progress is being monitored on a monthly basis. The Department has visited 19 facilities in Quarter 4 (2021/22) to provide support in areas of performance information and data quality improvement. One on one mentoring was provided to these facilities.</p> <p>All district and facilities were given opportunity to clean and correct their 2021/22 WebDHIS data and were given a deadline of 17 May 2022, where it was officially closed and signed off by National Department of Health.</p> <p style="text-align: center;"><b>2. Monitoring</b></p> <p>Monthly</p> <p>The province convenes monthly Wellness Campaign meeting to discuss HAST and Child Health programmes performance, and progress towards achieving 90-90-90 targets for both HIV and TB programmes. The meetings are held twice a quarter. The meeting is attended by district Deputy Director: Clinical Programmes, HAST coordinators, TB coordinators, M&amp;E Managers, District Support Partners, District Information Officers (DIO) and Provincial Programme Managers. Due to COVID-19 pandemic only five (5) monthly wellness campaign meetings were</p>		

# 2021/22 ANNUAL REPORT

Name of the Grant	Comprehensive HIV / AIDS Grant
	<p>held in 2021/22. The monthly Wellness Campaign meetings were held on 25 June 2021, 26 August 2021, 23 September 2021, 26 November 2021 and 28 January 2022.</p> <p>Quarterly</p> <p>The province convenes integrated Strategic Health Programmes (SHP) Quarterly Performance Review meetings. The meeting is attended by Deputy Directors: Clinical Programme, district HAST coordinators, TB coordinators, M&amp;E Managers, Partners, District Information Officers (DIO) and Provincial Programme Managers. Two (2) quarterly meetings were held in 2021/22, and were held on these dates 27 July 2021 and, 28 October 2021. The final Quarter 4 /annual performance review will be in June 2022.</p> <p>The quarterly performance review focus on programme performance against targets, sharing best practices and lessons learned amongst districts. In cases where there is poor performance, strategies and remedial actions with timeframes are developed and implementation is monitored in subsequent quarterly meetings.</p>

**TABLE 8: NATIONAL TERTIARY SERVICES GRANT**

Name of the Grant	National Tertiary Services Grant										
Department who transferred the Grant	NDOH										
Purpose of the Grant	Ensure the provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with the provision of these services										
Expected outputs of the Grant	<table> <tr> <td>Day Patients Separations</td> <td>65,309</td> </tr> <tr> <td>Inpatient days total</td> <td>416,572</td> </tr> <tr> <td>Inpatient Separations Total</td> <td>50,979</td> </tr> <tr> <td>Outpatients Attendances Total</td> <td>130,966</td> </tr> <tr> <td>Outpatients Follow Up Attendances Total</td> <td>332,464</td> </tr> </table>	Day Patients Separations	65,309	Inpatient days total	416,572	Inpatient Separations Total	50,979	Outpatients Attendances Total	130,966	Outpatients Follow Up Attendances Total	332,464
Day Patients Separations	65,309										
Inpatient days total	416,572										
Inpatient Separations Total	50,979										
Outpatients Attendances Total	130,966										
Outpatients Follow Up Attendances Total	332,464										
Actual outputs achieved	<table> <tr> <td>Day Patients Separations</td> <td>244,823</td> </tr> <tr> <td>Inpatient days total</td> <td>239,045</td> </tr> <tr> <td>Inpatient Separations Total</td> <td>72,142</td> </tr> <tr> <td>Outpatients Attendances Total</td> <td>198,317</td> </tr> <tr> <td>Outpatients Follow Up Attendances Total</td> <td>284,967</td> </tr> </table>	Day Patients Separations	244,823	Inpatient days total	239,045	Inpatient Separations Total	72,142	Outpatients Attendances Total	198,317	Outpatients Follow Up Attendances Total	284,967
Day Patients Separations	244,823										
Inpatient days total	239,045										
Inpatient Separations Total	72,142										
Outpatients Attendances Total	198,317										
Outpatients Follow Up Attendances Total	284,967										
Amount per amended DORA (R'000)	1 955 628 000										
Amount received (R'000)	2 094 811 000										
Reasons if amount as per DORA was not received	N/A										
Amount spent by the Department (R'000)	1955 366 002										
Reasons for the funds unspent by the entity	100% Expenditure										
Reasons for deviations on performance	N/A										
Measures taken to improve performance	Quarterly Performance Review meetings were convened. Additionally, one on one support was provided to the Tertiary/Central facilities										
Monitoring mechanism by the receiving Department	Monthly conditional grant variance monitoring. Quarterly performance reports										

# 2021/22 ANNUAL REPORT

**TABLE 9: SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME (EPWP) INCENTIVE GRANT FOR PROVINCES**

Name of the Grant	EPWP Integrated Grant to Province
Department who transferred the Grant	Department of Public Works
Purpose of the Grant	Creation of job opportunities
Expected outputs of the Grant	Creation of 3000 jobs per year Quality constructed and maintained health facilities Clean and safe environment for Health Services
Actual outputs achieved	Maintenance of buildings, gardens & grounds, Renovations, upgrades and construction of new infrastructure assets
Amount per amended DORA (R'000)	12 689 000.00
Amount received (R'000)	12 689 000.00
Reasons if amount as per DORA was not received	Not applicable
Amount spent by the Department (R'000)	12 689 000.00
Reasons for the funds unspent by the Entity	Grant was fully spent
Reasons for deviations on performance	Not applicable
Measures taken to improve performance	Expanded Public Works Programme (EPWP) is included into monthly infrastructure joint management meetings and site progress meetings.
Monitoring mechanism by the receiving Department	Monthly Chief Directorate meetings, Directorate meetings, Monthly reports from the project team and health facilities

**TABLE 10: HEALTH FACILITY REVITALISATION GRANT**

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	National Treasury
Purpose of the Grant	To enable provinces to plan, manage, and transform health infrastructure in line with national and provincial policy objectives
Expected outputs of the Grant	80 projects completed
Actual outputs achieved	61 projects completed
Amount per amended DORA (R'000)	1 247 730
Amount received (R'000)	1 247 730
Reasons if amount as per DORA was not received	Not applicable
Amount spent by the Department (R'000)	1 247 730
Reasons for the funds unspent by the Entity	Not applicable
Reasons for deviations on performance	The generator programme is delayed by a few incomplete generators per package element.  Hlabisa Hospital was anticipated to have taken practical completion by fourth quarter but it was delayed due to additional scope
Measures taken to improve performance	<ul style="list-style-type: none"> <li>Meetings with all relevant stakeholders including implementing agent Department of Public Works (DOPW)</li> <li>Training of staff on all levels both internal and external</li> </ul>

# 2021/22 ANNUAL REPORT

Name of the Grant	Health Facility Revitalisation Grant
	<ul style="list-style-type: none"> <li>Infrastructure representation at SCM committees</li> </ul>
Monitoring mechanism by the receiving Department	<ul style="list-style-type: none"> <li>APP Reports</li> <li>IRM Reports</li> <li>PMIS</li> <li>End of year report</li> <li>Portfolio Committee Feedback</li> <li>Provincial Health Council</li> <li>Human Resources (HR) Assessment</li> <li>Annexure B KZN-DOPW</li> <li>Site meeting – progress reports</li> </ul>

## Donor Funds

### Donor Funds Received

**TABLE 11: DONOR FUNDS RECEIVED**

Name of Donor	Astra Zeneca (Astra Zeneca Pharm)
Full amount of the funding	R 196 000
Period of the commitment	Not specified.
Purpose of the funding	Drug Trials
Expected outputs	Drug Trials
Actual outputs achieved	The project is still in progress.
Amount carried over (R'000)	26
Amount spent by the Department (R'000)	0
Reasons for the funds unspent	The project is still in progress and will be finalised in 2022/23.
Monitoring mechanism by the Donor	Not specified.
Name of Donor	Atlantic Philanthropies
Full amount of the funding	R 9 429 000
Period of the commitment	Two years (further extension received).
Purpose of the funding	To strengthen the institutional capacity of the KwaZulu-Natal College of Nursing to enhance training and research Capacity.
Expected outputs	Position the KwaZulu-Natal College of Nursing in the Higher Education landscape by the year 2016/2017 in respect of education, training and research; quality improvement; and leadership and governance
Actual outputs achieved	Curriculum Development completed for the Diploma in Nursing – General Programme Process of accreditation commenced with the respective accreditation bodies (CHE and SANC). Clinical Skills Laboratory set up at Ngwelezane Campus. Capacity building and Policy Development programmes conducted in line with the roll out of the New Nursing Qualifications.  Curriculum Development for Post Graduate Diploma is in progress. The college has received full accreditation for the Advanced Diploma in Midwifery, which will commence in 2023; however this will be funded by the department.
Amount carried over (R'000)	174
Amount spent by the Department (R'000)	172

## 2021/22 ANNUAL REPORT

Reasons for the funds unspent	This project has been finalised and as prescribed the debt/balance of R2'000 was moved to Revenue.
Monitoring mechanism by the Donor	Annual Progress reports submitted.
<b>Conforth investments</b>	
Full amount of the funding	R 151 000
Period of the commitment	Not specified.
Purpose of the funding	Improvement of the infection control unit in ward A4.
Expected outputs	Installation of access control doors and purchasing of furniture in the Haematology Department.
Actual outputs achieved	Installations of 2 access control doors and additional seating for patients in ward A4 west.
Amount carried over (R'000)	33
Amount spent by the Department (R'000)	Nil
Reasons for the funds unspent	There has been challenges in locating the Donor, however the balance of the funds will be utilised in 2022/23 within the same department.
Monitoring mechanism by the Donor	None
<b>Impumelelo Trust Innovation</b>	
Full amount of the funding	R 24 000
Period of the commitment	Not specified
Purpose of the funding	Training programmes for HIV and AIDS
Expected outputs	Prize money to be spent on HIV/AIDS related project
Actual outputs achieved	None
Amount carried over (R'000)	24
Amount spent by the Department (R'000)	0
Reasons for the funds unspent	The project is still in progress and will be finalised in 2022/23.
Monitoring mechanism by the Donor	None.
<b>Centres for Disease Control and Prevention Award</b>	
Full amount of the funding	R 7 500 000 (\$ 500 000)
Period of the commitment	9 months (01 Jan 2022 – 29 Sept 2022)
Purpose of the funding	Strengthen public health policy implementation mainly by 'strengthening health human resources for the analysis, dissemination, and use of information at all levels in the province'.
Expected outputs	<p>Signed Service Level Agreement (SLA) (Notice of Award)</p> <p>Availability of work plan</p> <p>Finalized monitoring tools</p> <p>% of staff Appointed</p> <p>% of staff orientated and in-serviced</p> <p>Introduced team to the provincial program managers</p> <p>% of the members of the team retained</p> <p>Number of capacity building completed</p> <p>Number of programme managers who attended capacity building sessions</p> <p>Number stakeholder engagement meetings conducted</p> <p>Number of provincial quarterly meetings conducted</p> <p>Availability of HAST policy audit report</p> <p>Evidence of early detection of provincial administrative challenges</p>



# 2021/22 ANNUAL REPORT

	Available data to inform progress
Actual outputs achieved	Signed SLA (Notice of Award) 0% of staff Appointed Work plan available Number of capacity building completed – 2 (Interactive Review Workshop (250 officials) and Men’s Health Workshop (116 officials)) Number of programme managers who attended capacity building sessions
Amount carried over (R'000)	7 261 587 (\$ 484 186)
Amount spent by the Department (R'000)	235 234 (\$ 15 890)
Reasons for the funds unspent	The funds were not fully spent as the donor’s financial year only ends in Sept 2022.
Monitoring mechanism by the Donor	PEPFAR Annual Progress Report

## Capital Investment

**TABLE 12: CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN**

Infrastructure Projects	2021/22			2020/21		
	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets	278 278	359 297	(81 019)	336 811	392 439	(55 628)
Existing infrastructure assets	1 038 976	1 068 888	(29 912)	2 352 152	2 291 854	60 298
Upgrades and additions	458 986	461 376	(2 390)	1 525 111	1 491 640	33 471
Rehabilitation, renovations & refurbishment	192 418	187 424	4 994	377 841	334 789	43 052
Maintenance and repairs	387 572	420 088	(32 516)	449 200	465 425	(16 225)
Infrastructure transfer						
Current	630 812	656 888	(26 076)	449 200	465 425	(16 225)
Capital	929 682	1 008 097	(78 415)	2 239 763	2 218 868	20 895
<b>Total</b>	<b>1 317 254</b>	<b>1 428 185</b>	<b>(110 931)</b>	<b>2 688 963</b>	<b>2 684 293</b>	<b>4 670</b>



## **PROGRAMME 1 - ADMINISTRATION**

### **Programme Description & Purpose**

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

There are no changes to the Programme 1 structure.

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

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

#### ***Sub-Programme 1.2: Management***

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

### **Outcomes for the year under review**

- Universal Health Coverage

### **Outcomes, outputs, output indicators, Targets and actual achievements**

Budgetary constraints resulted to lower than expected number of Community Health Workers contracted into the health system. Percentage of supplier invoices paid within 30 Days decreased by 0.8% from the 96.3% in 2020/21. The 90% target was exceeded by 6%, and this was as a result of improved investigations and mitigation of delays in payments.

There was no change in the percentage of hospitals using the E-Health System between 2020/21 and 2021/22. Unavailability of computing equipment caused the delay in the roll-out to identified facilities. The percentage of hospitals with a stable Information Communication technology (ICT) connectivity increased from 80.6% in 2020/21 to 87.5% in 2021/22. The percentage of PHC facilities with a stable ICT connectivity remained at 80%, 11.2% lower than the 2021/22 target. The lower than expected achievement is attributed to State Information Technology Agency (SITA) delays in upgrading internet bandwidth.

## 2021/22 ANNUAL REPORT

**TABLE 13: OUTCOME INDICATORS (PROGRAMME 1)**

APP 2021/22: Page 66 : Table 14						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal Health Coverage</b>						
1. UHC service Index <sup>1</sup>	SAHR	59%	72.5%	59%	(19%)	A wide variation in the range of values by province and by district is noted across the different tracers included in the index. This is an indication of the targets not met in the respective “tracers” in this indicator, largely informed by Programme 2.
2. Audit opinion of Provincial DoH	Annual Reports	Qualified	Unqualified	Qualified	Not achieved	See Auditor-General’s report: Page 254 Annual Financial Statements
3. Contingent liability of medico-legal cases	Medico-legal case management system	R110 302 969	R21 Bn	R27 815 450 163,36	(32%)	The Department receives a high volume of medical claims which require in-depth investigations.  The backlog on court proceedings had an impact in concluding cases.
4. Percentage of facilities certified by OHSC	To be determined	5.3%	69.4%	28,2%	(59%)	Non-compliance to the non-negotiable vital elements that requires 100% compliance. Sub-domains most failed include: <ul style="list-style-type: none"> <li>• User Health Records and Management</li> <li>• Clinical Management</li> <li>• Waste Management</li> <li>• Availability of Medical Equipment</li> <li>• Management of grounds</li> </ul>

<sup>1</sup> Performance measurement to commence once NHI Fund is operational and purchasing health services on behalf of the population.

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 66 : Table 14						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
						<ul style="list-style-type: none"> <li>Governance</li> <li>Human Resource Management</li> </ul>
<b>5. Percentage of PHC facilities with functional Clinic committees</b>	Attendance registers of meetings of clinic committees	<b>30,7%</b>	<b>89,9%</b>	<b>22,7%</b>	<b>(75%)</b>	Membership of committee members expired. Appointment of new committee members pending
<i>PHC facilities with functional Clinic committees</i>		188	549	139		
<i>Total clinics</i>	DHIS	612	611	611		
<b>6. Percentage of hospitals with functional hospital boards</b>	Attendance registers of meetings of hospital board meetings	<b>88,9%</b>	<b>100%</b>	<b>50%</b>	<b>(50%)</b>	Membership of board members expired. The appointment of new board members is pending.
<i>Hospitals with functional hospital boards</i>		64	72	36		
<i>Total Hospitals</i>	DHIS	72	72	72		
<b>7. Professional nurses per 100 000 population</b>	PERSAL / StatsSA	<b>160,8/100 000</b>	<b>152,5/100 000<sup>2</sup></b>	<b>167,6/100 000</b>	<b>10%</b>	Target is exceeded. Due to the COVID-19 pandemic additional Professional Nurses were employed to manage the increased workload.
<i>Professional Nurses</i>		18 899	17 943	19 384		
<i>Population</i>		11 749 500,90	11 766 040	11 563 185		
<b>8. Medical officers per 100 000 population</b>	PERSAL / StatsSA	<b>33,7/100 000</b>	<b>27,4 / 100 000</b>	<b>35,1/100 000</b>	<b>28%</b>	Target is exceeded. The Department had an increased allocation of Community Service Medical Practitioners and Medical Interns in the current financial year.
<i>Medical Officers</i>		3 958	3 223	4 058		
<i>Population</i>		11 749 500,90	11 766 040	11 563 185		

<sup>2</sup> Targets remain the same due with only a minimal increase in numbers to budget constraints and cuts.

## 2021/22 ANNUAL REPORT

**TABLE 14: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1)**

APP 2021/22: Page 68 : Table 15						
Outputs	Output Indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health coverage</b>						
Improved SCM	<b>1. Percentage of supplier invoices paid within 30 Days</b>	<b>96,3%</b>	<b>90%</b>	<b>95,5%</b>	<b>6%</b>	Positive performance as a result of improved investigations and mitigation of delays in payments.
	<i>Supplier invoices paid within 30 Days</i>	<i>300 497</i>	<i>225 000</i>	<i>294 166</i>		
	<i>Supplier invoices paid</i>	<i>311 902</i>	<i>250 000</i>	<i>308 084</i>		
Improved human resources	<b>2. Number of CHW's contracted into the Health System</b>	<b>10 350</b>	<b>10 481</b>	<b>10 245</b>	<b>(2%)</b>	The total number of CHWs has remained relatively constant during the year as a result of budgetary constraints and natural attrition. The department is awaiting a national directive to absorb CHWs.
Compliance to Employee Health, wellness and Safety Regulations	<b>3. Percentage of Hospitals compliant with Occupational Health and Safety</b>	<b>65,3%</b>	<b>100%</b>	<b>68%</b>	<b>(32%)</b>	Challenges include: <ul style="list-style-type: none"> <li>• 28 hospitals without Safety Officers.</li> <li>• Some Safety Officers are not well capacitated in their line function.</li> <li>• Training was not provided to health and safety representatives, first aiders, fire fighters by an accredited service provider.</li> <li>• Risk assessment not conducted especially in institutions with no safety officers.</li> <li>• Lack of a standardised audit tool.</li> <li>• Fire protection systems not adequate i.e. not all hospitals have fire alarm and smoke detection system.</li> <li>• Inadequate emergency evacuation drills.</li> <li>• Infrastructural challenges e.g. narrow passages, inadequate exit points, congestion, etc.</li> </ul>
	<i>Total number of hospitals with OHS compliance reports equal to 100%</i>	<i>47</i>	<i>72</i>	<i>49</i>		
	<i>Total number of hospitals</i>	<i>72</i>	<i>72</i>	<i>72</i>		
Compliance to disciplinary	<b>4. Percent of initiated/instituted disciplinary cases finalised</b>	<b>32,3%</b>	<b>90%</b>	<b>58%</b>	<b>(35%)</b>	• COVID-19 had a negative impact on the finalisation of disciplinary cases as some

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 68 : Table 15						
Outputs	Output Indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
procedures guidelines	<i>Number of initiated/instituted disciplinary cases finalised</i>	51	189	147		hearings could not proceed as planned due to COVID-19 regulations; and parties falling ill from COVID-19 related illnesses.  Investigating Officers (IOs') withdrawal from cases due to threats and intimidation and too many cases allocated to the few IOs'.  Non-filling of Labour Relations (LR) Practitioners posts due to the Department experiencing financial constraints and the moratorium on the filling of posts.
	<i>Total number of disciplinary cases initiated/instituted</i>	158	210	253		
Implementation of E-Health system in 100% of hospitals by 24/25	<b>5. Percentage of hospitals using the E-Health System</b>	<b>2,8%</b>	<b>50%</b>	<b>2,8%</b>	<b>(94%)</b>	Unavailability of computing equipment delayed the roll-out to identified facilities.
	<i>Total number of hospitals with an electronic system to record clinical codes</i>	2	36	2		
	<i>Total number of hospitals</i>	72	72	72		
ICT connectivity to all health facilities as per determined broadband	<b>6. Percent of hospitals with a stable ICT connectivity</b>	<b>80,6%</b>	<b>90%</b>	<b>87,5%</b>	<b>(3%)</b>	State Information Technology Agency (SITA) delays in upgrading internet bandwidth.
	<i>Total Number of hospitals with minimum 2mbps connectivity</i>	58	65	63		
	<i>Total number of hospitals</i>	72	72	72		
	<b>7. Percent of PHC facilities with a stable ICT connectivity</b>	<b>79,7%</b>	<b>90%</b>	<b>79,9%</b>	<b>(11%)</b>	State Information Technology Agency (SITA) delays in upgrading internet bandwidth.
	<i>Total Number of PHC with minimum 1mbps connectivity</i>	488	549	488		
	<i>Total number of PHC facilities</i>	612	611	611		
	<b>8. SMS and CEOs with Annual EPMDS Assessments signed off by due dates</b>	<b>69%</b>	<b>100%</b>	<b>92%</b>		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 68 : Table 15						
Outputs	Output Indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Improvement in Governance and Leadership	<i>Number of assessments submitted by SMS and CEOs</i>	99	144]	71	<b>(8%)</b>	Out of the 77 Senior Management Service (SMS) members only 71 Annual Assessments were submitted. The outstanding documents are due to suspensions and non-compliance.
	<i>Filled SMS and CEOs posts</i>	143	144	77		
\Empowerment of women	<b>9. % Procurement spent on women owned businesses</b>	<b>Not monitored</b>	<b>30%</b>	<b>17%</b>	<b>(44%)</b>	Existing systems are manual and decentralised which may impact on the integrity of data.
	<i>Amount of procurement spent on women owned businesses</i>	-	-	1 138 952 781,92		
	<i>Amount of Procurement</i>	-	-	6 771 466 003,68		

### Strategies to overcome areas of under-performance

- Adapting the UHC Service Index to allow maximal use of routine data and disaggregation will allow progress to be tracked, equity to be monitored, and the need for remedial action to be identified.
- Improve records and document management to expedite investigation processes.
- Implement Ideal Health Facility programme for self-assessments to prepare all facilities for assessment.  
Facilitate development of action plans for all non-compliant elements.
- Central advert for the Clinic Committee membership has been completed. Process of appointment being undertaken.
- Ongoing advisory services regarding clinic committees are provided.
- National Department of Health (NDoH) is developing a training programme for governance structures.
- NDOH in process of finalising inputs for governance structures training manual. Virtual meeting held in December 2021 for final inputs.
- Advisory Service on hospital boards is ongoing, once the directive is received, the Department will implement the necessary structure.



## 2021/22 ANNUAL REPORT

- Training of safety officers on the Occupational Health and Safety (OHS) Act and fire safety is planned for Q2 of 2022/2023.
- Application for training of Health and safety reps, fire fighters and first aiders has been submitted to Human Resource Development (HRD).
- A standardised OHS auditing tool was developed and will be cascaded to all institutions for comment and subsequent implementation in 2022/23.
- Infrastructural challenges to be dealt with by infrastructure component.
- Explore the possibility of holding disciplinary hearings virtually.
- Increase number of Investigating and Presiding Officers.
- The Department should fill the necessary vacant posts, within the funding envelope, in all facilities as the moratorium has been lifted (Human Resources Management (HRM) Circular 21 of 2022).
- Procurement of computing equipment.
- Approval to upgrade the internet bandwidth has been granted by the Department.
- Package progression will not be implemented and disciplinary letters and reminders issued for all Senior Management Service (SMS) members who did not comply with the Performance Management and Development System (EPMDS) requirements.
- The department is in the process of developing and implementing an electronic system which will assist in the recording and reporting of this information.

### Linking performance with budget

**TABLE 15: BUDGET APPROPRIATION AND EXPENDITURE**

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>1.1</b>	<b>Office of the MEC</b>						
	Current payments	19 838	19 838	-	20 175	18 943	1 232
	Transfers and subsidies	-	-	-	-	-	-
	Payments for capital assets	1 405	1 405	-	1 430	733	697

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
	<b>Total</b>	<b>21 243</b>	<b>21 243</b>	<b>-</b>	<b>21 605</b>	<b>19 676</b>	<b>1 929</b>
<b>1.2</b>	<b>Management</b>						
	Current payments	905 151	905 151	-	1 647 458	1 250 372	397 086
	Transfers and subsidies	23 049	23 049	-	11 697	11 076	621
	Payments for capital assets	90 435	90 435	-	228 267	21 898	206 369
	Payment for financial assets	123	123	-	4 039	4 039	-
	<b>Total</b>	<b>1 018 758</b>	<b>1 018 758</b>	<b>-</b>	<b>1 891 461</b>	<b>1 287 385</b>	<b>604 076</b>

Source: Annual Financial Statements and BAS

## **PROGRAMME 2 - DISTRICT HEALTH SERVICES**

### **Programme Description & Purpose**

There are no changes to the structure of Programme 2.

#### **Programme Purpose**

To render Primary Health Care and District Hospital Services.

#### **Sub-Programmes**

##### ***Sub-Programme 2.1: District Management***

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

##### ***Sub-Programme 2.2: Community Health Clinics***

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

##### ***Sub-Programme 2.3: Community Health Centres***

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

##### ***Sub-Programme 2.4: Community-Based Service***

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

##### ***Sub-Programme 2.5: Other Community Services***

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

##### ***Sub-Programme 2.6: HIV and AIDS***

Render a primary health care service in respect of HIV and AIDS campaigns and special projects.

##### ***Sub-Programme 2.7: Nutrition***

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

##### ***Sub-Programme 2.8: Coroner Services***

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

##### ***Sub-Programme 2.9: District Hospitals***

Render hospital services at General Practitioner level.

# 2021/22 ANNUAL REPORT

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## Outcomes for the year under review

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

## Outcomes, outputs, output indicators, Targets and actual achievements

### Primary health care

Adherence to the national reporting guidelines led to the increase in the severity assessment code (SAC) 1 incident reported within 24 hours rate from 55.7% to 64.6%, exceeding the target by 9%. There was an increase in the complaints on patient care, staff attitudes and waiting times mainly due to staff shortages.

### District hospitals

Severity assessment code (SAC) 1 incident reported within 24 hours rate decreased by 3.9% from 75,1% in 2020/21 to 72,2% in 2021/22. The target was exceeded by 9% and that is attributed to adherence to timelines stipulated on guidelines for reporting patient safety incidents (PSIs) within 24 hours. The increase in complaints is as a result of staff shortages. The number of Health Care Associated Infections increased from 368 in 2020/21 to 487 in 2021/22.

### HIV/AIDS, Sexually Transmitted Infections and Tuberculosis

The deviation from the set target in 2021/22 is as a result of poor updating of outcomes on Tier.net especially in high volume facilities and facilities with limited resources to track and trace early missed appointments.

The program will engage districts to verify alignment of Linkage Officers and TB outreach teams, identify vacant posts, recruit and assign personnel to improve tracking, tracing and retention to care. Community awareness campaigns will continue, on the importance of adherence to treatment. The programme will monitor implementation of the Adherence guidelines to ensure compliance.

The Strategic Health Programme (SHP) Recovery Plan was implemented with enhanced focus on paediatric / adolescent matrix with interventions at a high-level across the cascade. Facility buy-in is still needed for universal application of the strategy, as attrition remains high. Lost to follow up, is one of the main contributors, to the Province not achieving the ART coverage. The largest gap is noted amongst male children under the age group of 10-14 followed by females in the same age band.

A slight increase of clients remaining in care noted for the 21/22 period. The high lost to follow up of 27% provincially for adults, contributes towards the loss of clients remaining on ART. There is sub-optimal implementation of Adherence Guidelines (AGL) Standard Operating Procedures (SOPs) as evidenced by consistent loss to follow up. This is a generalised challenge in the Province.

## 2021/22 ANNUAL REPORT

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There has been a decline of 11.7%, in the number of patients screened for TB from 28 212 190 in 19/20 to 24 920 321 in 21/22. This decrease is associated with the decrease in PHC Headcount from 33 771 340 (19/20) to 28 366 435 (21/22) due to reduced number of patients visiting facilities and expansion of Community based services. Quality screening of patients for TB remains a priority as missed opportunities and late presentation at facilities, contributes towards the death rate.

The annual target (2021/22) was met due to community testing and the integration in health services. Partners' HIV testing contributed in seven districts. The program will monitor implementation of HIV testing modalities in all districts to sustain testing trends and integrate it with other health services

### **Maternal, Child, Nutrition and Women's Health**

In 2020/21 there was a reduction in the Couple Year Protection Rate (CYPR) to 50.4%, because of the COVID – 19 pandemic. Especially during the initial lock-down period of COVID, non-essential services including family planning were less accessible for the community, who were generally advised to stay at home were intermittent stock-outs of contraceptive methods including injectable progesterone and implants also contributed. With the hard lock-down over, the CYPR improved in 2021/22, despite ongoing intermittent stock-outs of certain contraceptives.

The annual CYPR increased from 58% in 2020/21 to 60.2% in 2021/22, with rates in the uMkhanyakude, uThukela, iLembe, and Harry Gwala exceeding the Provincial target from Quarter 1 to Quarter 2. This is due to increase in use of long-acting reversible contraception methods.

Generally teenage delivery rates are higher in rural districts: Harry Gwala, iLembe, uMkhanyakude, uMzinyathi, uThukela and Zululand, ranging from 17.8% in iLembe to 22% in Harry Gwala in 2021/22 financial year (FY). There are areas in these districts that still practice child marriages and "Ukuthwala". Parents especially mothers encourage young girls to fall pregnant for different reasons like: to get "amalobolo" for her or socio/economic support as there is also poverty. There were also infrequent stock outs of Long Acting Reversible Contraceptives (LARC) that was experienced around third and fourth quarters in 20/21FY throughout the province and nationally. However, there was slight decrease in quarter 4 and annual of 2021/22. Consultative engagements and workshops for other departments and community stakeholders are being done.

ANC early booking improved following introduction of household pregnancy testing that is done by Community. Improvement remained stagnant in spite of good numbers tested at household. There are multiple reasons for the poor performance including poor referrals to ANC clinic for all the positive tests, incorrect registering or use of registers in clinics. Mobiles do not offer antenatal care services due to the length of the consultation and tests required, so pregnant women have to access these services at a fixed facility. While a Recovery Plan for this activity, was shared with districts, implementation has been much slower. A shortages of midwives has affected service delivery in maternity units throughout KwaZulu-Natal and is the cause of adverse events in most cases.

## 2021/22 ANNUAL REPORT

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CHWs are informed of the importance of visiting these women whilst pregnant and immediately post-delivery, to ensure that they do not miss post-natal visit within 6 days. Hospital Management also ensures that women who are still in hospital at the end of the 6 day period are seen for post-natal care.

The COVID – 19 pandemic meant that staff were repurposed to focus on the COVID – 19 response which has disrupted the provision of routine immunisation services and worsened existing sub-optimal immunisation coverage rate in the Province.

The implementation of Expanded Programme on Immunization (EPI) catch up drive campaigns, by the districts, to reach every child in the community who had missed their vaccines, and were due for immunization improved performance.

According to District Health Information System (DHIS) many districts showed a decline in measles immunisation coverage during the surge of the COVID – 19 pandemic combined with the lockdown restrictions.

Disruption of routine immunisation services worsened the longstanding challenges in immunisation and existing sub-optimal immunisation coverage in this indicator which could result in secondary outbreaks of vaccine preventable diseases.

The incorrect recording of the indicator in the source register occurred in the first and second quarters, and was corrected through facility onsite trainings. There is an upward trend depicting recovery from the effects of the COVID – 19 pandemic on access to Vitamin A supplementation services. The 78.2% Vitamin A coverage (public and private data) achieved in 2021/22 is due to the contribution made by community health workers in issuing supplements at the community level. Active monitoring of Vitamin A at Facility Nurse Centres Meetings improved performance. Despite surpassing the target of 74%, Ugu district remains low (62.7% coverage) 2021/22. Targeted outreach services as part of EPI catch-up drives to be strengthened to improve coverage.

Exclusive breastfeeding rates have stagnated since 2019 at around 56%. The most significant decrease was during the COVID – 19 hard lockdown (level 5) in 2020 and the riots in July 2021, further influencing infant feeding practices. The hard lockdown and the continued COVID – 19 prioritization decreased opportunities for infant feeding counselling in support in the antenatal and postnatal period, which coincided with initial misinformation about breastfeeding and COVID – 19 transmission risk. The July 2021 riots exacerbated inappropriate advertising and promotion of infant formula due to the unavailability thereof in the eThekweni region due to looting and accessibility to stock on social media platforms. These incidences have eroded a breastfeeding culture within the province. To address this within the KZN Department of Health, the Mother-baby Friendly Initiative is being revitalized to improve the facility and postnatal support as delivery is returning to normality. This includes advocacy to senior management to support implementation and build capacity on all service delivery platforms.

# 2021/22 ANNUAL REPORT

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## **Disease Prevention and Control**

Capacity building undertaken by the Mental Health Co-ordinators on the Basic Mental Health screening tool, and the recording of the screenings and referrals for further assessment resulted to an increase on mental disorders screening rate by 9.4%. The number of clients accessing rehabilitation services increased from 538 989 in 2020/21 to 756 793 in 2021/22, due to an increased demand from both new and existing clients.

# 2021/22 ANNUAL REPORT

## SUB-PROGRAMME: PRIMARY HEALTH CARE

TABLE 16: OUTCOMES INDICATORS (PHC)

APP 2021/22: Page 79: Table 20						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal Health Coverage</b>						
<b>1. Ideal clinic status obtained rate</b>	<b>Ideal Health Facility Software</b>	<b>77,8%</b>	<b>100%</b>	<b>84,2%</b>	<b>(16%)</b>	Challenges include: • Poor infrastructure • Delays in recruitment of staff especially the Operational Managers (OMs) for the clinics
<i>Fixed PHC health facilities have obtained Ideal Clinic status</i>	<i>Ideal clinic report</i>	<i>476</i>	<i>611</i>	<i>511</i>		
<i>Fixed PHC clinics or fixed CHCs and or CDCs</i>	<i>Ideal clinic report</i>	<i>612</i>	<i>611</i>	<i>607</i>		
<b>Outcome: Improved Patient Experience of Care</b>						
<b>2. Patient Safety Incident (PSI) case closure rate –PHC</b>	<b>Patient Safety Incidence Software</b>	<b>55,7%</b>	<b>88,6%</b>	<b>93,9%</b>	<b>6%</b>	Adherence to implementation of the National guidelines on PSI reporting.
<i>Patient Safety Incident (PSI) case closed – PHC</i>	Patient Safety Incidence Reports	<i>122</i>	<i>194</i>	<i>611</i>		
<i>Patient Safety Incident (PSI) case Reported – PHC</i>		<i>219</i>	<i>219</i>	<i>651</i>		
<b>3. Patient Experience of Care satisfaction rate – PHC</b>	Patient surveys data base	<b>88,3%</b>	<b>69,4%</b>	<b>88,3%</b>	<b>27%</b>	Clients were satisfied with access to care, medicine availability, safety, and cleanliness of facilities.
<i>Patient Experience of Care survey satisfied responses - PHC</i>	Patient surveys	<i>68</i>	<i>32 592</i>	<i>875 514</i>		
<i>Patient Experience of Care survey total responses - PHC</i>		<i>77</i>	<i>46 994</i>	<i>991 681</i>		



# 2021/22 ANNUAL REPORT

**TABLE 17: : OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PHC)**

APP 2021/22: Page 80: Table 21						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved patient experience of care</b>						
Improve the SAC incidence reported within 24 hours rate at PHC level to 62.4% by 23/24	<b>1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC</b>	55,7%	59,2%	64,6%	9%	Adherence to the national reporting guidelines improved following the training of Operational Managers (OMs).
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours – PHC</i>	122	45	133		
	<i>Severity assessment code (SAC) 1 incident reported – PHC</i>	219	76	206		
Patients and family treated with courtesy and consideration with the Percentage of complaints on Patient Care at PHC level decreasing to 14.5% by 23/24	<b>2. Percentage of Complaints on Patient Care – PHC</b>	15,9%	15,7%	22,6%	(44%)	Patient care was negatively influenced by staff shortages caused by COVID-19 infections and exposed staff having to quarantine.
	<i>No. of complaints on patient care – PHC</i>	286	344	554		
	<i>Total number of complaints – PHC</i>	1 797	2191	2 446		
Patients and family treated with courtesy and consideration with the percentage of complaints on waiting times at PC level decreasing to 34% by 23/23	<b>3. Percentage of Complaints on Waiting Times – PHC</b>	26,4%	36,5%	38,6%	(6%)	Patients complained of the long waiting times that resulted from the COVID-19 screening process.
	<i>No. of complaints on waiting times – PHC</i>	475	800	944		
	<i>Total number of complaints – PHC</i>	1 797	2191	2 446		
Patients and family treated with courtesy and consideration with the percentage of complaints on staff attitude at PHC level decreasing to 19% by 23/24	<b>4. Percentage of Complaints on Staff Attitude – PHC</b>	20,4%	19,9%	27,4%	(38%)	Increased workloads due to staff shortages resulted in stress and burn-out amongst staff, leading to poor attitudes.
	<i>No. of complaints on staff attitude – PHC</i>	367	436	671		
	<i>Total number of complaints – PHC</i>	1 797	2191	2 446		
<b>Outcome: Reduced morbidity and mortality</b>						
Decrease the number of health care associated infections at PHC level to 6 by 23/24	<b>5. Number of Health care associated infections – PHC</b>	2	8	0	100%	Zero healthcare associated infections reported at PHC level as patients are not admitted to enable monitoring of Health care Associated Infections (HAIs) acquired after 48 hours of admission; as guided by the National Infection Prevention and Control (IPC) Strategic framework.

# 2021/22 ANNUAL REPORT

## SUB-PROGRAMME: DISTRICT HOSPITALS

TABLE 18: OUTCOME INDICATORS (DISTRICT HOSPITALS)

APP 2021/22: Page 83: Table 23						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved Client Experience Of Care</b>						
<b>1. Patient Safety Incident (PSI) case closure rate – District Hospital</b>	<i>Patient Safety Incidence Software</i>	<b>94,1%</b>	<b>94,9%</b>	<b>89,3%</b>	<b>(6%)</b>	Results can be influenced by the long and tedious investigations that are required in some incidents.
<i>Patient Safety Incident (PSI) case closed – District Hospital</i>	<i>Patient Safety Incidence Reports</i>	777	1 001	1 589		
<i>Patient Safety Incident (PSI) case Reported – District Hospital</i>		826	1 055	1 780		
<b>2. Patient Experience of Care satisfaction rate – District Hospitals</b>	<i>Patient surveys</i>	<b>80,6%</b>	<b>82,6%</b>	<b>80,5%</b>	<b>(3%)</b>	Some of the factors that patients were dissatisfied with included limited access to services, availability of clean linen, long waiting times and the lack of clinical information on discharge.
<i>Patient Experience of Care survey satisfied responses – District Hospitals</i>		40 966	3 041	80 669		
<i>Patient Experience of Care survey total responses – District Hospitals</i>		50 837	3 682	100 224		
<b>Outcome: Reduced Morbidity and Mortality</b>						
<b>3. Maternal Mortality in facility ratio -District Hospitals</b>	<i>DHIS</i>	<b>67,8/100 000</b>	<b>52,3 / 100 000</b>	<b>52,0/100 000</b>	<b>1%</b>	Training and education continues for health care workers.  Perinatal review meetings, which are also educational, are convened monthly in district hospitals.
<i>Maternal death in facility – district hospitals</i>	<i>Maternal register</i>	64	50	49		
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – district hospitals</i>	<i>Delivery register</i>	94 463	95 568	94 257		
<b>4. Death in facility under 5 years rate – District Hospital</b>	<i>DHIS</i>	<b>5,2%</b>	<b>4%</b>	<b>4,7%</b>	<b>(17%)</b>	Factors contributing to deaths included the: <ul style="list-style-type: none"> <li>• Poor household socio-economic circumstances.</li> <li>• Late presentation at health facilities for treatment.</li> </ul>

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 83: Table 23						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Death in facility under 5 years – total – District hospital</i>	<i>Midnight report</i>	1 399	1 241	1 548		
<i>Inpatient separations under 5 – years – total – District Hospitals</i>	<i>Ward Register</i>	26 650	31 020	32 979		
<b>5. Death under 5 years against live births –District Hospital</b>	DHIS	<b>1,5%</b>	<b>1,4%</b>	<b>1,7%</b>	<b>(22%)</b>	Factors contributing to deaths included the: <ul style="list-style-type: none"> <li>• Poor household socio-economic circumstances.</li> <li>• Late presentation at health facilities for treatment.</li> </ul>
<i>Death in facility under 5 years total – District Hospital</i>	<i>Midnight report</i>	1 399	1 241	1 548		
<i>Live birth in facility – District Hospital</i>	<i>Delivery register</i>	90 701	91 583	90 393		
<b>6. Child under 5 years diarrhoea case fatality rate –District Hospital</b>	DHIS	<b>2,2%</b>	<b>1,9%</b>	<b>1,6%</b>	<b>15%</b>	Mortality remained low due to effective and early use of oral rehydration solution.
<i>Diarrhoea death under 5 years – District hospital</i>	<i>Midnight report</i>	65	76	77		
<i>Diarrhoea separation under 5 years – district hospital</i>	<i>Ward Register</i>	2 892	4 102	4 784		
<b>7. Child under 5 years pneumonia case fatality rate –District Hospital</b>	DHIS	<b>2%</b>	<b>1,8%</b>	<b>1,5%</b>	<b>15%</b>	Improved triage systems, access to oxygen and early use of antibiotics contributed to the lower mortality.
<i>Pneumonia death under 5 years – District Hospital</i>	<i>Midnight report</i>	63	124	69		
<i>Pneumonia separation under 5 years – District Hospital</i>	<i>Ward Register</i>	3 078	6 811	4 487		
<b>8. Severe acute malnutrition death under 5 years rate</b>	DHIS	<b>Not monitored</b>	<b>5,1%</b>	<b>21,5%</b>	<b>(322%)</b>	High number of cases relate to social ills and poverty.  Defaulting on HIV treatment is also a challenge.  Late presentation at health facilities for treatment resulting in complications.
<i>Severe acute malnutrition death under 5 years – District Hospital</i>	<i>Midnight report</i>	-	63	93		
<i>Death in facility 1 month to 5 years – District Hospital</i>	<i>Midnight report</i>	-	1 241	432		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 83: Table 23

Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>9. Child under 5 years Severe Acute Malnutrition case fatality rate – District Hospital</b>	DHIS	10,1%	5,8%	9,6%	(65%)	High number of cases relate to social ills and poverty. Defaulting on HIV treatment is also a challenge.
<i>Child under 5 years with severe acute malnutrition death – District Hospital</i>	Midnight report	86	63	93		Late presentation at health facilities for treatment resulting in complications.
<i>Child under 5 years with severe acute malnutrition inpatient– District Hospital</i>	Ward Register	851	1 081	970		
<b>10. Death in facility under 1 year rate – District Hospital</b>	DHIS	7,7%	4,6%	7,1%	(54%)	Prematurity is the major cause of neonatal deaths at this level of care. High number of deaths from severe acute malnutrition.
<i>Death in facility under 1 year total – District Hospital</i>	Midnight report	1 275	1 041	1 401		
<i>Inpatient separations under 1 year – District Hospital</i>	Ward Register	16 597	22 764	19 837		
<b>11. Still Birth in Facility Rate – District hospital</b>	DHIS	19,9/1000	16,4 / 1000	19,9/1000	(21%)	Target was not met due to continuous infections and maternal medical conditions.
<i>Still birth in facility- District Hospitals</i>	Midnight report	1 840	1 530	1 832		
<i>Live birth in facility + still birth in facility – District Hospitals</i>	Delivery register	92 541	93 113	92 225		

**TABLE 19: OUTPUT PERFORMANCE INDICATORS AND TARGETS (DISTRICT HOSPITALS)**

APP 2021/22: Page 86 : Table 24

Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved experience of care</b>						
Improve the Severity Assessment Code (SAC) 1	<b>1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital</b>	75,1%	68,8%	72,2%	5%	Adherence by Districts to timelines stipulated on guidelines for reporting PSIs within 24 hours.

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 86 : Table 24						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
incidence reported within 24 hrs rate	<i>Severity assessment code (SAC) 1 incident reported within 24 hours – District Hospital</i>	220	245	459		
	<i>Severity assessment code (SAC) 1 incident reported – District Hospital</i>	293	356	636		
Patients and family treated with courtesy and consideration	<b>2. Percentage of Complaints on staff Attitudes – District Hospitals</b>	<b>18,1%</b>	<b>15,5%</b>	<b>21,9%</b>	<b>(41%)</b>	Increased workloads due to staff shortages resulted in stress and burn-out amongst staff, leading to poor attitudes.
	<i>No. of complaints on staff attitude – District Hospital</i>	241	385	369		
	<i>Total number of complaints – District hospital</i>	1 330	2 478	1 684		
Patients and family treated with courtesy and consideration	<b>3. Percentage of Complaints on patient care – District Hospital</b>	<b>48,3%</b>	<b>21,2%</b>	<b>33,0%</b>	<b>(56%)</b>	Complaints were on several hospitality issues e.g. Treatment administered, diagnosis and being referred to health facilities outside of client preferred area.
	<i>No. of complaints on patient care – District Hospital</i>	642	526	556		
	<i>Total number of complaints – District hospital</i>	1 330	2 478	1 684		
Patients and family treated with courtesy and consideration	<b>4. Percentage of Complaints on waiting Times – District Hospital</b>	<b>12,2%</b>	<b>16,5%</b>	<b>19,3%</b>	<b>(17%)</b>	Patients complained of the long waiting times that resulted from the COVID-19 screening process and staff shortages.
	<i>No. of complaints on waiting times – District Hospital</i>	162	409	325		
	<i>Total number of complaints – District hospital</i>	1 330	2 478	1 684		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>5. Number of Health Care Associated Infections – District hospitals</b>	<b>368</b>	<b>47</b>	<b>487</b>	<b>(936%)</b>	<p>The targets were set on the historical low data that was available. Improved reporting on HAIs owing to capacity building workshops conducted on surveillance.</p> <p>Most reported HAIs were device related followed by the surgical site infections.</p>

# 2021/22 ANNUAL REPORT

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

TABLE 20: OUTCOMES INDICATORS (HAST)

APP 2021/22: Page 89 : Table 26						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Reduced Morbidity And Mortality</b>						
<b>1. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - short</b>	DHIS	<b>70,4%</b>	<b>75%</b>	<b>65,5%</b>	<b>(13%)</b>	High loss to follow- up as a result of limited resources to identify missed appointments, and to trace and monitor patients in the community.  Deaths are high in co-infected patients who are previous TB and/or antiretroviral therapy (ART) defaulters.
<i>TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment - short</i>	TB register, XDR Register	1 211	1 089	506		
<i>TB Rifampicin Resistant/MDR/pre-XDR start on treatment - short</i>		1 721	1 452	772		
<b>2. TB Rifampicin resistant/MDR/pre-XDR treatment success rate - long</b>	DHIS	<b>70,2%</b>	<b>75,1%</b>	<b>67,5%</b>	<b>(10 %)</b>	High Death and Loss to Follow-up rates.  Late presentation of co-infected patients with unsuppressed viral load contributed to deaths.
<i>TB Rifampicin resistant/MDR/pre-XDR successfully complete treatment – long</i>	TB register, XDR Register	605	437	516		
<i>TB Rifampicin Resistant/MDR/pre-XDR start on treatment - long</i>		862	582	764		
<b>3. All DS-TB client death rate</b>	DHIS	<b>7,5%</b>	<b>6,5%</b>	<b>7,9%</b>	<b>(22%)</b>	Contributing factors include late presentation at health facilities for treatment, HIV co-infection, defaulting on ARVs.
<i>All DS-TB client died</i>	DS clinical stationary	3 812	2 290	2 965		
<i>All DS-TB patients in treatment outcome cohort</i>		51 150	35 216	37 312		
<b>4. All DS-TB client treatment success rate</b>	DHIS	<b>81,2%</b>	<b>83%</b>	<b>81,2%</b>	<b>(2%)</b>	High death and defaulter rates due to late presentation for treatment impacted negatively on the success rate.

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 89 : Table 26						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>All DS- TB client successfully completed treatment</i>	<i>DS clinical stationary</i>	41 525	29 230	30 314		
<i>All DS-TB patients in treatment outcome cohort</i>		51 150	35 216	37 312		
<b>5. Adult Viral load suppressed rate at 12 months</b>	DHIS	<b>89,3%</b>	<b>95%</b>	<b>91,3%</b>	<b>(4%)</b>	Irregular and delayed actioning of unsuppressed Viral Loads (VL) results and monitoring of interventions.
<i>ART adult viral load under 400<sup>3</sup></i>	<i>ART paper register</i>	163 200	90 866	55 961		
<i>ART adult viral load done</i>		182 780	95 648	61 275		
<b>6. ART Child viral load suppressed rate at 12 months</b>	DHIS	<b>69,3%</b>	<b>95%</b>	<b>67,8%</b>	<b>(29%)</b>	Poor child HIV status disclosure and support systems for children and limited integration of paediatric ART into routine child health services
<i>ART child viral load under 400<sup>4</sup></i>	<i>ART paper register</i>	3 029	2 461	948		
<i>ART child viral load done</i>		4 374	2 590	1 399		
<b>7. HIV positive 15-24 year olds (excl ANC) rate</b>	DHIS	<b>2,7%</b>	<b>2,9%</b>	<b>2,2%</b>	<b>23%</b>	The scale up of HIV prevention programmes to the decrease in the rate
<i>HIV positive 15 – 24 years (excl ANC)</i>	<i>PHC comprehensive tick register, HTS register (HIV testing services)</i>	30 306	22 649	26 185		
<i>HIV test 15 – 24 years (excl ANC)</i>		1 108 767	781 000	1 175 239		
<b>8. ART client remain on ART end of month – total</b>	ART register	<b>1 508 336</b>	<b>1 698 883</b>	<b>1 541 952</b>	<b>(9%)</b>	High “Lost to follow-up” still contribute towards loss of clients on ART, i.e. patients who have not returned for continued care or evaluation.
<b>9. HIV incidence</b>	Thembisa Model	<b>0,46%</b>	<b>0,5%</b>	<b>0,43%</b>	<b>14%</b>	HIV prevention interventions like condom distribution, pre-exposure prophylaxis (PrEP), Medical Male Circumcision (MMC), Prevention of Mother to Child Transmission (PMTCT) and expansion of the ART program to ensure viral load suppression that stops HIV transmission has resulted in a decrease in HIV incidence.

<sup>3</sup> The current policy states copies should be under 50cc/ml. This will be amended as the new policy is rolled out Nationally

<sup>4</sup> The current policy states copies should be under 50cc/ml. This will be amended as the new policy is rolled out Nationally

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 89 : Table 26						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>10. HIV prevalence among 15 -24 year old pregnant women</b>	Thembisa Model	19,2%	24,9%	16,1%	35%	Positive results due to targeted interventions such as SHE Conquers, PrEP accessibility promotion in institutions of Higher learning,  HIV prevention programme Programmes
<b>11. TB Incidence</b>	DHIS	280,8/100 000	350 / 100 000	364/100 000	(4%)	Increased screening, testing of clients and the use of Urine Lipoarabinomannan (ULAM) test and digital X-rays resulted in improved case finding.
<i>New confirmed TB cases</i>	<i>TB register</i>	32 994	41 377	42 094		
<i>KZN Population</i>	<i>Stats SA</i>	11 749 501	11 822 058	11 563 185		
<b>12. ART death rate at 6 months</b>	DHIS	0,7%	1,1%	1,3%	(22%)	Poor adherence to treatment, late presentation to health facilities
<i>ART cumulative death – total</i>	<i>ART register, TIER.net</i>	3 152	2 181	1 757		
<i>ART start minus cumulative transfer out</i>		455 933	191 569	130 864		
<b>13. ART adult death rate at 6 months</b>	DHIS	0,7%	1,1%	1,3%	(21%)	Poor adherence to treatment, late presentation
<i>ART adult cumulative death – total</i>	<i>ART register, TIER.net</i>	3 089	2 130	1 706		
<i>ART adult start minus cumulative transfer out</i>		445 292	187 390	128 112		
<b>14. ART child death rate at 6 months</b>	DHIS	0,6%	1,2%	1,9%	(54%)	Poor adherence to treatment, late presentation to health facilities
<i>ART child cumulative death – total</i>	<i>ART register, TIER.net</i>	63	51	51		
<i>ART child start minus cumulative transfer out</i>		9 808	4 179	2 752		



# 2021/22 ANNUAL REPORT

**TABLE 21: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST)**

APP 2021/22: Page 91 : Table 27						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Reduced morbidity and mortality</b>						
Decreased lost to follow up	<b>1. ART adult remain in care rate at 12 months</b>	<b>Not monitored</b>	<b>90%</b>	<b>68,4%</b>	<b>(24%)</b>	High "Loss to follow-up" i.e., patients who have not returned for continued care or evaluation, is the main contributing factor.
	<i>ART adult remain in care – total</i>	-	155 448	78 003		
	<i>ART adult start minus cumulative transfer out</i>	-	172 726	113 994		
Decreased lost to follow up	<b>2. ART child remain in care rate at 12 months</b>	<b>Not monitored</b>	<b>90%</b>	<b>76,6%</b>	<b>(15%)</b>	High "Loss to follow-up" i.e., patients who have not returned for continued care or evaluation, is the main contributing factor
	<i>ART child remain in care – total</i>	-	4 060	1 799		
	<i>ART child start minus cumulative transfer out</i>	-	4 512	2 349		
Decreased lost to follow up	<b>3. All DS-TB client lost to follow up rate</b>	<b>10,7%</b>	<b>7%</b>	<b>10,3%</b>	<b>(46%)</b>	Limited access to services during COVID - 19 peak period
	<i>All DS-TB client loss to follow-up</i>	5 495	2 465	3 826		
	<i>All DS-TB patients in treatment outcome cohort</i>	51 150	35 216	37 312		
Increase the number of TB XDR cases started on treatment	<b>4. TB XDR treatment start rate</b>	<b>No data</b>	<b>98%</b>	<b>89,7%</b>	<b>(8%)</b>	Late presentation for healthcare
	<i>TB XDR client confirmed start on treatment</i>	-	44	35		
	<i>TB XDR confirmed client</i>	-	45	39		
Maintain the number of clients screened for TB to million or more	<b>5. Number of patients screened for TB symptoms</b>	<b>21 713 609</b>	<b>32 429 625</b>	<b>24 920 321</b>	<b>(23%)</b>	Headcounts were lower than projected as a result of reduced number of patients choosing to visit facilities during the peak of COVID -19
To maintain the number of HIV tests done at 3 100 000 per annum	<b>6. Number of HIV tests done – sum</b>	<b>3 671 285</b>	<b>3 795 315</b>	<b>3 955 243</b>	<b>4%</b>	Community testing, the integration in health services, and partners' HIV testing in seven districts.
Decreased clients lost to follow up	<b>7. ART adult remain on ART end of period</b>	<b>1 467 110</b>	<b>1 686 154</b>	<b>1 506 479</b>	<b>(11%)</b>	High "Lost to follow-up" i.e., patients who have not returned for continued care or evaluation, is the main contributing factor, with highest defaulter rates among 20-29 year old for both genders.

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 91 : Table 27						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Decreased lost to follow up	<b>8. ART child under 15 years remain on ART end of period</b>	41 226	49 640	35 473	(29%)	Poor case identification and poor disclosure of children HIV status by caregivers
Decrease the MUS incidence in KZN to 26 / 1 000 by March 23	<b>9. Male Urethritis syndrome incidence</b>	<b>26,4/1000</b>	<b>28,3 /1000</b>	<b>36,4/1000</b>	(29%)	Delays in the finalisation of the condom contract resulting in shortages and poor Index case partner contact tracing
	<i>MUS Treated – new episode</i>	79 568	86 187	110 142		
	<i>Male population 15- 49 years</i>	3 017 897	3 048 573	3 027 125		

# 2021/22 ANNUAL REPORT

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

TABLE 22: OUTCOME INDICATORS (MCWH&N)

APP 2021/22: Page 95 : Table 29						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Reduced morbidity and mortality</b>						
<b>1. Maternal Mortality in facility Ratio - Total</b>	DHIS	<b>125,2/100 000</b>	<b>80,9 / 100 000</b>	<b>100,6/100 000</b>	<b>(24%)</b>	Most deaths occur as a result of Non-Pregnancy Related Infections (such as TB, HIV, COVID – 19) with late presentation
<i>Maternal death in facility - Total</i>	<i>Maternal death register</i>	<i>262</i>	<i>189</i>	<i>230</i>		
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) - Total</i>	<i>Delivery register</i>	<i>209 253</i>	<i>223 708</i>	<i>228 585</i>		
<b>2. Neonatal death in facility rate – Total</b>	DHIS	<b>12,5/1000</b>	<b>11,1/1000</b>	<b>13,6/1000</b>	<b>(23%)</b>	Contributing factors included: • High mortality in babies born weighing under 1000g; • High teenage pregnancy rate.
<i>Neonatal death (under 28 days) in facility - Total</i>	<i>Midnight report</i>	<i>2 487</i>	<i>2 482</i>	<i>2 739</i>		
<i>Live birth in facility - Total</i>	<i>Delivery register</i>	<i>199 258</i>	<i>223 620</i>	<i>201 286</i>		
<b>3. Live Birth under 2 500 g in facility rate - Total</b>	DHIS	<b>11,7%</b>	<b>11,7%</b>	<b>12,2%</b>	<b>(4%)</b>	Continuous infections and maternal medical conditions.
<i>Live birth under 2500g in facility - Total</i>	<i>Delivery register</i>	<i>23 358</i>	<i>26 164</i>	<i>24 551</i>		
<i>Live birth in facility - Total</i>	<i>Delivery register</i>	<i>199 258</i>	<i>223 620</i>	<i>201 286</i>		
<b>4. Infant PCR test positive at birth rate</b>	DHIS	<b>Not monitored</b>	<b>0,32%</b>	<b>0,3%</b>	<b>0%</b>	No deviation
<i>Infant 1st PCR test positive at birth</i>	PHC Comprehensive tick register	<i>-</i>	<i>235</i>	<i>225</i>		
<i>Infant 1st PCR test at birth</i>		<i>-</i>	<i>73 000</i>	<i>70 705</i>		
<b>5. Infant PCR test positive around 10 weeks rate</b>	DHIS	<b>0,4%</b>	<b>0,5%</b>	<b>0,4%</b>	<b>(19%)</b>	Real Time PCR monitoring with facility teams is implemented where gaps are identified and addressed.

# 2021/22 ANNUAL REPORT

APP 2021/22: Page 95 : Table 29						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Infant PCR test positive around 10 weeks</i>	PHC Comprehensive tick register	211	270	196		
<i>Infant PCR test around 10 week</i>		48 130	53 330	48 423		
<b>6. Death in facility under 5 years rate - total</b>	DHIS	<b>5,6%</b>	<b>4,0%</b>	<b>5,1%</b>	<b>(29%)</b>	The major contributors to under 5 deaths were: • Neonatal conditions and severe acute malnutrition. • Post neonatal deaths resulted from late presentation to the health services, with advanced disease.
<i>Death in facility under 5 years - total</i>	Midnight report	3 364	3 216	3 822		
<i>Inpatient separations under 5 years – total</i>	Ward register	60 260	80 394	74 356		
<b>7. Death under 5 years against live birth rate - Total</b>	DHIS	<b>1,7%</b>	<b>1,4%</b>	<b>1,9%</b>	<b>(36%)</b>	Deaths due to delayed entry to the health service with advanced disease.
<i>Death in facility under 5 years - total</i>	Midnight report	3 364	3 216	3 822		
<i>Live birth in facility - total</i>	Delivery register	199 258	223 620	201 286		
<b>8. Child under 5 years diarrhoea case fatality rate – total</b>	DHIS	<b>2,6%</b>	<b>1,9%</b>	<b>1,7%</b>	<b>12%</b>	Implementation of Emergency triage assessment and treatment (ETAT)  Oral Rehydration Therapy corners in clinics and early warning scoring systems for children in hospital.
<i>Diarrhoea death under 5 years - total</i>	Midnight report	133	143	138		
<i>Diarrhoea separation under 5 years - total</i>	Ward Register	5 097	7 550	8 296		
<b>9. Child under 5 years Pneumonia case fatality rate – total</b>	DHIS	<b>2,3%</b>	<b>2,1%</b>	<b>2,1%</b>	<b>(1%)</b>	Factors contributing to pneumonia deaths include late presentation with advanced disease.
<i>Pneumonia death under 5 years - total</i>	Midnight report	148	255	185		
<i>Pneumonia separation under 5 years - total</i>	Ward register	6 434	12 162	8 759		
<b>10. Severe acute malnutrition death under 5 years rate</b>	DHIS	<b>Not monitored</b>	<b>3,5%</b>	<b>17,1%</b>	<b>(388%)</b>	Declining household socio-economic circumstances.
<i>Severe acute malnutrition death under 5 years – Total</i>	Midnight report	-	112	185		
<i>Death in facility 1 month to 5 years – Total</i>	Midnight report	-	3 216	1 083		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 95 : Table 29						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>11. Children &lt;5 who are stunted</b>	SADHS 16 <sup>5</sup>	<b>Not monitored</b>	<b>20,7%</b>	<b>28,5%</b> <sup>6</sup>	<b>(38%)</b>	Awaiting results of the next South African Demographic and Health Survey (SADHS)
<b>12. Child under 5 years Severe acute malnutrition case fatality rate – total</b>	DHIS	<b>10,5%</b>	<b>5,7%</b>	<b>10,3%</b>	<b>(81%)</b>	High number of SAM cases with co-morbid conditions  Poor infant and young child feeding practices  Social ills and poverty
<i>Severe acute malnutrition (SAM) death in facility under 5 years-total</i>	<i>Midnight report</i>	<i>164</i>	<i>112</i>	<i>185</i>		
<i>Severe Acute Malnutrition Under 5 inpatient</i>	<i>Ward Register</i>	<i>1 564</i>	<i>1 950</i>	<i>1 804</i>		
<b>13. Infant Mortality Rate</b>	Actuarial Society of South Africa (ASSA )08 (11) Stats ST and RM (12 onwards)	<b>29,5/1000</b>	<b>28,5/1000</b>	<b>28,3/1000</b>	<b>1%</b>	Although there was an increase in neonatal deaths there were fewer infant deaths secondary to COVID-19 lockdown measures including social distancing and improved hand hygiene.  Data Source as per 2021/22 APP : ASSA 08 (11) Stats ST and RM (12 onwards)
<b>14. Under 5 mortality rate</b>	ASSA 08 (11) Stats ST and RM (12 onwards)	<b>39,4/1000</b>	<b>39,5/1000</b>	<b>42,4/1000</b>	<b>(7%)</b>	Increase in infant mortality due largely to an increase in neonatal deaths, late presentation for healthcare and, Non-Pregnancy Related Infections in pregnant women
<b>15. Still Birth in Facility Rate – total</b>	DHIS	<b>24,5/1000</b>	<b>20,5/1000</b>	<b>23,8/1000</b>	<b>(16%)</b>	Continuous infections and maternal medical conditions that are poorly managed during the antenatal period due to late presentation for health care and antenatal bookings
<i>Still birth in facility- total</i>	<i>Midnight report</i>	<i>5 001</i>	<i>4 691</i>	<i>4 914</i>		
<i>Live birth in facility + still birth in facility – Total</i>	<i>Delivery register</i>	<i>204 259</i>	<i>228 311</i>	<i>206 200</i>		
<b>16. Early Neonatal death Rate – Total</b>	DHIS	<b>9,7/1000</b>	<b>8,3/1000</b>	<b>10,3/1000</b>	<b>(24%)</b>	Contributing factors included: • High mortality in babies born weighing under 1000g  • High teenage pregnancy rate.
<i>Death in facility 0-6 days - Total</i>	<i>Midnight report</i>	<i>1 932</i>	<i>1 856</i>	<i>2 070</i>		

<sup>5</sup> SADHS 2016 used as a proxy for 2018/19 whilst reviewing status through planned local survey

<sup>6</sup> South African Demographic and Health Survey (SADHS 2016)

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 95 : Table 29						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Live birth in facility - Total</i>	<i>Delivery register</i>	199 258	223 620	201 286		
<b>17. Death in facility under 1 year rate (annualised) - Total</b>	DHIS	<b>7,5%</b>	<b>4,9%</b>	<b>7,1%</b>	<b>(44%)</b>	Late entry into the health system with advanced disease.
<i>Death in facility under 1 year - total</i>	<i>Midnight report</i>	3 056	2 816	3 442		
<i>Inpatient separations under 1 year - Total</i>	<i>Ward register r</i>	40 556	57 478	48 635		
<b>18. Child under 5 years Diarrhoea incidence</b>	DHIS	<b>3,7/1000</b>	<b>7/1000</b>	<b>6,5/1000</b>	<b>7%</b>	Multi-sectoral approach on prevention of diarrhoea which includes ensuring that people are educated on water sterilisation, food hygiene and proper waste management
<i>Diarrhoea new in child under 5 years</i>	<i>PHC tick register</i>	4 920	9 198	8 134		
<i>Population under 5 years</i>	<i>Stats SA</i>	1 316 288	1 313 966	1 248 096		
<b>19. Child under 5 years Pneumonia incidence</b>	DHIS	<b>11,5/1000</b>	<b>35/1000</b>	<b>17,5/1000</b>	<b>50%</b>	The education of mothers on danger signs e.g., to recognise abnormal breathing, is contributing to low incidents of pneumonia.  Early identification and treatment of conditions that may lead to pneumonia
<i>Pneumonia new in child under 5 years</i>	<i>PHC tick register</i>	15 152	45 989	21 820		
<i>Population under 5 years</i>	<i>Stats SA</i>	1 316 288	1 313 966	1 248 096		
<b>20. Child under 5 years severe acute malnutrition incidence</b>	DHIS	<b>1,2/1000</b>	<b>2/1000</b>	<b>1,6/1000</b>	<b>21%</b>	Community Health Workers (CHW) screening for moderate acute malnutrition (MAM) and SAM to promote early case detection and prevent late presentation at health facilities. • The family mid-upper arm circumference (MUAC) project implementation in Zululand and uMzinyathi Districts is progressing well and is currently being evaluated to document best practices and recommendations on the way forward in 22/23.
<i>Child under 5 years with severe acute malnutrition new</i>	<i>PHC tick register</i>	1 638	2 615	1 991		
<i>Population under 5 years</i>	<i>Stats SA</i>	1 316 288	1 313 966	1 248 096		

# 2021/22 ANNUAL REPORT

**TABLE 23: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N)**

APP 2021/22: Page 100 : Table 30						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Reduced morbidity and mortality</b>						
Improve uptake of couple year protection	<b>1. Couple year protection rate</b>	<b>50,4%</b>	<b>58%</b>	<b>60,3%</b>	<b>4%</b>	Community awareness on the importance of using contraceptives especially Long Acting Reversible contraceptives (LARC) increased uptake of services.
	<i>Couple year protection</i>	<i>1 599 597</i>	<i>1 857 316</i>	<i>1 877 397</i>		
	<i>Population 15-49 years female</i>	<i>3 175 848</i>	<i>3 201 568</i>	<i>3 115 857</i>		
Reduce the number of deliveries in age group 10 to 19 years	<b>2. Delivery 10 to 19 years in facility rate</b>	<b>17,1%</b>	<b>15,8%</b>	<b>17,1%</b>	<b>(8%)</b>	<ul style="list-style-type: none"> <li>• Societal issues like child marriages, substance abuse and child headed households that are not dealt with in communities or families continue to contribute to the challenge.</li> <li>• Limited access to Youth Friendly sexual and reproductive health services due to shortage of staff in facilities.</li> </ul>
	<i>[Delivery 10-14 years in facility] + [Delivery 15-19 years in facility]</i>	<i>34 572</i>	<i>35 234</i>	<i>35 018</i>		
	<i>Delivery in facility – total</i>	<i>201 783</i>	<i>223 000</i>	<i>204 450</i>		
Increase the number of 1st antenatal visits before weeks	<b>3. Antenatal 1st visit before 20 weeks rate</b>	<b>74,3%</b>	<b>75,9%</b>	<b>73,7%</b>	<b>(3%)</b>	Women choosing to present late for antenatal care remains a challenge.
	<i>Antenatal 1st visit before weeks</i>	<i>163 505</i>	<i>170 016</i>	<i>159 161</i>		
	<i>Antenatal 1st visit – total</i>	<i>220 105</i>	<i>224 000</i>	<i>215 821</i>		
Increase the number of postnatal visits for mother within 6 days of delivery	<b>4. Mother postnatal visit within 6 days rate</b>	<b>77,6%</b>	<b>78%</b>	<b>80,0%</b>	<b>3%</b>	Linking of pregnant and post-delivery women to CHWs improved.
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>156 605</i>	<i>173 940</i>	<i>163 512</i>		
	<i>Delivery in facility total</i>	<i>201 783</i>	<i>223 000</i>	<i>204 450</i>		
Increase the fully immunised under 1 years coverage	<b>5. Immunisation under 1 year coverage</b>	<b>82,8%</b>	<b>90%</b>	<b>94,8%</b>	<b>5%</b>	No deviation

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 100 : Table 30						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>Immunised fully under 1 year</i>	217 217	236 905	242 394		
	<i>Population under 1 year</i>	262 488	263 228	255 744		
Increase the measles 2nd dose coverage in children 1 years old	<b>6. Measles 2nd dose coverage</b>	<b>77,3%</b>	<b>94%</b>	<b>91,3%</b>	<b>(3%)</b>	Incorrect recording of the indicator in the source register occurred in Q1 and 2 and the recording process was corrected for Q3 and 4.
	<i>Measles 2nd dose</i>	202 795	246 378	230 243		
	<i>Population aged 1 year</i>	262 205	262 104	252 321		
Increase the vitamin A dose coverage in children 12 – 59 months	<b>7. Vitamin A dose 12-59 months coverage</b>	<b>57,9%</b>	<b>74%</b>	<b>78,2%</b>	<b>6%</b>	No deviation
	<i>Vitamin A dose 12-59 months + COS Vitamin A dose 12-59 months</i>	1 221 281	1 555 098	1 551 835		
	<i>Target population 12-59 months * 2</i>	2 107 596	2 101 484	1 984 694		
Increase the number of ANC clients initiated on ART to 98% by March 23	<b>8. ANC clients initiated on ART rate</b>	<b>98,9%</b>	<b>98,3%</b>	<b>104%</b>	<b>6%</b>	Active monitoring of this indicator as part of the nerve centre dashboard and the timeous correction of data errors identified contributed significantly to reaching the target.
	<i>Antenatal client on start on ART</i>	18 524	17 000	16 121		
	<i>Antenatal client known HIV positive but not on ART at 1st visit</i>	18 736	17 300	15 505		
Reduced Severe acute malnutrition incidence	<b>9. Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose rate</b>	<b>56,7%</b>	<b>59%</b>	<b>56,3%</b>	<b>(5%)</b>	Poor compliance to exclusive breastfeeding due to societal factors including children being left with caregivers in order for mothers to return to school/work
	<i>DTaP-IPV-Hib-HBV (hexavalent 3rd dose)<sup>7</sup></i>	117 270	127 348	114 332		

<sup>7</sup> Infant exclusively breastfed at DTaP-IPV-Hib HBV 3rd dose



# 2021/22 ANNUAL REPORT

APP 2021/22: Page 100 : Table 30						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>Target population<sup>8</sup></i>	206 730	215 844	202 928		
Improve cervical screening coverage for women 30 years and older to 86%	<b>10. Cervical cancer screening coverage</b>	<b>39,7%</b>	<b>75%</b>	<b>56,8%</b>	<b>(24%)</b>	Reduction of mass cervical cancer screening campaigns during the COVID peak periods
	<i>Cervical cancer screening in woman</i>	143 337	291 000	213 671		
	<i>[(80% women aged 30-59yrs)/10]+(% women aged -59yrs)/3) + Cervical cancer screening 30 years and older</i>	361 174	388 006	375 922		

<sup>8</sup> DTaP-IPV-Hib HBV 3rd dose

# 2021/22 ANNUAL REPORT

## SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

TABLE 24: OUTCOMES INDICATORS (DISEASE PREVENTION AND CONTROL)

APP 2021/22: Page 105 : Table 32						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Reduced morbidity and mortality</b>						
<b>1. Malaria case fatality rate</b>	DHIS	3%	0,33%	1,9%	<b>(466%)</b>	Late health seeking behaviour as a result of the similarity of signs and symptoms of COVID-19 and malaria.
<i>Malaria deaths reported</i>	<i>Malaria Register; Tick Sheets PHC</i>	13	4	14		
<i>Malaria new case reported</i>		428	1 200	749		
<b>2. Malaria incidence per 1 000 population at risk</b>	DHIS	<b>0,41/1000 pop at risk</b>	<b>0/1000 pop at risk</b>	<b>0,3/100 pop at risk</b>	<b>(30%)</b>	High number of imported Malaria cases.
<i>Number of malaria cases (new)</i>	<i>Malaria Register; Tick Register PHC</i>	296	-	201		
<i>Population uMkhanyakude</i>	<i>DHIS; Stats SA</i>	715 367	681 104	680 656		
<b>3. Hypertension Incidence</b>	DHIS	<b>7,2/1000</b>	<b>26/1000</b>	<b>5/1000</b>	<b>80%</b>	All clients visiting a health facility are screened, allowing for the early management of clients who are at risk.
<i>Hypertension client treatment new</i>	<i>PHC tick register</i>	84 510	305 917	56 762		
<i>KZN Population total</i>	<i>Stats SA</i>	11 749 501	11 822 058	11 563 185		
<b>4. Diabetes Incidence</b>	DHIS	<b>2,5/1000</b>	<b>3/1 000</b>	<b>3/1000</b>	<b>0%</b>	No deviation
<i>Diabetes client treatment new</i>	<i>PHC tick register</i>	29 226	31 768	33 896		
<i>KZN Population total</i>	<i>Stats SA</i>	11 749 501	11 822 058	11 563 185		
<b>5. Dental extraction to restoration ratio</b>	PHC register; OPD & Theatre register; DHIS	<b>Not monitored</b>	<b>14:1</b>	<b>33,6:1</b>	<b>140%</b>	Invasive procedures performed on a small scale due to resource constraints
<i>Tooth extraction</i>		-	467 525	403 480		
<i>Tooth restoration</i>		-	34 529	12 010		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 105 : Table 32						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>6. COVID-19 Testing Coverage</b>	TBD	<b>16 903,07/100 000</b>	<b>12 688 / 100 000</b>	<b>20 984,8/100 000</b>	<b>65%</b>	The Province was hit by the 3rd and 4th waves during the financial year, with the 4th wave driven by the highly transmissible Omicron variant. KZN was the second hardest hit Province.
<i>Number of COVID-19 tests conducted - Total</i>	TBD	<i>1 986 026</i>	<i>1 500 000</i>	<i>2 426 506</i>		
<i>Total Population</i>	TBD	<i>11 749 501</i>	<i>11 822 058</i>	<i>11 563 185</i>		
<b>7. COVID-19 Positivity Rate</b>	TBD	<b>16,8%</b>	<b>10%</b>	<b>14,4%</b>	<b>(44%)</b>	The Province was hit by the 3rd and 4th waves during the financial year, with the 4th wave driven by the highly transmissible Omicron variant. KZN was the second hardest hit Province.
<i>Number of confirmed COVID-19 cases - Total</i>	TBD	<i>334 586</i>	<i>150 000</i>	<i>348 667</i>		
<i>Number of COVID-19 tests conducted</i>	TBD	<i>1 986 026</i>	<i>1 500 000</i>	<i>2 426 506</i>		
<b>8. COVID-19 Case Fatality Rate: Total</b>	TBD	<b>Not monitored</b>	<b>2,3%</b>	<b>1,8%</b>	<b>22%</b>	The following interventions are continuous in all Districts: <ul style="list-style-type: none"> <li>• Intensification of risk communication, and community engagement on COVID-19.</li> <li>• Engagement of key stakeholders at community level to strengthen response to COVID-19.</li> <li>• Intensification of vaccination programme.</li> </ul>
<i>Number of deaths in positive COVID-19 cases: Total</i>	TBD	<i>-</i>	<i>3 500</i>	<i>5 820</i>		
<i>Separations COVID-19 cases (Sum of deaths, discharges and transfers out): Total</i>	TBD	<i>-</i>	<i>150 000</i>	<i>326 054</i>		
<b>9. COVID-19 Case Fatality Rate 5 - 60 years</b>	TBD	<b>3,1%</b>	<b>0,8%</b>	<b>1%</b>	<b>(25%)</b>	High number of deaths during the 4th wave that was driven by the highly transmissible Omicron variant.
<i>Number of deaths in positive COVID-19 cases</i>	TBD	<i>10 222</i>	<i>2 000</i>	<i>2 813</i>		
<i>Separations COVID-19 cases (Sum of deaths, discharges and transfers out)<sup>9</sup></i>	TBD	<i>329 715</i>	<i>250 000</i>	<i>277 987</i>		
<b>10. COVID-19 Case Fatality Rate: under 5 years</b>	TBD	<b>Not monitored</b>	<b>0,4%</b>	<b>0,5%</b>	<b>(30%)</b>	High number of deaths during the 4th wave that was driven by the highly transmissible Omicron variant.
<i>Number of deaths in positive COVID-19 cases under 5 years</i>	TBD	<i>-</i>	<i>15</i>	<i>46</i>		

<sup>9</sup> For the denominator for Covid-19 case fatality, Systems not in place to monitor Separations Covid-19 cases (Sum of deaths, discharges and transfers out) - the manager is using the number of cases as the denominator

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 105 : Table 32						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Separations COVID-19 cases (Sum of deaths, discharges and transfers out) under 5 years</i>	TBD	-	4 000	8 831		
<b>11. COVID-19 Case Fatality Rate 60 years and older</b>	TBD	<b>Not monitored</b>	<b>10%</b>	<b>7.4%</b>	<b>26%</b>	The following interventions are continuous in all Districts: <ul style="list-style-type: none"> <li>• Intensification of risk communication, and community engagement on COVID-19.</li> <li>• Engagement of key stakeholders at community level to strengthen response to COVID-19.</li> <li>• Intensification of vaccination programme.</li> </ul>
<i>Number of deaths in positive COVID-19 cases: 60 years and older</i>	TBD	-	4 000	2 961		
<i>Separations COVID-19 cases (Sum of deaths, discharges and transfers out) 60 years and older</i>	TBD	-	40 000	39 987		

**TABLE 25: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (DISEASE PREVENTION AND CONTROL)**

APP 2021/22: Page 107 : Table 33						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Outcome: Reduced morbidity and mortality						
Improve the quality of Mental health screening at a PHC level	<b>1. Mental disorders Screening Rate</b>	<b>50,2%</b>	<b>35%</b>	<b>54,9%</b>	<b>57%</b>	Positive results attributed to the capacity building undertaken by the Mental Health Co-ordinators on the Basic Mental Health screening tool, and the recording of the screenings and referrals for further assessment.
	<i>PHC client screened for mental disorder</i>	<i>11 449 440</i>	<i>10 330 639</i>	<i>13 126 378</i>		
	<i>Total PHC headcount</i>	<i>22 809 881</i>	<i>29 516 111</i>	<i>23 906 112</i>		
Increase access to rehabilitative services	<b>2. Number of clients accessing rehab services</b>	<b>538 989</b>	<b>680 000</b>	<b>756 793</b>	<b>11%</b>	A high demand for rehabilitation services from new and existing clients who were seen for review and continuation of rehabilitation services.

## 2021/22 ANNUAL REPORT

### Reporting on the Department's response to the COVID-19 Pandemic

**TABLE 26: PROGRESS ON INSTITUTIONAL RESPONSE TO THE COVID-19 PANDEMIC**

Budget Programme	Intervention	Geographic location (Province/District/local municipality) (Where Possible)	No. of beneficiaries (Where Possible)	Disaggregation of Beneficiaries (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per intervention	Contribution to the Outputs in the APP (where applicable)	Immediate outcomes
	Testing for COVID-19	All 11 Districts	2 426 506		Medical Lab Testing R 220 404 000	Medical Lab Testing R 431 499 822	Target not met on APP as the Province had 2 waves i.e. 3 <sup>rd</sup> and 4 <sup>th</sup> waves	Early detection of COVID-19 and reduction in transmission of COVID-19
	Contact tracing	All 11 Districts	467 874		G&S R5 587 000  COE R297 845 000.	G&S R26 118 193  COE R745 158 014  Machinery & Equipment  R 3 022 702  Household R596 669	N/A	Reduction of transmission
	Risk communication and community engagement	All 11 Districts			R47 000 000	R46 325 858	N/A	Informed public and improved uptake in the use of COVID-19 interventions

## 2021/22 ANNUAL REPORT

Budget Programme	Intervention	Geographic location (Province/ District/local municipality) (Where Possible)	No. of beneficiaries (Where Possible)	Disaggregation of Beneficiaries (Where Possible)	Total budget allocation per intervention (R'000)	Budget spent per intervention	Contribution to the Outputs in the APP (where applicable)	Immediate outcomes
	COVID-19 vaccination	All 11 Districts	5 193 492	Total HCW vaccinated =146 830. 60yrs vaccinated= 576 298. 50-59yrs vaccinated = 450 231, 35-49yrs = 930 820, 18-34yrs = 821 017, 12-17yrs = 228 527, Total public and private 1 <sup>st</sup> dose = 2 778 366, Total fully vaccinated = 2 709 082, Total partially vaccinated= 69 284  Total received a booster dose = 343 064	G&S R46 198 000  COE R228 222 000  Machinery & Equipment R 27 750 000	G&S R38 992 078  COE R324 437 400  Machinery & Equipment R 24 630 718	Target not met due to vaccine hesitancy and fake news on vaccination circulating on social media	Increase in vaccine uptake, increase in immunity and getting closer to herd immunity.

### Strategies to overcome areas of under-reporting

#### Primary Health Care

- Province is planning the Ideal Clinic Realisation and Maintenance (ICRM) road shows for the districts and Province to revive the ICRM and to ensure buy-in to the initiative.
- Hospital management teams and provincial Quality Assurance (QA) to own this process as part of their Key Result Area (KRAs).
- Adherence to IPC and the revised COVID-19 guidelines on quarantine and isolation of staff will assist.

# 2021/22 ANNUAL REPORT

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- Improve communication with patients so they are informed and aware of the new protocols.
- Offer psychological support to staff, reinforce Batho Pele Principles and Code of Ethics.

## **District hospitals**

- Facilities will be instructed to manage PSIs according to the National Guideline on the Management of PSIs and to document full details of the incident to assist in investigations.
- All services have been restored to normal operations.
- Awareness communication to patients on new protocols.
- Re-inforce Batho Pele Principles.
- Build up capacity at district hospitals for the provision of respiratory support to new-borns and infants.
- Increase household support and growth monitoring at PHC clinics.
- Enforce Integrated Management of Acute Malnutrition (IMAM) training during internship, improved implementation of the stabilisation phase of management and growth monitoring in PHC clinics to facilitate early recognition and referral.
- Sensitize districts to revive multi-sector child health forums which will assist at facility level and engagement with Department of Social Development (DSD) locally.
- Explore options to expand respiratory support for neonates in district hospitals i.e. provide high flow heated, humidified oxygen.
- Facilitate that pregnant women presenting with infections in antenatal care are treated adequately;
- District Clinical Specialists Teams (DCSTs) Advanced Midwives (ADM) conduct Integrated Prevention of Mother to Child Transmission (PMTCT)/ Basic Antenatal Care (BANC+) training per region;
- Safer conception services are implemented by all districts.
- Offer psychological support to staff, reinforce Batho Pele Principles and Code of Ethics.
- Adherence to IPC and the revised COVID-19 guidelines on quarantine and isolation of staff will assist.
- Improve communication with patients so they are informed and aware of the new protocols.
- Revision of targets in line with improved reporting.

## 2021/22 ANNUAL REPORT

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- Intensify strategies to improve surveillance and reporting of HAIs by all hospitals.
- Facilitate training for IPC champions on implementation of IPC multimodal strategy to reduce healthcare associated infections.

### HAST

- Conduct baseline assessment of Linkage Officers, and TB outreach teams. Fast track alignment of available resources and recruitment of staff where posts are vacant.
- Coordinate training for TB Outreach teams on Community Drug Resistant TB (DRTB) management.
- Coordinate DRTB training including mortality and clinical audits.
- Continue to monitor implementation of urinary Lipoarabinomannan (ULAM) across hospitals and PHC facilities.
- Fast track training and implementation of ULAM at PHC facilities.
- Conduct awareness campaigns using various strategies:
- Face to face community engagements including dialogues,
- Blitz in hot spot areas,
- Health education in schools and other public areas (pamphlets and TB booklets).
- Social media (TB WhatsApp self-screening application, community radio stations)
- Districts to verify alignment of Linkage Officers and TB outreach teams;
- Identify vacant posts, recruit and assign personnel to improve tracking, tracing and retention to care.
- Continue with Community awareness campaigns on early warning signs of TB and the importance of early presentation to health facilities for treatment; and on adherence to treatment.
- Appointment of District Treatment, Care and Support Coordinators has been finalised.
- Expand the Adherence Guidelines (AGL) and treatment Literacy classes training to all 11 districts.
- Monitor the implementation of the AGL guidelines during provincial, district, sub-district supervisory support visits.
- Monitor the usage of eLabs, Results for Action (RFA) datasheets and the subsequent intervention plans.



## 2021/22 ANNUAL REPORT

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- Appoint Laboratory Expert to coordinate clinic-lab interface engagements with National Health Laboratory Service (NHLS) and Districts.
- Monitor provincial TLD (tenofovir disoproxil, lamivudine, dolutegravir) uptake and provide support to districts with low uptake.
- AGL training scheduled in all 11 districts.
- Disclosure support and Kidz Alive training.
- Advocate enrolment of Caregiver Connect on WhatsApp for parents and caregivers.
- Plan a paediatric integrated multi-stakeholder engagement workshop with the aim to develop a provincial improvement plan.
- Nominate District Paediatric Coordinator for all 11 districts
- Accelerate the implementation of the community ART programme to improve retention in care.
- Conduct provincial AGL Standing Operating Procedures (SOPs) and Patient Literacy Trainer-the-Trainers training to all 11 districts.
- Dissemination of trainings to sub-districts, facilities, Civil Society Organization, existing community structures to enhance adherence counselling and treatment literacy.
- Robust mentoring and coaching of the Districts Care and Treatment cadres with strategies to improve retention.
- Integrate household COVID-19 and TB screening and testing for contacts, key populations and hot spots.
- Improve marketing and provision of TB preventive therapy.
- Patient literacy classes have been standardised and the material is integrated as most patients have co-morbidities.
- Decentralised MDR-TB services assist in reducing loss to follow up as patients' access services closer to their homes.
- Conduct community awareness and education through media platforms to promote early health seeking behaviour. Monitor access and use of urine LAM strips for TB testing in HIV positive and very sick patients.
- Improve quality standards for recording, reporting and movement of patients between facilities.
- Conduct quarterly meetings in order to analyse the causes of death amongst People living with HIV.
- Continue with Community awareness campaigns on importance of adherence to treatment.
- Monitor implementation of the Adherence guidelines.
- Promote integrated screening and testing for TB, HIV, COVID-19, and non-communicable diseases.

# 2021/22 ANNUAL REPORT

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- In-service training on screening guidelines to be provided in Districts performing poorly.
- Districts to continue with retention strategies and the implementation of the Sprint acceleration operation.
- Targeting testing and linkage to care for males and females in the 20-29 age band.
- Identify District Paediatric and Adolescent Champion to coordinate and monitor district specific intervention plans
- Facilitate an increase in condom distribution.
- Facilitate the incorporation of condom usage education during Men's dialogue and Isibaya Samadoda in collaboration with the multi-stakeholders.
- Facilitate the establishment of a comprehensive STI prevention package.

## **Maternal Child Nutrition and Women's Health**

- Health Care Workers (HCWs) to finish online course on hypertension management guidelines;
- Continue with Essential Steps in Managing Obstetric Emergencies (ESMOE) courses to ensure that all delivering facilities have master trainers to ensure on-site capacity for training in obstetric emergencies.
- Facilitate that DCST ADMs conduct BANC+ audit to identify and manage gaps in Antenatal (ANC) clinics.
- On-site midwife run birthing units (OMBU) being implemented at two of the busiest hospitals (Prince Mshiyeni and Newcastle) to address the overcrowding in the labour ward.
- Monitor that COVID-19 vaccination during antenatal care is done as per disseminated SOP to mitigate against the risk of any new COVID-19 waves.
- Focus on building-up respiratory support and optimisation of bed utilisation during facility support visits.
- Conduct desk top review on feasibility of expansion of respiratory support options (Heated humidified high flow oxygen)
- Re-inforce that BANC+ audits are done to ensure that pregnant women presenting with infections in antenatal care are treated adequately and accordingly;
- DCSTs ADMs will conduct Integrated PMTCT/BANC+ training per region on continuous basis to ensure that all new employees are trained.
- Implement Safer Conception Services.
- Short term intervention includes the use of antenatal steroids in preterm labour needs to be improved
- Revive training in emergency triage, assessment and treatment (ETAT) and the use of early warning scoring systems which are included in the standardised paediatric clinical record.

## 2021/22 ANNUAL REPORT

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- In the medium term the role of high flow humidified oxygen should be explored.
- Addressing neonatal deaths requires improved infrastructure and more beds.
- Roll out the 3 Essential Packages of Care and Dashboards for new-borns, paediatrics and child health in all 53 neonatal nurseries and 80 children's wards from 1 April 2022.
- Review neonatal services to see how to increase the bed capacity and explore the options to expand respiratory support to new-borns, infants and children (heated, humidified high flow oxygen).
- Improve implementation of the paediatric and child health Essential Packages of Care
- Explore expanding options for respiratory support in district and regional hospitals
- Review paediatric critical care services in the province.
- Establish guidelines for the nutritional support for children with long term health conditions.
- Explore mechanisms to achieve multi-sector support for children with long term health conditions.
- Awaiting results of the next South African Demographic and Health Survey (SADHS).
- Training and implementation of SOPs on the nutritional management of disabilities and neurodevelopment conditions.
- Complementary feeding training planned to capacitate community health workers on key messages.
- Revitalise Mother and baby friendly initiative to encourage breastfeeding.
- Continued implementation of SAM inpatient training and targeted implementation (new staff, OPD/Casualty and EMS).
- Improvement of social worker support at facility level and local engagement with DSD.
- A strategic review of neonatal services is underway to explore ways to increase capacity and additional options for respiratory support.
- Facilitate that pregnant women presenting with infections in antenatal care are treated adequately;
- DCSTs ADMs conduct integrated PMTCT/BANC+ training per region;
- Safer conception services to be implemented by all districts.
- Focus on building-up respiratory support and optimisation of bed utilisation during facility support visits.
- Conduct desk top review on feasibility of expansion of respiratory support options (Heated humidified high flow oxygen)

## 2021/22 ANNUAL REPORT

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- Focus on building-up services through the implementation of the 3 Essential Packages of Care and Dashboards as well as by
- Expanding options for respiratory support for new-borns, infants and young children in district and regional facilities.
- Focus on improving the education of caregivers around danger signs and ensuring that children have child support grants, by Nutrition advisors at facility level.
- Include messages on education and awareness making use of MEC's health chat programme if possible, focusing on building confidence in the health service as the first source of help.
- Convene consultative meetings to engage stakeholders, local partners, community structures and other departments including School Governing Bodies and Institutions of Higher Learning to activate strategies to de-normalize teenage pregnancy.
- Reinforce uptake of Long Acting Reversible Contraceptives (LARCs) among sexually active teenagers and Dual Protection campaigns.
- Continue with household pregnancy testing and facilitate that District Clinical Specialists Team (DCSTs) and Maternal Child & Women's Health (MCWH) coordinators monitor that women who tested positive are linked to PHC for initiation of antenatal care.
- Facilitate pregnancy testing for women of child bearing age that are not on contraceptives; visiting health facilities for any other reason is done and channelled to Ante-Natal Care (ANC) immediately.
- Facility onsite trainings on Measles 2 dose routine and catch-up data recording in the source register more especially the poorly performing facilities and districts.
- Improve monitoring of Mother-Baby Friendly Initiative (MBFI), which includes counselling services, implementation through MBFI assessments targeting 22 facilities in 2022/23.
- Raise community awareness about the importance of cervical cancer screening.
- Implement campaigns such as the Pink Drive campaign which advocates for promoting awareness, early detection and screening for gender related cancers.

### **Disease prevention and control**

- Malaria Mortality Audits together with Case Management including Information, Education and Communication are continuously conducted and planned in Health Facilities, Household and larger scale to address the contributing factors.
- Continuous implementation of including Information, Education and Communication.
- To intensify the performance of other dental treatment option to reduce the rate of extraction procedures being performed at facilities.

## 2021/22 ANNUAL REPORT

- Advocate for the promotion of early screening.
- Intensify oral health education.
- Increase health promotion on preventative measures.
- Continuous risk communication, community engagement and intensification of vaccination programme.

### Linking performance with budget

**TABLE 27: BUDGET APPROPRIATION AND EXPENDITURE**

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>2.1</b>	<b>District Management</b>						
	Current payments	305 909	305 909	-	301 018	296 486	4 532
	Transfers and subsidies	4 414	4 414	-	1 624	1 624	-
	Payments for capital assets	35 003	35 003	-	26 798	14 551	12 247
	<b>Total</b>	<b>345 326</b>	<b>345 326</b>	<b>-</b>	<b>329 440</b>	<b>312 661</b>	<b>16 779</b>
<b>2.2</b>	<b>Community Health Clinics</b>						
	Current payments	4 403 731	4 429 415	-25 684	4 599 813	4 581 603	18 210
	Transfers and subsidies	148 405	145 509	2 896	143 197	124 881	18 316
	Payments for capital assets	50 123	27 335	22 788	28 903	29 626	-723
	<b>Total</b>	<b>4 602 259</b>	<b>4 602 259</b>	<b>-</b>	<b>4 771 913</b>	<b>4 736 110</b>	<b>35 803</b>
<b>2.3</b>	<b>Community Health Centres</b>						
	Current payments	1 976 084	1 976 084	-	1 909 599	1 904 166	5 433
	Transfers and subsidies	21 203	21 203	-	8 091	8 104	-13
	Payments for capital assets	31 934	31 934	-	41 712	31 496	10 216

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
	<b>Total</b>	2 029 221	2 029 221	-	1 959 402	1 943 766	15 636
<b>2.4</b>	<b>Community Based Services</b>						
	Current payments	331 850	331 850	-	375 761	360 996	14 765
	Transfers and subsidies	1 054	1 054	-	1 320	1 320	-
	Payments for capital assets	265	265	-	1 623	1 738	-115
	<b>Total</b>	<b>333 169</b>	<b>333 169</b>	<b>-</b>	<b>378 704</b>	<b>364 054</b>	<b>14 650</b>
<b>2.5</b>	<b>Other Community Services</b>						
	Current payments	4 566 076	4 620 573	-54 497	3 402 645	3 262 931	139 714
	Transfers and subsidies	50 084	50 084	-	30 823	30 888	-65
	Payments for capital assets	138 685	84 188	54 497	40 811	40 409	402
	<b>Total</b>	<b>4 754 845</b>	<b>4 754 845</b>	<b>-</b>	<b>3 474 279</b>	<b>3 334 228</b>	<b>140 051</b>
<b>2.6</b>	<b>HIV and AIDS</b>						
	Current payments	6 631 973	6 631 973	-	6 126 399	6 090 153	36 246
	Transfers and subsidies	144 264	144 264	-	147 848	126 466	21 382
	Payments for capital assets	40 988	40 988	-	45 253	5 436	39 817
	<b>Total</b>	<b>6 817 225</b>	<b>6 817 225</b>	<b>-</b>	<b>6 319 500</b>	<b>6 222 055</b>	<b>97 445</b>
<b>2.7</b>	<b>Nutrition</b>						
	Current payments	31 945	31 945	-	42 650	28 867	13 783
	Payments for capital assets	230	230	-	2 150	60	2 090
	<b>Total</b>	<b>32 175</b>	<b>32 175</b>	<b>-</b>	<b>44 800</b>	<b>28 927</b>	<b>15 873</b>
<b>2.8</b>	<b>Coroner Services</b>						
	Current payments	262 878	262 878	-	255 747	246 924	8 823

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		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
	Transfers and subsidies	323	323	-	679	679	-
	Payments for capital assets	9 755	9 755	-	4 942	3 732	1 210
	<b>Total</b>	<b>272 956</b>	<b>272 956</b>	<b>-</b>	<b>261 368</b>	<b>251 335</b>	<b>10 033</b>
<b>2.9</b>	<b>District Hospitals</b>						
	Current payments	7 865 352	7 865 352	-	7 627 979	7 568 925	59 054
	Transfers and subsidies	103 095	103 095	-	70 174	70 244	-70
	Payments for capital assets	113 736	113 736	-	143 756	104 848	38 908
	Payment for financial assets	359	359	-	99	99	-
	<b>Total</b>	<b>8 082 542</b>	<b>8 082 542</b>	<b>-</b>	<b>7 842 008</b>	<b>7 744 116</b>	<b>97 892</b>

Source: Annual Financial Statements and BAS





## **PROGRAMME 3 - EMERGENCY MEDICAL SERVICES**

### **Programme Description & Purpose**

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

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

#### ***Sub-Programme 3.1: Emergency Transport***

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

#### ***Sub-Programme 3.2: Planned Patient Transport***

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

### **Outcomes for the year under review**

- Universal Health Coverage

### **Outcomes, outputs, output indicators, Targets and actual achievements**

Emergency Medical Services (EMS) operates at the frontline of the health service system and therefore has a direct impact on the possible outcome of a patient in an emergency situation. The purpose of the EMS programme is to ensure rapid and effective emergency medical care and transport, and efficient, planned patient transport in accordance with agreed national norms and standards.

In 2021/22, the total number of EMS clients was 494 071 and the number of inter facility transfers was 164 218. Response times achieved in 2021/22 are as follows, the percentage of response times to red codes (P1) within 30 minutes for urban areas was 42.9% and the percentage of response times to red codes (P1) within 60 minutes for rural areas was 51.1%. The population per scheduled operational ambulance is currently 1 ambulance per 61 820 capita as opposed to the national norm of 1 ambulance per 10 000 population. This gap places a huge amount of pressure on the delivery of services. A further 767 operational ambulances are required in KZN in order to meet the national norm.

The average number of daily operational ambulances during 2021/22 was 196, which equates to 20% of the required number of ambulances, as per National norms. It is also important to note that response times are not only determined by the number of operational ambulances available but also by influencing factors like terrain, road infrastructure, demand / case load, rural /deep rural areas where road names and house numbers do not exist as well as weather conditions.

## 2021/22 ANNUAL REPORT

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Over and above the operational ambulances required to actively provide the service, pool ambulances are required in order to cater for scheduled maintenance, vehicle repairs, accident damage repairs and routine disinfecting and spring cleaning of ambulances.

Factors that contribute to poor response times are:

- Call taking delays due to unclear or incomplete information from caller
- Inappropriate triage of calls
- Communication challenges
- Discrepancies on boundaries
- Vehicle related issues:
  - Insufficient resources for workload (vehicles and staff)
  - Breakdowns and accidents en route
  - Incorrect addresses
  - Traffic congestion.

# 2021/22 ANNUAL REPORT

**TABLE 28: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS)**

APP 2021/22: Page 122 : Table 40						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health Coverage</b>						
Improve access to specialised services	<b>1. EMS P1 urban response under 30 minutes rate<sup>10</sup></b>	<b>50,9%</b>	<b>69,1%</b>	<b>42,9%</b>	<b>(38%)</b>	<p>During the COVID-19 pandemic, an increase in inter facility transfer cases have been noted. These cases have a much longer turnaround time which reduces the number of cases each ambulance can attend to within a 12-hour shift.</p> <p>It must also be noted that even if the National norm of 1 ambulance per 10 000 population is reached, there are some cases that will never be responded to within 30 minutes in urban areas and 60 minutes in rural areas due to distance, road infrastructure and terrain.</p>
	<i>EMS P1 urban response under 30 minutes</i>	62 018	89 246	44 726		
	<i>EMS P1 urban responses</i>	121 770	129 109	104 286		
Improve access to specialised services	<b>2. EMS P1 rural response under 60 minutes rate</b>	<b>52,4%</b>	<b>56,3%</b>	<b>51,1%</b>	<b>(9%)</b>	<p>During the COVID-19 pandemic, an increase in inter facility transfer cases have been noted. These cases have a much longer turnaround time which reduces the number of cases each ambulance can attend to within a 12-hour shift.</p> <p>It must also be noted that even if the National norm of 1 ambulance per 10 000 population is reached, there are some cases that will never be responded to within 30 minutes in urban areas and 60 minutes in rural areas due to distance, road infrastructure and terrain.</p>
	<i>EMS P1 rural response under 60 minutes</i>	82 307	94 167	74 251		
	<i>EMS P1 rural responses</i>	157 011	167 156	145 328		

<sup>10</sup> Indicator changed from Urban response under 15 minutes

# 2021/22 ANNUAL REPORT

APP 2021/22: Page 122 : Table 40

Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Improve access to specialised services	3. Average number of daily operational ambulances <sup>11</sup>	185	188	196	4%	EMS procured 56 additional ambulances in 2020/21 and employed contract staff using the COVID-19 grant, thereby increasing available resources.

## Strategies to overcome areas of under-performance

- Allocation of infrastructure budget to increase the number of customized built bases and the identification of satellite bases that are strategically placed may assist in reducing travel and therefore improved response times.
- Provincial Vehicle management service provider has been engaged to increase the pool of service providers and increase supervision of fleet matters, to improve/increase the number of available ambulances.
- District Fleet officers to engage with service providers regularly to limit ambulance downtime.

## Linking performance with budget

TABLE 29: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2021/22			2020/21			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	
<b>3.1</b>	<b>Emergency Transport</b>						
	Current payments	1 358 577	1 358 577	-	1 308 254	1 301 866	6 388

<sup>11</sup> This will include improved fleet management, maintenance, purchase/allocation of new ambulances and appointment of staff

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		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
	Transfers and subsidies	13 144	13 144	-	6 450	5 531	919
	Payments for capital assets	63 200	63 200	-	141 757	171 037	-29 280
	<b>Total</b>	<b>1 434 921</b>	<b>1 434 921</b>	<b>-</b>	<b>1 456 461</b>	<b>1 478 434</b>	<b>-21 973</b>
<b>3.2</b>	<b>Planned Patient Transport</b>						
	Current payments	153 454	153 454	-	154 122	127 206	26 916
	Transfers and subsidies	776	776	-	287	287	-
	Payments for capital assets	7 615	7 615	-	53 341	-	53 341
	<b>Total</b>	<b>161 845</b>	<b>161 845</b>	<b>-</b>	<b>207 750</b>	<b>127 493</b>	<b>80 257</b>

Source: Annual Financial Statements and BAS



## **PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)**

### **Programme Description & Purpose**

#### **Programme Purpose**

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

#### ***Sub-Programme 4.1: General (Regional) Hospitals***

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

#### ***Sub-Programme 4.2: Tuberculosis Hospitals***

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

#### ***Sub-Programme 4.3: Psychiatric/Mental Hospitals***

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

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

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

#### ***Sub-Programme 4.5: Dental Training Hospital***

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

### **Outcomes for the year under review**

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

### **Outcomes, outputs, output indicators, Targets and actual achievements**

The Regional hospital average length of stay increased from 6 days in 2020/21 to 6.3 days in 2021/22 due to longer stays for mental health care users and orthopaedic patients. The inpatient bed utilisation target of 73.5% was not met even though there was an increase from the 2020/21 baseline of 60.3%, illustrating the effect of progressive restoration of services and implementation of resurgence recovery plan in 2021/22. COVID-19

## 2021/22 ANNUAL REPORT

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consumables and equipment kept the expenditure per PDE higher than the target, notwithstanding the decrease from the baseline. Severity assessment code (SAC) 1 incident reported within 24 hours rate decreased from 83.3 % in 2020/21 to 79.5% in 2021/22 due to guidelines not being adhered to. The percentages of complaints on patient care and staff attitudes increased while the percentage of complaints on waiting times decreased.

The current TB regimen is the main reason for the decrease in the average length of stay for TB hospitals as it promotes community based care, thereby reducing the number of days patients hospitalised in TB hospitals. The same regimen also led to the decline in the inpatient bed utilisation rate. TB hospitals had 31 Severity assessment code (SAC) 1 incidents reported, compared to 0 in 2020/21 and 93.5% of them were reported within 24 hours. The number of complaints increased from 1 in 2020/21 to 113 in 2021/22 due to TB patients being unhappy with being mixed with COVID-19 patients and increased workloads as a result of staff shortages. The decrease in the number of Health Care Associated Infections in TB hospitals from 157 in 2020/21 to 1 in 2021/22 is attributed to more patients being managed in the community than in the hospital.

The Severity assessment code (SAC) 1 incident reported within 24 hours rate for Psychiatric hospitals increased by 197%, despite the 86.7% target not being met. Clinical Governance roadshows and revitalization of clinical governance structures resulted to the improved reporting of SAC 1 incidents within 24 hours. Only the percentage of complaints on patient care decreased from the 2020/21 baseline. The number of Health Care Associated Infections in psychiatric hospitals increased by 837% between 2020/21 and 2021/22, and this was due to sharing of facilities and as a result of the patient's condition i.e. their inability to comply with infection prevention measures.

The average length of stay for Chronic/sub-acute hospitals increased from 43.2 days in 2020/21 to 49 days in 2021/22 as a result of increased hospital admissions at Hillcrest hospital which provides long term chronic care. The inpatient bed utilisation rate decreased from 36.1% in 2020/21 to 35.6% in 2021/22. These changes are attributed to the repurposing of Clairwood hospital for COVID-19. The expenditure per PDE decreased slightly from R 4 904.6 to R 4 784.1 but remained higher than expected due to low BUR at Clairwood hospital and high cost linked to utilization of PPE. There were no Severity assessment code 1 incidents reported in 2021/22. There was an increase in the percentage of complaints on patient care, waiting times and staff attitudes. A total of 11 Health Care Associated Infections occurred in 2021/22 against the baseline of zero, and those cases were due to COVID-19.



# 2021/22 ANNUAL REPORT

**TABLE 30: OUTCOME INDICATORS (PROVINCIAL HOSPITALS)**

APP 2021/22: Page 128 : Table 45						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved client experience of care</b>						
<b>1. Patient Experience of Care satisfaction rate – Regional Hospitals</b>	Patient surveys	<b>78,5%</b>	<b>82,6%</b>	<b>82,7%</b>	<b>0,1%</b>	Patients were satisfied with queue monitoring, availability of medication, service times, and cleanliness and IPC practices in hospitals.
<i>Patient experience of care survey satisfied responses</i>		49 793	4 731	88 111		
<i>Patient experience of care survey total responses</i>		63 414	5 726	106 571		
<b>2. Patient Safety Incident (PSI) case closure rate – Regional Hospitals</b>	Ideal Health Facility information system	<b>92%</b>	<b>89%</b>	<b>97,1%</b>	<b>9%</b>	The PSI management committees were able to convene to investigate and close most PSIs within the required time frame.
<i>Patient Safety Incident (PSI) case closed –Regional Hospitals</i>		310	243	2120		
<i>Patient Safety Incident (PSI) case reported – Regional Hospitals</i>		337	273	2184		
<b>Outcome: Reduced morbidity and mortality</b>						
<b>3. Maternal Mortality in facility ratio - Regional Hospitals</b>	DHIS	<b>179,5/100 000</b>	<b>95,5 / 100 000</b>	<b>147,5/100 000</b>	<b>(54%)</b>	Poor management of obstetric conditions in lower levels of care, together with the delayed referrals contribute to high mortality in regional facilities.
<i>Maternal death in facility – Regional hospitals</i>	Maternal register	139	78	118		
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Regional hospitals</i>	Delivery register	77 448	81 691	79 997		
<b>4. Death in facility under 5 years rate – Regional Hospital</b>	DHIS	<b>5,6%</b>	<b>4,5%</b>	<b>5,3%</b>	<b>(18%)</b>	A high number of the deaths were due to neonatal conditions
<i>Death in facility under 5 years – total – Regional hospital</i>	Ward register	1 607	1 442	1 777		
<i>Inpatient separations under 5 – years – total – Regional Hospitals</i>	Ward register	28 606	32 044	33 447		
<b>5. Death under 5 years against live births –Regional Hospital</b>	DHIS	<b>2,1%</b>	<b>1,8%</b>	<b>2,3%</b>	<b>(27%)</b>	A high number of the deaths were due to neonatal conditions.
<i>Death in facility under 5 years total – Regional Hospital</i>	Midnight report	1 607	1 442	1 777		
<i>Live birth in facility – Regional Hospital</i>	Delivery register	75 621	79 928	77 860		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 128 : Table 45						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>6. Child under 5 years diarrhoea case fatality rate –Regional Hospital</b>	DHIS	<b>3,2%</b>	<b>1,8%</b>	<b>1,7%</b>	<b>6%</b>	Although the more than usual rainy weather and relaxation of COVID-19 restrictions led to an increased incidence in diarrhoea in children under-5, mortality remained low due to effective and early use of oral rehydration solution.
<i>Diarrhoea death under 5 years – Regional hospital</i>	<i>Ward register</i>	62	55	52		
<i>Diarrhoea separation under 5 years – Regional hospital</i>	<i>Ward register</i>	1 945	2 990	3 064		
<b>7. Child under 5 years pneumonia case fatality rate –Regional Hospital</b>	DHIS	<b>2,6%</b>	<b>2,3%</b>	<b>2,4%</b>	<b>(5%)</b>	Late presentation at health facilities for treatment resulting in advanced disease
<i>Pneumonia death under 5 years – Regional Hospital</i>	<i>Ward register</i>	74	102	89		
<i>Pneumonia separation under 5 years – Regional Hospital</i>	<i>Ward register</i>	2 838	4 378	3 675		
<b>8. Severe acute malnutrition death under 5 years rate</b>	DHIS	<b>Not monitored</b>	<b>3,1%</b>	<b>18,3%</b>	<b>(490%)</b>	Severe acute malnutrition (SAM) accounted for 4.3% of under-5 deaths in regional hospitals. A high proportion of cases had missed comorbidities with late diagnosis.
<i>Severe acute malnutrition death under 5 years – Regional Hospital</i>	<i>Midnight report</i>	-	44	77		
<i>Death in facility 1 month to 5 years – Regional Hospital</i>	<i>Midnight report</i>	-	1 442	421		
<b>9. Child under 5 years Severe Acute Malnutrition case fatality rate – Regional Hospital</b>	DHIS	<b>12,2%</b>	<b>5,8%</b>	<b>11,0%</b>	<b>(90%)</b>	<ul style="list-style-type: none"> <li>• High number of cases relate to social ills and poverty.</li> <li>• Defaulting on HIV treatment is also a challenge.</li> <li>• Low case detection at community and PHC leading to late presentation and complications of SAM.</li> </ul>
<i>Child under 5 years with severe acute malnutrition death – Regional Hospital</i>	<i>Ward register</i>	69	44	77		
<i>Child under 5 years with severe acute malnutrition inpatient– Regional Hospital</i>	<i>Ward register</i>	565	765	698		
<b>10. Death in facility under 1 year rate – Regional Hospital</b>	DHIS	<b>7,2%</b>	<b>5,1%</b>	<b>6,9%</b>	<b>(36%)</b>	High percentage of deaths occurred in the new-born period due largely to prematurity.
<i>Death in facility under 1 year total – Regional Hospital</i>	<i>Ward register</i>	1 472	1 377	1 644		
<i>Inpatient separations under 1 year – Regional Hospital</i>	<i>Ward register</i>	20 509	27 000	23 705		
<b>11. Still Birth in Facility Rate – Regional hospital</b>	DHIS	<b>32/1000</b>	<b>25,0/1 000</b>	<b>29,6/1000</b>	<b>(19%)</b>	Still births as a result of continuous infections and maternal medical conditions.
<i>Still birth in facility- Regional Hospitals</i>	<i>Midnight report</i>	2 501	2 050	2 378		
<i>Live birth in facility + still birth in facility – Regional Hospitals</i>	<i>Delivery register</i>	78 122	81 074	80 238		

# 2021/22 ANNUAL REPORT

**TABLE 31: OUTPUT INDICATORS AND MTEF TARGETS (REGIONAL HOSPITALS)**

APP 2021/22: Page 131 : Table 46						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal Health Coverage</b>						
Reduce the average length of stay to 5.3 days	<b>1. Average length of stay – Regional Hospital</b>	<b>6 Days</b>	<b>6,2 Days</b>	<b>6,3 Days</b>	<b>(1%)</b>	Average stays higher for Orthopaedic cases and mental health care service users which negatively influences performance.
	<i>Inpatient days</i>	1 503 840	2 048 829	1 659 260		
	<i>½ Day Patients</i>	19 912	31 203	26 286		
	<i>Inpatient separations total</i>	253 034	333 202	268 565		
Maintain the bed utilisation rate at 75%	<b>2. Inpatient bed utilisation rate – Regional Hospital</b>	<b>60,3%</b>	<b>73.5%</b>	<b>67,6%</b>	<b>(8%)</b>	Influencing factors included: <ul style="list-style-type: none"> <li>• Renovations at some facilities leading to beds not being useable;</li> <li>• Reduced elective services due to COVID-19.</li> <li>• Decreased utilization of Multi-Drug Resistant TB (MDR TB) beds at King Dinuzulu Hospital due to decentralization of MDR management.</li> </ul>
	<i>Inpatient days</i>	1 503 840	2 048 829	1 659 260		
	<i>½ Day Patients</i>	19 912	31 203	26 286		
	<i>Inpatient bed days available</i>	2 526 046	2 831 677	2 494 105		
Maintain the expenditure per PDE within provincial norms	<b>3. Expenditure per PDE – Regional Hospital</b>	<b>R4 244,9</b>	<b>R3 379</b>	<b>R3 938</b>	<b>(17%)</b>	Costs were increased by COVID-19 consumables and high utilization of Personal Protective Equipment (PPE).
	<i>Expenditure – total Tertiary Hospital ('000)</i>	R9 182 632	R9 600 008	R9 638 325		
	<i>Patient day equivalents</i>	2 163 224	2 840 792	2 447 401		
<b>Outcome: Improved client experience of care</b>						
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	<b>4. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Regional Hospital</b>	<b>83,3%</b>	<b>83,9%</b>	<b>79,5%</b>	<b>(5%)</b>	Non-adherence to guidelines i.e. facilities initiated investigations prior to reporting incidents.
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	305	161	290		
	<i>Severity assessment code (SAC) 1 incident reported</i>	366	192	365		
Patients and family treated with courtesy and consideration	<b>5. Percentage of Complaints on patient care – Regional Hospital</b>	<b>35,8%</b>	<b>22,9%</b>	<b>26,3%</b>	<b>(15%)</b>	

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 131 : Table 46						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>No. of complaints on patient care</i>	321	319	287		Patient care was negatively influenced by staff shortages caused by COVID-19 infections and exposed staff having to quarantine.
	<i>Total number of complaints</i>	897	1 393	1 093		
Patients and family treated with courtesy and consideration	<b>6. Percentage of Complaints on waiting Times – Regional Hospital</b>	<b>16,3%</b>	<b>26,2%</b>	<b>12,7%</b>	<b>51%</b>	Waiting times reduced by the implementation of queue marshalling systems.
	<i>No. of complaints on waiting times</i>	146	365	139		
	<i>Total number of complaints</i>	897	1 393	1 093		
Patients and family treated with courtesy and consideration	<b>7. Percentage of Complaints on staff Attitude – Regional Hospital</b>	<b>18,3%</b>	<b>13,4%</b>	<b>21,1%</b>	<b>(58%)</b>	Increased workloads due to staff shortages resulted in stress and burn-out amongst staff, leading to poor attitudes.
	<i>No. of complaints on staff attitude</i>	164	187	231		
	<i>Total number of complaints</i>	897	1 393	1 093		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>8. Number of Health Care Associated Infections – Regional Hospital</b>	<b>936</b>	<b>5</b>	<b>971</b>	<b>(19 320%)</b>	<p>The targets were set on the historical low data that was available. Improved reporting on HAIs owing to capacity building workshops conducted on surveillance.</p> <p>Most HAIs were reported during the 3rd quarter due to the COVID-19 fourth wave which increased admissions to Intensive Care Units (ICUs) in Regional hospitals, and were device related.</p> <p>The medical care in Regional Hospitals is characterised by the use of in-dwelling catheters which are inherent risk for HAIs that are unavoidable.</p>

# 2021/22 ANNUAL REPORT

## SUB-PROGRAMME: TUBERCULOSIS HOSPITALS

**TABLE 32: OUTCOME INDICATORS (TB HOSPITALS)**

APP 2021/22: Page 135 : Table 48						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved Client Experience of Care</b>						
<b>1. Patient Experience of Care satisfaction rate – TB Hospital</b>	Patient surveys	<b>88,7%</b>	<b>93,8%</b>	<b>96,1%</b>	<b>2%</b>	Patients were satisfied with service times, explanations given by clinicians on their condition, cleanliness of the facilities and availability of medicines.
<i>Patient experience of care survey satisfied responses</i>		1449	136	1175		
<i>Patient experience of care survey total responses</i>		1633	145	1223		
<b>2. Patient Safety Incident (PSI) case closure rate – TB Hospital</b>	Ideal Health Facility information system	<b>100%</b>	<b>90%</b>	<b>99,7%</b>	<b>11%</b>	The PSI management committees were able to convene to investigate and close PSIs within the required time frame.
<i>Patient Safety Incident (PSI) case closed</i>		55	44	302		
<i>Patient Safety Incident (PSI) case reported</i>		55	49	303		

**TABLE 33: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TB HOSPITALS)**

APP 2021/22: Page 135 : Table 49						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal Health Coverage</b>						
Reach an average length of stay of 60 days by March 24	<b>1. Average length of stay – TB Hospital</b>	<b>36,2 Days</b>	<b>60 Days</b>	<b>34,5 Days</b>	<b>43%</b>	The current TB regimen advocates for community based care, thereby reducing the number of days patients are hospitalised.
	<i>Inpatient days</i>	23 788	117 522	15 001		
	<i>½ Day Patients</i>	2	2	6		
	<i>Inpatient separations total</i>	657	1 959	435		
Increase the bed utilisation rate to 36.9% by March 24	<b>2. Inpatient bed utilisation rate – TB Hospital</b>	<b>14,4%</b>	<b>36,9%</b>	<b>12,8%</b>	<b>(65%)</b>	Changes in TB Management regimen which advocates for community-based care.

# 2021/22 ANNUAL REPORT

APP 2021/22: Page 135 : Table 49						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>Inpatient days</i>	23 788	117 522	15 001		
	<i>½ Day Patients</i>	2	2	6		
	<i>Inpatient bed days available</i>	165 728	318 142	117 178		
Maintain the expenditure per PDE within provincial norms	<b>3. Expenditure per PDE – TB Hospital</b>	<b>R18 627</b>	<b>R6 252</b>	<b>R 17 406,1</b>	<b>(178%)</b>	100% beds at Richmond Hospital and 14 beds at Doris Goodwin Hospital were repurposed for COVID-19.  These changes impacted negatively on patient activity and expenditure per PDE.
	<i>Expenditure – total Tertiary Hospital ('000)</i>	R625 963 075	R711 299	R472 505		
	<i>Patient day equivalents</i>	33 605	113 778	27 146		
<b>Outcome: Improved client experience of care</b>						
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	<b>4. Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital</b>	<b>0%</b>	<b>98,4%</b>	<b>93,5%</b>	<b>(5%)</b>	Non-adherence to guidelines i.e. facilities initiated investigations prior to reporting incidents.
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	0	123	29		
	<i>Severity assessment code (SAC) 1 incident reported</i>	0	125	31		
Patients and family treated with courtesy and consideration	<b>5. Percentage of complaints on patient care – TB Hospital</b>	<b>0%</b>	<b>5%</b>	<b>35,7%</b>	<b>(613%)</b>	TB patients were unhappy with being accommodated together with COVID-19 positive patients although they were in separate wards.
	<i>No. of complaints on patient care</i>	0	12	51		
	<i>Total number of complaints</i>	1	225	143		
Patients and family treated with courtesy and consideration	<b>6. Percentage of complaints on waiting Times – TB Hospital</b>	<b>0%</b>	<b>39%</b>	<b>26,6%</b>	<b>32%</b>	The reduced number of patient admissions and outpatients resulted in the efficient flow of patients.
	<i>No. of complaints on waiting times</i>	0	88	38		
	<i>Total number of complaints</i>	1	225	143		
Patients and family treated with courtesy and consideration	<b>7. Percentage of complaints on staff Attitude – TB Hospital</b>	<b>100%</b>	<b>13,8%</b>	<b>16,8%</b>	<b>(22%)</b>	Increased workloads due to staff shortages resulted in stress and burn-out amongst staff, leading to poor attitudes.
	<i>No. of complaints on staff attitude</i>	1	31	24		

# 2021/22 ANNUAL REPORT

APP 2021/22: Page 135 : Table 49

Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>Total number of complaints</i>	1	225	143		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>8. Number of Health Care Associated Infections – TB Hospital</b>	157	5	1	80%	Due to patients being managed at a community level inpatient activity was low limiting the risk of infection.

## SUB-PROGRAMME: PSYCHIATRIC - MENTAL HOSPITALS

TABLE 34: OUTCOME INDICATORS (PSYCHIATRIC HOSPITALS)

APP 2021/22: Page 139 : Table 51

Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved Client Experience of Care</b>						
<b>1. Patient Experience of Care satisfaction rate – Psychiatric Hospital</b>	Patient surveys	<b>95,5%</b>	<b>89,8%</b>	<b>84,7%</b>	<b>(6%)</b>	Patients were dissatisfied with limited access to facilities, environmental hygiene, limited disability access and delayed response on complaints lodged.
<i>Patient experience of care survey satisfied responses</i>		2 280	176	8632		
<i>Patient experience of care survey total responses</i>		2 387	196	10197		
<b>2. Patient Safety Incident (PSI) case closure rate – Psychiatric Hospital</b>	Ideal Health Facility information system	<b>89,3%</b>	<b>95,5%</b>	<b>90,3%</b>	<b>(5%)</b>	Results can be influenced by the long and tedious investigations that are required in some incidents.
<i>Patient Safety Incident (PSI) case closed</i>		92	192	205		
<i>Patient Safety Incident (PSI) case reported</i>		103	201	227		

# 2021/22 ANNUAL REPORT

**TABLE 35: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PSYCHIATRIC HOSPITALS)**

APP 2021/22: Page 139 : Table 52						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved client experience of care</b>						
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	<b>1. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital</b>	<b>28,6%</b>	<b>86,7%</b>	<b>85%</b>	<b>(2%)</b>	Non-adherence to guidelines i.e. facilities initiated investigations prior to reporting incidents.
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	16	26	34		
	<i>Severity assessment code (SAC) 1 incident reported</i>	56	30	40		
Patients and family treated with courtesy and consideration	<b>2. Percentage of complaints on patient care – Psychiatric Hospital</b>	<b>44,3%</b>	<b>42,3%</b>	<b>37,5%</b>	<b>11%</b>	Limited access to visitors, who usually complain, reduced the number of complaints received.
	<i>No. of complaints on patient care</i>	27	44	12		
	<i>Total number of complaints</i>	61	104	32		
Patients and family treated with courtesy and consideration	<b>3. Percentage of complaints on waiting Times – Psychiatric Hospital</b>	<b>1,6%</b>	<b>3,8%</b>	<b>3,1%</b>	<b>18%</b>	The reduced number of patient admissions and outpatients resulted in the efficient flow of patients.
	<i>No. of complaints on waiting times</i>	1	4	1		
	<i>Total number of complaints</i>	61	104	32		
Patients and family treated with courtesy and consideration	<b>4. Percentage of complaints on staff Attitude – Psychiatric Hospital</b>	<b>3,3%</b>	<b>12,5%</b>	<b>9,4%</b>	<b>25%</b>	Limited access to visitors, who usually complain, reduced the number of complaints received.
	<i>No. of complaints on staff attitude</i>	2	13	3		
	<i>Total number of complaints</i>	61	104	32		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>5. Number of Health Care Associated Infections – Psychiatric Hospital</b>	<b>83</b>	<b>8</b>	<b>778</b>	<b>(9 625%)</b>	The targets were set on the historical low data that was available, and the result of under-reporting. Improved reporting on HAIs owing to capacity building workshops conducted on surveillance.  Due to long term stay of patients in Psychiatric facilities, all infections are



## 2021/22 ANNUAL REPORT

APP 2021/22: Page 139 : Table 52

Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
						reported as HAIs. Based on risk assessments conducted in Psychiatric facilities, HAIs occur due to sharing of facilities and as a result of the patient's condition i.e. their inability to comply with COVID-19 prevention measures.

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

**TABLE 36: OUTCOME INDICATORS (CHRONIC HOSPITALS)**

APP 2021/22: Page 143 : Table 54

Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome; Improved Client Experience of Care</b>						
<b>1. Patient Experience of Care satisfaction rate – Chronic/Sub-acute Hospital</b>	Patient surveys	<b>94,3%</b>	<b>80,9%</b>	<b>75,4%</b>	<b>(7%)</b>	Access to Clairwood Hospital during the COVID-19 pandemic was limited due to it being converted to a COVID-19 dedicated facility.
<i>Patient experience of care survey satisfied responses</i>		8 566	127	1807		
<i>Patient experience of care survey total responses</i>		9 081	157	2397		
<b>2. Patient Safety Incident (PSI) case closure rate – Chronic/Sub-acute Hospital</b>	Ideal Health Facility information system	<b>118%</b>	<b>97,1%</b>	<b>94,6%</b>	<b>(3%)</b>	Results can be influenced by the long and tedious investigations that are required in some incidents.
<i>Patient Safety Incident (PSI) case closed</i>		59	136	35		
<i>Patient Safety Incident (PSI) case reported</i>		50	140	37		

# 2021/22 ANNUAL REPORT

**TABLE 37: OUTCOME INDICATORS (CHRONIC HOSPITALS)**

APP 2021/22: Page 143 : Table 55						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal Health Coverage</b>						
Increase the average length of stay to 45 days by March 24	<b>1. Average length of stay – Chronic/Sub-acute Hospital</b>	<b>43,2 Days</b>	<b>45 Days</b>	<b>49 Days</b>	<b>(9%)</b>	Results are driven by Hillcrest Hospital which provides long term chronic care.
	<i>Inpatient days</i>	49 000	121 820	47 499		
	<i>½ Day Patients</i>	0	6	0		
	<i>Inpatient separations total</i>	1 135	2 705	969		
Increase the bed utilisation rate to 51.9 % by March	<b>2. Inpatient bed utilisation rates – Chronic/Sub-acute Hospital</b>	<b>36,1%</b>	<b>51,9%</b>	<b>35,6%</b>	<b>(31%)</b>	Clairwood Hospital was repurposed for COVID-19, however there were limited COVID-19 admissions due to lack of specialized clinical skills.
	<i>Inpatient days</i>	49 000	121 820	47 499		
	<i>½ Day Patients</i>	0	6	0		
	<i>Inpatient bed days available</i>	135 704	234 525	133 240		
Maintain the expenditure per PDE within provincial norms	<b>3. Expenditure per PDE – Chronic/Sub-acute Hospital</b>	<b>R4 904,6</b>	<b>R3 116</b>	<b>R4 784,1</b>	<b>(54%)</b>	Low utilisation at Clairwood Hospital as a result of the reduced admissions.
	<i>Expenditure – total ('000)</i>	R311 162 811	R386 796	R317 747		
	<i>Patient day equivalents</i>	63 443	124 126	66 417		
<b>Outcome: Improved client experience of care</b>						
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	<b>4. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	Although there were 37 PSIs, no SAC1 incidents occurred.
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	12	2	0		
	<i>Severity assessment code (SAC) 1 incident reported</i>	12	2	0		
Patients and family treated with courtesy and consideration	<b>5. Percentage of complaints on patient care – Chronic /Sub-acute Hospital</b>	<b>16,9%</b>	<b>40,7%</b>	<b>22,5%</b>	<b>45%</b>	Limited access to visitors, who usually complain, reduced the number of complaints received.
	<i>No. of complaints on patient care</i>	11	37	9		
	<i>Total number of complaints</i>	65	91	40		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 143 : Table 55						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Patients and family treated with courtesy and consideration	<b>6. Percentage of complaints on waiting Times – Chronic/Sub-acute Hospital</b>	<b>20%</b>	<b>12,1%</b>	<b>22,5%</b>	<b>(86%)</b>	Patients who were on the waiting list complained of the limited access to services as only Hillcrest Hospital is available for chronic care.
	<i>No. of complaints on waiting times</i>	<i>13</i>	<i>11</i>	<i>9</i>		
	<i>Total number of complaints</i>	<i>65</i>	<i>91</i>	<i>40</i>		
Patients and family treated with courtesy and consideration	<b>7. Percentage of complaints on staff Attitude – Chronic/Sub-acute Hospital</b>	<b>15,4%</b>	<b>18,7%</b>	<b>20,0%</b>	<b>(7%)</b>	Increased workloads due to staff shortages resulted in stress and burn-out amongst staff, leading to poor attitudes.
	<i>No. of complaints on staff attitude</i>	<i>10</i>	<i>17</i>	<i>8</i>		
	<i>Total number of complaints</i>	<i>65</i>	<i>91</i>	<i>40</i>		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>8. Number of Health Care Associated Infections – Chronic/Sub-acute Hospital</b>	<b>0</b>	<b>4</b>	<b>11</b>	<b>(175%)</b>	<p>The targets were set on the historical low data that was available, and the result of under-reporting. Improved reporting on HAIs owing to capacity building workshops conducted on surveillance.</p> <p>All cases were COVID-19 related reported from Hillcrest hospital.</p> <p>Clairwood Hospital was designated a COVID-19 isolation facility.</p>

# 2021/22 ANNUAL REPORT

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## Strategies to overcome areas of under-reporting

### Regional hospitals

- ESMOE Master Course will continue in 2022.
- Review neonatal services and build up subspecialty outreach support.
- Improve access to respiratory support at all levels across the health service and revise provincial paediatric critical care plan.
- Enforce participation in IMAM training, especially for interns and liaise with Nutrition Directorate to establish models for nutritional surveillance and support amongst children with long term health conditions
- Sensitize districts to revive multi sector child health forums which will assist at facility level and engagement with DSD locally.
- Explore increasing capacity of regional level for neonatal services;
- Improve capacity for respiratory support in district hospitals;
- Investigate reasons for delayed transfer between levels of care.
- Facilitate that pregnant women presenting with infections in antenatal care are treated adequately;
- DCSTs ADMs conduct Integrated PMTCT/BANC+ training per region;
- Safer conception services to be implemented by all districts.
- Address challenges impacting on theatre waiting time.
- Facilities to implement a multi-disciplinary approach in managing Mental Health Users.
- Restoration of services and implementation of catch up plans to address the backlogs.
- Re-purpose TB beds for use as Mental Health beds.
- Implement cost containment strategy adopted by the Department.
- Adherence to IPC and the revised COVID-19 guidelines on quarantine and isolation of staff will assist.
- Offer psychological support to staff, reinforce Batho Pele Principles and Code of Ethics.
- Reinforce adherence and implementation of IPC bundles to prevent avoidable infections.

# 2021/22 ANNUAL REPORT

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- Plan training for all IPC Champions to improve monitoring of compliance and adherence to IPC practices.

## **TB hospitals**

- Review TB management platform in line with the hospital rationalization programme.
- Patients were educated on COVID-19 to reduce fear of infections.
- Offer psychological support to staff, reinforce Batho Pele Principles and Code of Ethics.

## **Psychiatric hospitals**

- All services have been restored to normal operations.
- Quality improvement plans to be implemented.
- Facilities will be instructed to manage PSIs according to the National Guideline on the Management of PSIs and to document full details of the incident to assist in investigations.
- Facilitate training specific to Psychiatric facilities on surveillance and prevention strategies for HAIs.

## **Sub-Acute, Step Down and Chronic Medical Hospitals**

- Plans in place to re-designate Clairwood Hospital as a District hospital.
- Facilities will be instructed to manage PSIs according to the National Guideline on the Management of PSIs and to document full details of the incident to assist in investigations
- Offer psychological support to staff, reinforce Batho Pele Principles and Code of Ethics.
- Support implementation of COVID-19 guidelines for long-term facilities.
- Facilitate annual risk assessments and quarterly COVID-19 IPC score cards in chronic facilities.

# 2021/22 ANNUAL REPORT

## Linking performance with budget

TABLE 38: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2021/22			2020/21			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	
<b>4.1</b>	<b>General (Regional) Hospitals</b>						
	Current payments	9 582 954	9 582 954	-	9 552 344	9 182 632	369 712
	Transfers and subsidies	196 470	196 470	-	82 597	82 558	39
	Payments for capital assets	136 907	136 907	-	201 714	111 188	90 526
	Payment for financial assets	-	-	-	7	7	-
	<b>Total</b>	<b>9 916 331</b>	<b>9 916 331</b>	<b>-</b>	<b>9 836 662</b>	<b>9 376 385</b>	<b>460 277</b>
<b>4.2</b>	<b>Tuberculosis Hospitals</b>						
	Current payments	472 504	472 504	-	702 709	625 963	76 746
	Transfers and subsidies	7 359	7 359	-	7 969	7 965	4
	Payments for capital assets	1 646	1 646	-	5 022	1 315	3 707
	<b>Total</b>	<b>481 509</b>	<b>481 509</b>	<b>-</b>	<b>715 700</b>	<b>635 243</b>	<b>80 457</b>
<b>4.3</b>	<b>Psychiatric / Mental Hospitals</b>						
	Current payments	991 985	991 985	-	987 892	962 821	25 071
	Transfers and subsidies	4 842	4 842	-	5 452	5 465	-13
	Payments for capital assets	7 550	7 550	-	8 334	7 591	743
	Payment for financial assets	-	-	-	27	27	-
	<b>Total</b>	<b>1 004 377</b>	<b>1 004 377</b>	<b>-</b>	<b>1 001 705</b>	<b>975 904</b>	<b>25 801</b>
<b>4.4</b>	<b>Chronic Medical Hospitals</b>						
	Current payments	317 747	317 747	-	442 482	311 162	131 320
	Transfers and subsidies	3 201	3 201	-	2 396	2 396	-

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		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
	Payments for capital assets	1 297	1 297	-	9 659	4 344	5 315
	<b>Total</b>	<b>322 245</b>	<b>322 245</b>	-	<b>454 537</b>	<b>317 902</b>	<b>136 635</b>
<b>4.5</b>	<b>Dental Training Hospitals</b>						
	Current payments	21 191	21 191	-	20 877	20 164	713
	Transfers and subsidies	79	79	-	41	41	-
	<b>Total</b>	<b>21 270</b>	<b>21 270</b>	-	<b>20 918</b>	<b>20 205</b>	<b>713</b>

Source: Annual Financial Statements and BAS





## **PROGRAMME 5 – CENTRAL AND TERTIARY HOSPITALS**

### **Programme Description & Purpose**

#### **Programme Purpose**

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

*There are no changes to the structure of Programme 5.*

#### **Sub-Programmes**

##### ***Sub-Programme 5.1: Central Hospital Services***

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

##### ***Sub-Programme 5.2: Provincial Tertiary Hospital Services***

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

### **Outcomes for the year under review**

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

### **Outcomes, outputs, output indicators, Targets and actual achievements**

The average length of stay for Tertiary hospitals decreased from 7.4 days in 2020/21 to 6.9 days in 2021/22. There has been a steady decline from 7.9 days in 2018/19. Clinical governance roadshows, revitalization of clinical governance structures, facility based support resulted in the implementation of quality improvement projects. Inpatient bed utilisation rate increased from 59.9% in 2020/21 to 71.3% in 2021/22 even though the 75.1% target was not met. This is attributed to progressive implementation of COVID-19 recovery plan. The review of Personal Protective Equipment (PPE) utilization policy which reduced PPE utilization led to the expenditure per PDE decreasing by 13.5% between 2020/21 and 2021/22. The provision of district level services in tertiary hospitals is one of the main causes of the increase in OPD headcount new cases not referred. The severity assessment code (SAC) 1 incident reported within 24 hours rate decreased by 7.8% between 2020/21 and 2021/22. The decrease came as a result of facilities' non-compliance with the policy. For some cases, facilities started with investigations before reporting to head office. The decrease in complaints is attributed to the decrease in the number of patients seen due to the limiting of numbers to curb the spread of COVID-19.

The 8.5 days Central hospital target for average length of stay was not met, even though there was a decrease from 10.5 days in 2020/21 to 10.2 days in 2021/22. Some clinical disciplines are dependent on the support of specialized clinical technologists which are in short supply, thereby negatively impacting on treatment times.

## 2021/22 ANNUAL REPORT

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Additionally, there has been a reduction of theatre time due to staff shortages, and the long length of stay of orthopaedic and neurosurgical cases skews this performance.

The inpatient bed utilisation rate improved by 27% despite the staff resignations and repurposing of beds as a result of COVID-19. The expenditure per PDE for Central hospital decreased from R 14 487 in 2020/21 to R12 108 in 2021/22, as a result of reduction in PPE use following the PPE policy review. The cancellation of some OPD Specialised clinics due to COVID-19 contributed to the cohort of Inkosi Albert Luthuli Hospital patients presenting themselves without an appointment as they experienced clinical problems requiring urgent attention. The 18% increase in severity assessment code (SAC) 1 incident reported within 24 hours rate is attributed to clinical governance roadshows and revitalization of clinical governance structures. There was an increase in complaints on staff attitudes, decrease on complaints on patient care and no complaint on waiting time for central hospital.

# 2021/22 ANNUAL REPORT

**TABLE 39: OUTCOME INDICATORS (TERTIARY AND CENTRAL HOSPITALS)**

APP 2021/22: Page 152: Table 60						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Improved client experience of care</b>						
<b>1. Patient Experience of Care satisfaction rate – Tertiary Hospitals</b>	Patient surveys	<b>76,6%</b>	<b>75,6%</b>	<b>83,7%</b>	<b>11%</b>	Clients were generally satisfied with the cleanliness of facilities, safety and the availability of medicines.
<i>Patient experience of care survey satisfied responses</i>		8 244	609	17 493		
<i>Patient experience of care survey total responses</i>		10 760	806	20 907		
<b>2. Patient Experience of Care satisfaction rate – Central Hospitals</b>	Patient surveys	<b>89,2%</b>	<b>91,8%</b>	<b>89,0%</b>	<b>(3%)</b>	Clients were dissatisfied with access to care as limited services were offered as a result of the COVID-19 pandemic; values and attitudes of staff.
<i>Patient experience of care survey satisfied responses</i>		10 329	357	8314		
<i>Patient experience of care survey total responses</i>		11 578	389	9342		
<b>3. Patient Safety Incident (PSI) case closure rate – Tertiary Hospital</b>	Ideal Health Facility information system	<b>95,5%</b>	<b>74,6%</b>	<b>95,0%</b>	<b>27%</b>	The PSI management committees were able to convene to investigate and close PSIs within the required time frame.
<i>Patient Safety Incident (PSI) case closed</i>		470	314	706		
<i>Patient Safety Incident (PSI) case reported</i>		492	421	743		
<b>4. Patient Safety Incident (PSI) case closure rate – Central Hospital</b>	Ideal Health Facility information system	<b>100%</b>	<b>100%</b>	<b>97,4%</b>	<b>(3%)</b>	Results can be influenced by the long and tedious investigations that are required in some incidents.
<i>Patient Safety Incident (PSI) case closed</i>		97	36	304		
<i>Patient Safety Incident (PSI) case reported</i>		97	36	312		
<b>Outcome: Reduced morbidity and mortality</b>						
<b>5. Maternal Mortality in facility ratio -Tertiary Hospitals</b>	DHIS	<b>489/ 100 000</b>	<b>338 / 100 000</b>	<b>327,0/100 000</b>	<b>3%</b>	Management of conditions like Hypertension is improving at this level of care following the online course.
<i>Maternal deaths in facility – Tertiary Hospital</i>	DHIS	35	27	26		
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Tertiary hospitals</i>	DHIS	7 158	7 995	7 952		
<b>6. Maternal Mortality in facility ratio -Central Hospital</b>	DHIS	<b>3 181,8/ 100 000</b>	<b>1 110 / 100 000</b>	<b>2 331,0/100 000</b>	<b>(110%)</b>	Delayed health care seeking behaviour of clients did contribute to maternal mortality.
<i>Maternal deaths in facility – Central Hospital</i>	DHIS	14	5	10		

# 2021/22 ANNUAL REPORT

APP 2021/22: Page 152: Table 60						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Live births known to facility (Live birth in facility)+ SUM (Born alive before arrival at facility) – Central hospitals</i>	DHIS	440	451	429		
<b>7. Death in facility under 5 years rate – Tertiary hospital</b>	DHIS	<b>7.6%</b>	<b>3.3%</b>	<b>7.0%</b>	<b>(112%)</b>	A high percentage of deaths occurred in the neonatal period but the greatest increase was in the 1 to 11 month age group.
<i>Death in facility under 5 years – total – Tertiary Hospital</i>	Ward register	216	233	330		
<i>Inpatient separations under 5 years – total – Tertiary Hospital</i>	Ward register	2 852	7 050	4 706		
<b>8. Death in facility under 5 years rate – Central hospital</b>	DHIS	<b>6.2%</b>	<b>5.2%</b>	<b>4.9%</b>	<b>6%</b>	Lower than projected deaths most likely due to fewer referrals associated with the need to partition beds/wards into COVID-19 and non-COVID-19 units.
<i>Death in facility under 5 years – total – Central Hospital</i>	Ward register	132	186	157		
<i>Inpatient separations under 5 years – total – Central Hospital</i>	Ward register	2 140	3 579	3 214		
<b>9. Death under 5 years against live birth rate –Tertiary Hospital</b>	DHIS	<b>3.1%</b>	<b>3.0%</b>	<b>4.2%</b>	<b>(41%)</b>	A high percentage of deaths occurred in the neonatal period but the greatest increase was in the 1 to 11 month age group.
<i>Death in facility under 5 years – total – Tertiary Hospital</i>	DHIS	216	233	330		
<i>Live births in facility – Tertiary Hospital</i>	DHIS	7 052	7 898	7 797		
<b>10. Death under 5 years against live birth rate –Central Hospital</b>	DHIS	<b>30%</b>	<b>41.3%</b>	<b>36.7%</b>	<b>11%</b>	Lower than projected deaths most likely due to fewer referrals associated with the need to partition beds/wards into COVID-19 and non-COVID-19 units.
<i>Death in facility under 5 years – total – Central Hospital</i>	DHIS	132	186	157		
<i>Live birth in facility – Central Hospital</i>	DHIS	440	450	428		
<b>11. Child under 5 years diarrhoea case fatality rate –Tertiary Hospital</b>	DHIS	<b>2.3%</b>	<b>1.5%</b>	<b>2.0%</b>	<b>(34%)</b>	Deaths due to late presentation with advanced disease.
<i>Diarrhoea death under 5 years – Tertiary Hospital</i>	Ward register	6	7	9		
<i>Diarrhoea separation under 5 years – Tertiary Hospital</i>	Ward register	260	458	448		
<b>12. Child under 5 years pneumonia case fatality rate – Tertiary Hospital</b>	DHIS	<b>2.1%</b>	<b>1.6%</b>	<b>4.4%</b>	<b>(177%)</b>	High percentage of deaths occurred in King Edward VIII Hospital where there is no access to paediatric ICU beds.
<i>Pneumonia death under 5 years – Tertiary Hospital</i>	Ward register	10	10	24		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 152: Table 60						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Pneumonia separation under 5 years – Tertiary Hospital</i>	<i>Ward register</i>	484	608	541		
<b>13. Child under 5 years pneumonia case fatality rate – Central Hospital</b>	DHIS	2,9%	5,2%	5,4%	(3%)	There were fewer deaths and far fewer admissions than anticipated resulting in a rate marginally above the target.  These reduced numbers are most likely due to fewer available ICU beds following partitioning into COVID-19 and non-COVID-19 units as well as the need to determine the child's COVID-19 status prior to acceptance, with a resulting decline in referrals.
<i>Pneumonia death under 5 years – Central Hospital</i>	<i>Ward register</i>	1	19	3		
<i>Pneumonia separation under 5 years – Central Hospital</i>	<i>Ward register</i>	34	365	56		
<b>14. Severe acute malnutrition death under 5 years rate – Tertiary Hospital</b>	DHIS	Not monitored	1,3%	10,3%	(694%)	Deaths as a result of long term health conditions as well as primary malnutrition associated with poor household socio-economic circumstances.
<i>Severe acute malnutrition death under 5 years – Tertiary Hospital</i>	<i>Midnight report</i>	-	3	13		
<i>Death in facility 1 month to 5 years – Tertiary Hospital</i>	<i>Midnight report</i>	-	233	126		
<b>15. Severe acute malnutrition death under 5 years rate – Central Hospital</b>	DHIS	Not monitored	1,1%	1,9%	(75%)	SAM cases at this level are usually secondary to underlying diseases and death relates to the complexity of the comorbidity.
<i>Severe acute malnutrition death under 5 years – Central Hospital</i>	<i>Midnight report</i>	-	2	2		
<i>Death in facility 1 month to 5 years – Central Hospital</i>	<i>Midnight report</i>	-	186	104		
<b>16. Child under 5 years Severe acute malnutrition case fatality rate –Tertiary Hospital</b>	DHIS	5,8%	3,3%	10,2%	(210%)	Deaths due to a combination of co-morbid conditions and late presentation of complicated cases.
<i>Child under 5 years with Severe Acute Malnutrition death – Tertiary Hospital</i>	<i>Ward register</i>	8	3	13		
<i>Child under 5 years with Severe Acute Malnutrition inpatient – Tertiary Hospital</i>	<i>Ward register</i>	138	90	127		
<b>17. Child under 5 years Severe acute malnutrition case fatality rate –Central Hospital</b>	DHIS	10%	14,3%	22,2%	(55%)	SAM cases at this level are usually secondary to underlying diseases and death
<i>Child under 5 years with Severe Acute Malnutrition death – Central Hospital</i>	<i>Ward register</i>	1	2	2		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 152: Table 60						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<i>Child under 5 years with Severe Acute Malnutrition inpatient – Central Hospital</i>	<i>Ward register</i>	10	14	9		relates to the complexity of the comorbidity.
<b>18. Death in facility under 1 year - Tertiary Hospital</b>	DHIS	<b>7,6%</b>	<b>3,8%</b>	<b>7,7%</b>	<b>(103%)</b>	Limited ICU beds and non-availability of neonatal surgical services,
<i>Death in facility under 1 year – total – Tertiary hospital</i>	<i>Ward register</i>	216	176	261		
<i>Inpatient separations under 1 year – Total – Tertiary hospital</i>	<i>Ward register</i>	2 852	4 625	3 382		
<b>19. Death in facility under 1 year - Central Hospital</b>	DHIS	<b>6,2%</b>	<b>8,6%</b>	<b>7,4%</b>	<b>14%</b>	Target achieved with fewer deaths and admissions than anticipated due largely to fewer referrals secondary to the need to partition services into COVID-19 and non-COVID-19 sections.
<i>Death in facility under 1 year – total – Central Hospital</i>	<i>Ward register</i>	132	166	126		
<i>Inpatient separations under 1 year – Total – Central Hospital</i>	<i>Ward register</i>	2 140	1 938	1 701		
<b>20. Still Birth in Facility Rate – Tertiary Hospital</b>	DHIS	<b>38,6/1000</b>	<b>26,9/1000</b>	<b>43,8/1000</b>	<b>(63%)</b>	Pre-existing maternal medical conditions and infections contribute to the high rate of still births.
<i>Stillbirth in facility – Tertiary Hospital</i>	<i>Midnight report</i>	283	218	357		
<i>Live birth in facility +stillbirth in facility – Tertiary Hospital</i>	<i>Delivery register</i>	7 335	8 116	8 154		
<b>21. Still Birth in Facility Rate – Central Hospital</b>	DHIS	<b>35,1/1000</b>	<b>28,1/1000</b>	<b>29,5/1000</b>	<b>(5%)</b>	Complicated cases referred to this level of care.
<i>Stillbirth in facility – Central Hospital</i>	<i>Midnight report</i>	16	13	13		
<i>Live birth + stillbirth in facility – Central Hospital</i>	<i>Delivery register</i>	456	463	441		

# 2021/22 ANNUAL REPORT

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

TABLE 40: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TERTIARY HOSPITALS)

APP 2021/22: Page 157: Table 61						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health coverage</b>						
Reduce the average length of stay to 5.3 days	<b>1. Average length of stay – Tertiary Hospital</b>	<b>7,4 Days</b>	<b>7,3 Days</b>	<b>6,9 Days</b>	<b>5%</b>	Implementation of Morbidity and Mortality reviews quality improvement actions.
	<i>Inpatient days</i>	354 518	469 292	415 176		
	<i>½ Day Patients</i>	6 199	5 992	7 098		
	<i>Inpatient separations total</i>	48 586	65 411	60 900		
Maintain the bed utilisation rate at 75%	<b>2. Inpatient bed utilisation rate – Tertiary Hospital</b>	<b>59,9%</b>	<b>75,1%</b>	<b>72,0%</b>	<b>(4%)</b>	Decreased patient activity due to COVID-19 pandemic, beds were repurposed for COVID-19 patients resulting in elective theatre cases postponed and several clinics being cancelled.  Greys and King Edward Hospitals - project to install the new HVAC system resulted in reduced theatre availability.
	<i>Inpatient days</i>	354 518	469 292	415 176		
	<i>½ Day Patients</i>	6 199	5 992	7 098		
	<i>Inpatient bed days available</i>	602 042	632 943	586 863		
Maintain the expenditure per PDE within provincial norms	<b>3. Expenditure per PDE – Tertiary Hospital</b>	<b>R5 680</b>	<b>R4 438</b>	<b>R4 911</b>	<b>(11%)</b>	Increased costs of HVAC maintenance for theatres at King Edward and Greys Hospital.  Renal patients are issued with expensive Peritoneal Dialysis (PD) packs at home, when these patient demise at home there is no feedback system to advise the hospital to stop issuing PD packs.
	<i>Expenditure – total ('000)</i>	R2 621 094 203	R2 723 044	R2 749 088		
	<i>Patient day equivalents</i>	461 448	613 519	559 824		
Reduce the number of OPD New cases not referred at Regional Hospitals	<b>4. OPD headcount new cases not referred – Tertiary Hospital</b>	<b>18 887</b>	<b>27 191</b>	<b>28 967</b>	<b>(7%)</b>	King Edward VIII Hospital and Ngwelezana Hospitals contribute significantly as these hospitals also provide district level services.

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 157: Table 61						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome; Improved client experience of care</b>						
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	<b>5. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital</b>	<b>92,3%</b>	<b>84,6%</b>	<b>85,1%</b>	<b>1%</b>	Adherence by Districts to timelines stipulated on guidelines for reporting PSIs within 24 hours.
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	84	22	86		
	<i>Severity assessment code (SAC) 1 incident reported</i>	91	26	101		
Patients and family treated with courtesy and consideration	<b>6. Percentage of complaints on patient care – Tertiary Hospital</b>	<b>21,2%</b>	<b>19,2%</b>	<b>15,6%</b>	<b>19%</b>	Due to COVID-19, elective services were reduced, thereby reducing patient activity and allowing clinicians to offer improved care.
	<i>No. of complaints on patient care</i>	38	41	45		
	<i>Total number of complaints</i>	179	213	288		
Patients and family treated with courtesy and consideration	<b>7. Percentage of complaints on waiting times – Tertiary Hospital</b>	<b>25,7%</b>	<b>15,5%</b>	<b>14,6%</b>	<b>6%</b>	The reduced number of patient admissions and outpatients resulted in the efficient flow of patients.
	<i>No. of complaints on waiting times</i>	46	33	42		
	<i>Total number of complaints</i>	179	213	288		
Patients and family treated with courtesy and consideration	<b>8. Percentage of complaints on staff attitude – Tertiary Hospital</b>	<b>15,6%</b>	<b>22,5%</b>	<b>18,1%</b>	<b>20%</b>	Due to COVID-19, elective services were reduced, thereby reducing patient activity, resulting in staff not being overburdened.
	<i>No. of complaints on staff attitude</i>	28	48	52		
	<i>Total number of complaints</i>	179	213	288		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>9. Number of Health Care Associated Infections – Tertiary Hospital</b>	<b>157</b>	<b>10</b>	<b>692</b>	<b>(6 820%)</b>	The targets were set on the historical low data that was available, and the result of under-reporting. Improved reporting on HAIs owing to capacity building workshops conducted on surveillance.  Most HAIs were reported during the 3rd



## 2021/22 ANNUAL REPORT

APP 2021/22: Page 157: Table 61						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
						<p>quarter due to the COVID-19 fourth wave which increased admissions to Intensive Care Units (ICUs) in Tertiary hospitals, and were device related.</p> <p>The medical care in Tertiary Hospitals is characterised by the use of in-dwelling catheters which are inherent risk for HAIs that are unavoidable.</p>

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

**TABLE 41: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (CENTRAL HOSPITAL)**

APP 2021/22: Page 161 : Table 63						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health coverage</b>						
Reduce the average length of stay to 5.3 days	<b>1. Average length of stay – Central Hospital</b>	<b>10,5 Days</b>	<b>8,5 Days</b>	<b>10,2 Days</b>	<b>(21%)</b>	Clinical disciplines are dependent on the support of specialized clinical technologists which are in short supply, thereby negatively impacting on treatment times.
	<i>Inpatient days</i>	<i>134 502</i>	<i>208 516</i>	<i>171 325</i>		
	<i>½ Day Patients</i>	<i>769</i>	<i>915</i>	<i>386</i>		
	<i>Inpatient separations total</i>	<i>12 876</i>	<i>24 721</i>	<i>16 763</i>		
Maintain the bed utilisation rate at 75%	<b>2. Inpatient bed utilisation rates – Central Hospital</b>	<b>43,7%</b>	<b>67,8%</b>	<b>55,6%</b>	<b>(18%)</b>	Decrease in patient activity due to COVID-19 pandemic, beds were repurposed for COVID-19
	<i>Inpatient days</i>	<i>134 502</i>	<i>208 516</i>	<i>171 325</i>		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 161 : Table 63						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>½ Day Patients</i>	385	915	386		patients resulting in elective theatre cases being postponed and several clinics being cancelled.  Some clinical disciplines experienced high staff resignations.
	<i>Inpatient bed days available</i>	308 824	308 824	308 824		
Maintain the expenditure per PDE within provincial norms	<b>3. Expenditure per PDE – Central Hospital</b>	<b>R14 487</b>	<b>R9 456</b>	<b>R12 108</b>	<b>(28%)</b>	High expenditure per PDE is attributed to the high cost of personal protective equipment and the effects of low bed utilisation.
	<i>Expenditure – total ('000)</i>	<i>R2 649 393 519</i>	<i>R2 535 423</i>	<i>R2 776 247</i>		
	<i>Patient day equivalents</i>	<i>182 881</i>	<i>268 138</i>	<i>229 284</i>		
Reduce the Number of OPD new cases not referred at Central Hospitals	<b>4. OPD Headcount new cases not referred – Central Hospital</b>	<b>Not monitored</b>	<b>447</b>	<b>435</b>	<b>3%</b>	Patients accessing services at central level should be strictly through referrals therefore this is a significant improvement in adherence with the referral pathway.
<b>Outcome: Improved client experience of care</b>						
Improve the Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate	<b>5. Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital</b>	<b>75,9%</b>	<b>21,4%</b>	<b>89,36%</b>	<b>318%</b>	Adherence by Districts to timelines stipulated on guidelines for reporting PSIs within 24 hours.
	<i>Severity assessment code (SAC) 1 incident reported within 24 hours</i>	<i>44</i>	<i>3</i>	<i>42</i>		
	<i>Severity assessment code (SAC) 1 incident reported</i>	<i>58</i>	<i>14</i>	<i>47</i>		
Patients and family treated with courtesy and consideration	<b>6. Percentage of complaints on patient care – Central Hospital</b>	<b>39,2%</b>	<b>21%</b>	<b>31,4%</b>	<b>(49%)</b>	Regular procedures were delayed due to the COVID-19 pandemic.
	<i>No. of complaints on patient care</i>	<i>20</i>	<i>26</i>	<i>16</i>		
	<i>Total number of complaints</i>	<i>51</i>	<i>124</i>	<i>51</i>		
	<b>7. Percentage of complaints on waiting times – Central Hospital</b>	<b>3,9%</b>	<b>21%</b>	<b>0%</b>		

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 161 : Table 63						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Patients and family treated with courtesy and consideration	<i>No. of complaints on waiting times</i>	2	26	0	<b>100%</b>	Access to the facility is by referral only thereby reducing patient numbers, and therefore waiting times.
	<i>Total number of complaints</i>	51	124	51		
Patients and family treated with courtesy and consideration	<b>8. Percentage of complaints on staff attitude – Central Hospital</b>	<b>19,6%</b>	<b>19,4%</b>	<b>21,6%</b>	<b>(11%)</b>	Increased workloads due to staff shortages resulted in stress and burn-out amongst staff, leading to poor attitudes.
	<i>No. of complaints on staff attitude</i>	10	24	11		
	<i>Total number of complaints</i>	51	124	51		
<b>Outcome: Reduced morbidity and mortality</b>						
Reduce the number of health care associated infections	<b>9. Number of Health Care Associated Infections – Central Hospital</b>	<b>29</b>	<b>7</b>	<b>162</b>	<b>(2 214%)</b>	<p>The targets were set on the historical low data that was available, and the result of under-reporting. Improved reporting on HAIs owing to capacity building workshops conducted on surveillance.</p> <p>HAIs due to COVID-19 admissions in ICUs and the use of external devices as part of the medical care which is an inherent risk for acquiring HAIs.</p>

### Strategies to overcome areas of under-reporting

#### Tertiary hospitals

- Facilitate commissioning of Neonatal nursery, development of paediatric ICU and expansion of respiratory support to include high flow heated humidified oxygen.
- Implementation of Integrated Management of Childhood Illnesses (IMCI) and oral rehydration corners in PHC clinics;

# 2021/22 ANNUAL REPORT

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- Support implementation of early warning scoring systems in children's wards
- Explore role of high flow heated humidified oxygen for respiratory support.
- Engage with Nutrition directorate to explore models to improve nutritional surveillance and support to children with long term health conditions.
- Facilitate and monitor roll out of training and implementation of SOP's on disabilities and neurodevelopment conditions.
- Continue with training on inpatient management of SAM.
- Commission new nursery at King Edward VIII to increase number of tertiary ICU and high care beds.
- Liaise with Emergency Medical Services to explore better mechanisms for down referral of stable babies who no longer require tertiary services.
- Referral criteria of patients to be communicated to all levels of care.
- Contingency plans to be developed for Hospital theatres.
- Replace HVAC system at Greys Hospital.
- Develop Standard Operating Procedure (SOP) to effect controls on issuing PD packs, patients to be assigned to the CHWs.
- Phase out district level services whilst increasing tertiary level package of services in King Edward VIII Hospital.
- Reinforce adherence and implementation of IPC bundles to prevent avoidable infections.

## **Central hospital**

- Facilities will be instructed to manage PSIs according to the National Guideline on the Management of PSIs and to document full details of the incident to assist in investigations.
- Protocols should be developed and known in lower levels to facilitate early referral and for higher levels to accept patients that are referred.
- Sustain existing programmes across the health service and improve referral pathways and systems.
- Implementation of training and SOP's on disabilities and neurodevelopment conditions.
- Central hospital to accept clients who require central institution care timeously to reduce still birth rate (SBR).
- Investigate all challenges relating to patient activities and implement remedial action.
- Implementation of cost containment measures.
- Offer psychological support to staff, reinforce Batho Pele Principles and Code of Ethics.

## 2021/22 ANNUAL REPORT

- Support the implementation of the multimodal strategy and IPC bundles to reduce device related HAIs in a Central hospital.

### Linking performance with budget

**TABLE 42: BUDGET APPROPRIATION AND EXPENDITURE**

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>5.1</b>	<b>Central Hospital Services</b>						
	Current payments	2 534 553	2 534 553	-	2 663 218	2 649 394	13 824
	Transfers and subsidies	5 654	5 654	-	4 108	4 175	-67
	<b>Total</b>	<b>2 540 207</b>	<b>2 540 207</b>	<b>-</b>	<b>2 667 326</b>	<b>2 653 569</b>	<b>13 757</b>
<b>5.2</b>	<b>Provincial Tertiary Hospitals Services</b>						
	Current payments	2 749 088	2 749 088	-	2 678 114	2 621 094	57 020
	Transfers and subsidies	21 863	21 863	-	22 990	22 929	61
	Payments for capital assets	43 997	43 997	-	132 261	87 868	44 393
	<b>Total</b>	<b>2 814 948</b>	<b>2 814 948</b>	<b>-</b>	<b>2 833 365</b>	<b>2 731 891</b>	<b>101 474</b>

Source: Annual Financial Statements and BAS



## **PROGRAMME 6 - HEALTH SCIENCES AND TRAINING**

### **Programme Description & Purpose**

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

*There are no changes to the structure of Programme 6.*

#### ***Sub-Programme 6.1: Nurse Training Colleges***

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

#### ***Sub-Programme 6.2: EMS Training Colleges***

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

#### ***Sub-Programme 6.3: Bursaries***

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

#### ***Sub-Programme 6.4: Primary Health Care Training***

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

#### ***Sub-Programme 6.5: Training Other***

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

### **Outcomes for the year under review**

- Universal Health Coverage

### **Outcomes, outputs, output indicators, Targets and actual achievements**

There were no bursaries awarded to first year health professions students and nurses trained on Post Graduate Nurse Specialist Programmes in 2021/22 due to financial constraints and the KZN College of Nursing not being accredited by the South African Nursing Council and Council on Higher Education to offer the Post Graduate Nurse Specialist Programmes, respectively. The number of officials training through the EMS College dropped from 6 175 in 2020/21 to 5 395 in 2021/22.

# 2021/22 ANNUAL REPORT

**TABLE 43: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 6)**

APP 2021/22: Page 168 : Table 68						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health coverage</b>						
Allocate bursaries to first time Health Professional students	<b>1. Number of Bursaries awarded to first year health professions students</b>	<b>33</b>	<b>30</b>	<b>0</b>	<b>(100%)</b>	<p>The Health Science bursaries were not awarded due to financial constraints related to the education and placement of bursary holders upon completion of their studies.</p> <p>The training of prospective employees is expensive as it averages R120 000 per person and there is an expectation or obligation to provide employment on completion of studies.</p>
Allocate bursaries to first year nursing students	<b>2. Number of Bursaries awarded to first year nursing students</b>	<b>Not monitored</b>	<b>1</b>	<b>160</b>	<b>15 900%</b>	<p>The numbers approved and admitted to nurse training has exceeded the target. This is due to the legacy programmes being phased out, and thus the R171 programme now being the only basic programme.</p> <p>The graduates from this programme will replace nurses who leave due to attrition, and will form the foundation programme for nurses who would need to be replaced, should others need to be going to pursue post graduate studies.</p>
Allocate nurses to train on nurse Post Graduate Nurse Specialist programmes	<b>3. Number of nurses training on Post Graduate Nurse Specialist Programmes</b>	<b>Not monitored</b>	<b>100</b>	<b>0</b>	<b>(100%)</b>	<p>New Nursing Qualifications have been introduced in the country, in line with post high school education.</p> <p>The college has not been accredited by the responsible accreditation bodies (South African Nursing Council and Council on Higher Education) to offer the Post Graduate Nurse Specialist Programmes as yet, and can therefore not commence training until such accreditation has been received.</p>



## 2021/22 ANNUAL REPORT

APP 2021/22: Page 168 : Table 68						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Allocate officials to train through the EMS college	<b>4. Number of officials training through the EMS College</b>	6 175	542	5 395	895%	<p>The increased number of trained EMS personnel resulted from suspension of contact training and introduction of online training.</p> <p>The numbers include Advanced Life Support (ALS) -Clinical Practice Guidelines (CPGs) Updates, ALS online forum, Intermediate Life Support (ILS) -CPG Updates, Basic Ambulance Assistant (BAA) Update , Emergency Medical Dispatcher (EMD) training and Defensive Driver Techniques (DDT).</p>
Allocate officials to train through the Regional Training Centre	<b>5. Number of employees trained through the Regional Training Centre</b>	29 181	500	2 816	463%	<p>Positive performance as a result of the virtual training platforms; and with the relaxation of COVID-19 restrictions additional trainings was introduced.</p>
Allocate bursaries to internal employees	<b>6. Number of internal employees awarded bursaries</b>	369	100	360	260%	<p>360 bursaries were awarded to employees in January 2022. Staff Development is an integral part of the Skills Development Act and the Department has an obligation to comply.</p> <p>The Workplace Skills Plan (WSP) submitted to Sector Education and Training Authority (SETA), Department of Public Services and Administration (DPSA) and Office of the Premier (OTP) reflects interventions for staff development hence an increase in the awarding of Bursaries for employees.</p>

# 2021/22 ANNUAL REPORT

## Strategies to overcome areas of under-reporting

- The awarding of bursaries will be reviewed when the financial position of the Department allows for the allocation of bursaries.
- Accreditation processes to continue as indicated by the responsible accreditation bodies.

## Linking performance with budget

TABLE 44: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>6.1</b>	<b>Nursing Training Colleges</b>						
	Current payments	207 659	207 659	-	225 482	217 717	7 765
	Transfers and subsidies	2 203	2 203	-	2 025	2 025	-
	Payments for capital assets	2 175	2 175	-	1 382	1 054	328
	<b>Total</b>	<b>212 037</b>	<b>212 037</b>	<b>-</b>	<b>228 889</b>	<b>220 796</b>	<b>8 093</b>
<b>6.2</b>	<b>EMS Training Colleges</b>						
	Current payments	21 941	21 941	-	19 494	18 390	1 104
	Transfers and subsidies	38	38	-	276	276	-
	Payments for capital assets	347	347	-	13 800	902	12 898
	<b>Total</b>	<b>22 326</b>	<b>22 326</b>	<b>-</b>	<b>33 570</b>	<b>19 568</b>	<b>14 002</b>
<b>6.3</b>	<b>Bursaries</b>						
	Current payments	8 114	8 114	-	12 242	9 844	2 398
	Transfers and subsidies	66 015	66 015	-	99 650	99 650	-
	<b>Total</b>	<b>74 129</b>	<b>74 129</b>	<b>-</b>	<b>111 892</b>	<b>109 494</b>	<b>2 398</b>
<b>6.4</b>	<b>Primary Health Care Training</b>						
	Current payments	32 926	32 926	-	40 596	37 016	3 580

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		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
	Transfers and subsidies	537	537	-	737	737	-
	Payments for capital assets	42	42	-	1 816	-	1 816
	<b>Total</b>	<b>33 505</b>	<b>33 505</b>	<b>-</b>	<b>43 149</b>	<b>37 753</b>	<b>5 396</b>
<b>6.5</b>	<b>Training Other</b>						
	Current payments	996 886	996 886	-	824 262	854 151	-29 889
	Transfers and subsidies	23 303	23 303	-	23 435	23 435	-
	Payments for capital assets	-	-	-	-	-	-
	<b>Total</b>	<b>1 020 189</b>	<b>1 020 189</b>	<b>-</b>	<b>847 697</b>	<b>877 586</b>	<b>-29 889</b>

Source: Annual Financial Statements (BAS)



## **PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES**

### **Programme Description & Purpose**

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

*There are no changes to the structure of Programme 7.*

#### ***Sub-Programme 7.1: Medicine Trading Account***

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

#### ***Sub-Programme 7.2: Laundry Services***

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

#### ***Sub-Programme 7.3: Orthotic and Prosthetic Services***

Render specialised orthotic and prosthetic services.

### **Outcomes for the year under review**

- Universal Health Coverage

### **Outcomes, outputs, output indicators, Targets and actual achievements**

Inadequate human resources and equipment resulted to a 105% increase in percentage of facilities reporting clean linen stock outs. The percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC) decreased from 97.8% in 2020/21 to 92% in 2021/22, due to unavailability of certain Standard Operating Procedures, equipment, reference material and infrastructural limitations. The Tracer Medicine Stock-Out rate at the Provincial Pharmaceutical Supply Depot decreased by 25% between 2020/21 and 2021/22 despite the supply constraints due to suppliers not being able to meet the demand. These constraints subsequently led to increase in facility stock out rates.

# 2021/22 ANNUAL REPORT

**TABLE 45: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7)**

APP 2021/22: Page 174 : Table 73						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health coverage</b>						
Improve linen Services Management	<b>1. Percentage of facilities reporting clean linen stock outs</b>	<b>20.8%</b>	<b>20.3%</b>	<b>42,6%</b>	<b>(110%)</b>	Inadequate in-house capacity (i.e. staffing and machinery) impacting negatively on clean linen stock
	<i>Number of facilities reporting clean linen stock out</i>	15	14	29		
	<i>Facilities total</i>	72	69 <sup>12</sup>	68		
Improved Pharmacy management	<b>2. Percentage of pharmacies with either Grade A or Grade B Status with the South African Pharmacy Council (SAPC)</b>	<b>97.8%</b>	<b>100%</b>	<b>92%</b>	<b>(8%)</b>	<p>Whilst the three pharmacies that were Grade C at the beginning of the financial year improved to Grade A or B, seven pharmacies regressed to Grade C.</p> <p>The reasons ranged from unavailability of certain Standing Operating Procedures (SOPs), equipment and reference material to infrastructural shortcomings.</p>
	<i>Pharmacies with A or B Grading</i>	91	95	86		
	<i>Number of Pharmacies</i>	93	95	93		
Improved Pharmacy management	<b>3. Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)</b>	<b>9.1%</b>	<b>≤ 5%</b>	<b>6,8%</b>	<b>(36%)</b>	<p>During the first three quarters of the financial year, supply constraints depleted stock holdings as suppliers were not able to meet demand since:</p> <ul style="list-style-type: none"> <li>• Items were not on contract (no bids).</li> <li>• Old suppliers depleted their stock at the end of their contract.</li> </ul>
	<i>Number of medicine out of stock</i>	84	<i>Varies</i>	63		
	<i>Total number of tracer medicine expected to be in stock</i>	924	<i>Varies</i>	924		
Improved Pharmacy management	<b>4. Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)</b>	<b>0.2%</b>	<b>≤ 5%</b>	<b>1,7%</b>	<b>65%</b>	PPSD rationed the stock of products with supply constraints to ensure all facilities were covered.
	<i>Number of Tracer medicines stock out in bulk store</i>	1 198	<i>Varies</i>	10709		

<sup>12</sup> Exclusion: Facilities that do not have a requirement for linen i.e. no inpatients

# 2021/22 ANNUAL REPORT

APP 2021/22: Page 174 : Table 73

Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	581 666	Varies	616162		Some items on Direct Delivery mitigating delays in supply.

## Strategies to overcome areas of under-reporting

- Optimise existing resourcing through remunerated overtime to reduce soiled linen backlogs.
- Supply Chain Management (SCM) has secured a 3 year contract with strategic partners to assist 'as and when required'.
- Monitor implementation of Improvement Plans of Grade C Pharmacies.
- Follow up on the infrastructural interventions that were recommended.
- All Grade C pharmacies to be re-assessed in Quarters 1 and 2 of 2022/23.

## Linking performance with budget

TABLE 46: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme	2021/22			2020/21			
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	
<b>7.1</b>	<b>Medicine Trading Accounts</b>						
	Current payments	68 728	68 728	-	96 627	200 317	-103 690
	Transfers and subsidies	257	257	-	26	26	-
	Payments for capital assets	1 234	1 234	-	-	36	-36
	<b>Total</b>	<b>70 219</b>	<b>70 219</b>	<b>-</b>	<b>96 653</b>	<b>200 379</b>	<b>-103 726</b>

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>7.2</b>	<b>Laundry Services</b>						
	Current payments	182 564	182 564	-	254 873	176 207	78 666
	Transfers and subsidies	129	129	-	936	936	-
	Payments for capital assets	6 282	6 282	-	5 647	5 445	202
	<b>Total</b>	<b>188 975</b>	<b>188 975</b>	<b>-</b>	<b>261 456</b>	<b>182 588</b>	<b>78 868</b>
<b>7.3</b>	<b>Orthotic and Prosthetic Services</b>						
	Current payments	58 547	58 547	-	55 408	47 084	8 324
	Transfers and subsidies	417	417	-	39	39	-
	Payments for capital assets	-	-	-	489	424	65
	<b>Total</b>	<b>58 964</b>	<b>58 964</b>	<b>-</b>	<b>55 936</b>	<b>47 547</b>	<b>8 389</b>

Source: Annual Financial Statements and BAS



## **PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT**

### **Programme Description & Purpose**

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

*There are no changes to the structure of Programme 8.*

#### ***Sub-Programme 8.1: Community Health Facilities***

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

#### ***Sub-Programme 8.2: District Hospital Services***

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

#### ***Sub-Programme 8.3: Emergency Medical Rescue Services***

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

#### ***Sub-Programme 8.4: Provincial Hospital Services***

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

#### ***Sub-Programme 8.5: Central Hospital Services***

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

#### ***Sub-Programme 8.6: Other Facilities***

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

### **Outcomes for the year under review**

- Universal Health Coverage

### **Outcomes, outputs, output indicators, Targets and actual achievements**

An increase in percentage of preventative maintenance expenditure from 30% in 2020/21 to 37.1% in 2021/22 was reported, notwithstanding the challenge of some facilities continuing to capture some expenditure against incorrect maintenance categories. The number of new and replacement projects completed increased by 57% between 2020/21 and 2021/22 and the target of 25 was not met due to, among other things, sluggish implementation of projects by the implementing agent. The targets for the number of new and replacement projects completed and number of upgrade and addition projects completed were met.

# 2021/22 ANNUAL REPORT

**TABLE 47: OUTCOME INDICATORS (PROGRAMME 8)**

APP 2021/22: Page 184 : Table 78						
Outcome Indicator	Data Source	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal Health Coverage</b>						
1. Percentage of the population within a 5 km radius of a health service	DHIS/GCIS	84.4%	≥ 84% (9 926 662/11 766 040)	85.9% (9 926 662/11 563 185)	2%	Mapping of facility catchment as per Web District Health Information System (WebDHIS) inclusive of all facility types.

**TABLE 48: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8)**

APP 2021/22: Page 184 : Table 79						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
<b>Outcome: Universal health coverage</b>						
Promote Preventative Maintenance activities to prevent failure	1. Percentage of preventative maintenance expenditure	30%	40%	37,1%	(7%)	Category A (day to day maintenance) overspent due to major breakdowns, resulting in the budget for servicing of machinery and equipment being underspent.  Facilities continue to capture some expenditure against incorrect maintenance categories.
	<i>Expenditure on Preventative Maintenance Activities</i>	90 138 423	-	82 172 000		
	<i>Expenditure on Preventative Maintenance plus Day-to-day Maintenance</i>	300 928 240	-	221 219 000		
New and replacement projects completed	2. Number of new and replacement projects completed	7	25	11	(56%)	Slow implementation of projects by the implementing agent.  The generator programme is delayed by a few incomplete generators per package element.
Upgrade and addition projects completed	3. Number of upgrade and addition projects completed	34	30	30	0%	No deviation

## 2021/22 ANNUAL REPORT

APP 2021/22: Page 184 : Table 79						
Outputs	Output indicator	Actual 2020/21	Target 2021/22	Actual 2021/22	Deviation from Planned 2021/22 Target	Comment on Deviation
Renovation and refurbishment projects completed	<b>4. Number of renovation and refurbishment projects completed</b>	9	25	25	0%	No deviation
Jobs created through the Expanded Public Works Programme	<b>5. Number of jobs created through the EPWP</b>	3 811	3 000	3 148	5%	Positive performance as a result of improved recording of EPWP contracts and awarding of capital projects allowing for increased employment opportunities.
Improved downtime of medical equipment	<b>6. Percentage downtime on medical equipment repaired</b>	12.6%	35%	13,7%	61%	Positive results due to the regular monitoring of activities with facilities.
	<i>Number of days equipment was reported as down/faulty</i>	46	-	50		
	<i>Number of days taken to restore equipment</i>	365	-	365		

### Strategies to overcome areas of under-reporting

- Head Office continues to encourage institutions to service their machinery and equipment regularly.
- Head office is also engaging facilities on the capturing of maintenance expenditure in the correct categories
- Performance review meeting was held with the implementing agent.
- The Generator Programme has been carried into the new financial year 2022/23.

# 2021/22 ANNUAL REPORT

## Linking performance with budget

**TABLE 49: BUDGET APPROPRIATION AND EXPENDITURE**

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>8.1</b>	<b>Community Health Facilities</b>						
	Current payments	90 365	90 365	-	92 617	92 617	-
	Payments for capital assets	203 690	203 690	-	116 709	116 709	-
	<b>Total</b>	<b>294 055</b>	<b>294 055</b>	<b>-</b>	<b>209 326</b>	<b>209 326</b>	<b>-</b>
<b>8.2</b>	<b>District Hospital Services</b>						
	Current payments	180 380	180 380	-	114 812	148 873	-34 061
	Payments for capital assets	284 885	284 885	-	659 235	659 235	-
	<b>Total</b>	<b>465 265</b>	<b>465 265</b>	<b>-</b>	<b>774 047</b>	<b>808 108</b>	<b>-34 061</b>
<b>8.3</b>	<b>Emergency Medical Services</b>						
	Current payments	-	-	-	-	-	-
	Payments for capital assets	-	-	-	-	-	-
	<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>8.4</b>	<b>Provincial Hospital Services</b>						
	Current payments	265 297	265 297	-	213 500	259 539	-46 039
	Payments for capital assets	635 786	635 786	-	1 495 666	1 464 336	31 330
	<b>Total</b>	<b>901 083</b>	<b>901 083</b>	<b>-</b>	<b>1 709 166</b>	<b>1 723 875</b>	<b>-14 709</b>
<b>8.5</b>	<b>Central Hospital Services</b>						
	Current payments	17 874	17 874	-	21 939	21 939	-
	Payments for capital assets	17 742	17 742	-	54 133	54 133	-
	<b>Total</b>	<b>35 616</b>	<b>35 616</b>	<b>-</b>	<b>76 072</b>	<b>76 072</b>	<b>-</b>

## 2021/22 ANNUAL REPORT

Programme per sub programme		2021/22			2020/21		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
<b>8.6</b>	<b>Other Facilities</b>						
	Current payments	199 703	199 703	-	171 150	190 005	-18 855
	Payments for capital assets	46 360	46 360	-	200 159	105 809	94 350
	<b>Total</b>	<b>246 063</b>	<b>246 063</b>	<b>-</b>	<b>371 309</b>	<b>295 814</b>	<b>75 495</b>

Source: Annual Financial Statements (BAS)



**PART C: GOVERNANCE**

	Page
Risk Management .....	188
Fraud and Corruption.....	188
Minimising Conflict of Interest .....	189
Code of Conduct .....	190
Health Safety and Environmental Issues .....	191
Health Portfolio Committee .....	191
SCOPA Resolutions .....	192
Prior Modifications to Audit Report .....	207
Internal Control Unit .....	208
Report of the Audit and Risk Committee .....	210
B-BBEE Compliance .....	214

## **Risk Management**

The Department has an approved Risk Management Policy, Risk Appetite Statement, Risk Management Strategy and Implementation (Action) Plan. Furthermore, the Department has an approved Business Continuity Management Policy and Terms of Reference.

The Department conducts regular risk assessments at a strategic and operational level. Progress on implementation of the Action Plan is reported to the Management Committee and the Risk Management Committee on a monthly and quarterly basis, respectively.

The Department has a functional Risk Management Committee (RMC) comprising of internal officials with the Head of Department serving as the Chairperson. The RMC executes its mandate in terms of the approved Risk Management Charter and is accountable to the Head of Department. Four Internal Risk Management Committee meetings were held during the 2021/22 financial year.

The focus of the Department's Risk Management Unit has been on supporting the Department to continue to improve its risk management maturity through a programme of activity. In 2021/22 this included:

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

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

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

## **Fraud and Corruption**

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

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



# 2021/22 ANNUAL REPORT

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

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

## **Minimising Conflict of Interest**

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

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

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

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

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

3) Instances of direct conflict as identified through audits and internal control processes are also another source of information. In this regard, once the list is sent to the Ethics Office, communication is addressed to the identified officials reminding them of the provisions of the Regulations and instructing them to deregister the company from CSD or resign as a member/Director of the company and/or resign from Public Service. The Legislation is also clear that the act of conducting business with state is a criminal offence and an offender could be prosecuted accordingly. This is the final step, should officials not show any indication of willingness to comply. Such cases are then referred to Labour Relations for disciplinary action and if need be to the Departmental Investigations Unit for further investigation with the intention of recovery.

4) The ORWOPS Committee receives all applications for ORWOPS and makes recommendations to the Accounting officer based on the information supplied. Any potential/ perceived / actual and direct conflict of interest are highlighted and such applications are not recommended. This includes a CSD check and any official who has a company listed on CSD, has their application for ORWOPS rejected. A further level of invention to

# 2021/22 ANNUAL REPORT

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avoid conflict of interest is the inclusion of an Addendum that the supervisor and CEO signs off, committing to monitoring, reporting and motivating for the revoking of the approved ORWOPS should any conflict of interest and/or compromising of service delivery arise.

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

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

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

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

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

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

11) In 2020/21, the Director-General: DPSA approved the Framework and Strategy for implementing Lifestyle Audits in the Public Service and as of 1<sup>st</sup> April 2021 Lifestyle Audits became compulsory for all National and Provincial Departments. Departments are expected to conduct Lifestyle Audits guided by Regulation 22 of the Public Service Act, 1993. Departments follow a risk based approach in order for it to be a legitimate fraud prevention and detection mechanism.

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

## **Code of Conduct**

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

# 2021/22 ANNUAL REPORT

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to meet out consequence management, depending on the nature of the misconduct, and ranges from counselling up to dismissal.

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

## Health and Safety and Environmental Issues

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

- The update of Occupational Health and Safety Guidelines to protect Healthcare Workers during COVID-19.
- implementation of risk improvement plan
- Conducting health education to employees to ensure that they take necessary precautions to protect themselves and others.
- Providing resources and a work environment that promotes personal hygiene. For example, hand soap, alcohol-based hand rubs containing at least 70 percent alcohol, disinfectants, and disposable towels for workers to clean their hands and their work surfaces.
- Decongestion of common areas e.g. boardrooms
- Provision of appropriate Personal Protective Equipment (PPE) to relevant Healthcare Workers based on Risk Assessment.
- Daily monitoring of COVID – 19 infection and management thereof
- Vaccination programme started in 2021 and all employees were encouraged to vaccinate.
- Integration of COVID – 19 guidelines into existing departmental service delivery platforms

## Health Portfolio Committee

The Health portfolio Committee meetings took place as follows:

- 22 April 2021
- 29 June 2021
- 13 August 2021
- 05 November 2021
- 25 January 2022
- 15 March 2022

The matters discussed include Annual performance plan, annual and quarterly reports, budget, responses to Youth Parliament and Finance committee resolutions and COVID-19.

# 2021/22 ANNUAL REPORT

## Standing Committee on public Accounts (SCOPA) Resolutions

**TABLE 50: SCOPA RESOLUTIONS SUMMARY**

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
<b>THIRD QUARTERLY REPORT FOR THE PERIOD APRIL 2021 TO JUNE 2021 - FORENSIC INVESTIGATIONS (PERFORMED BY PIAS AND OTP FORENSIC INVESTIGATIONS UNIT)</b>				
IC 70/2021	Alleged Irregularities in the Awarding of Tenders	The Accounting Officer provide a report to the committee by 31 July 2021 on: <ul style="list-style-type: none"> <li>- The recommendations of the investigation.</li> <li>- The amount(s) involved.</li> <li>- Steps taken to implement the recommendations, including disciplinary steps and the sanctions imposed, recovery of losses, opening of criminal cases and other remedial actions.</li> <li>- Where no steps have been taken, the reasons must be provided and time frames for implementation of all recommendations should be outlined.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>Resolutions On Internal Investigations on Irregular Expenditure</b>				
IC 88/2021	Irregular expenditure in 2018/19 and prior financial years	The Accounting Officer report to the committee by 31 July 2021 on: <ul style="list-style-type: none"> <li>- The appointment of the service provider to investigate all irregular expenditure and the anticipated time frame for completion of all investigations.</li> <li>- Steps taken to implement the key recommendations made by the Treasury SCM intervention team in their December 2020 report in relation to the contracts register, the lack of proper record keeping in SCM and the lack of an electronic link between contracts and contract payments.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>Resolutions On Internal Investigations Pertaining to Irregularities (Other Than Irregular Expenditure and Fruitless And Wasteful Expenditure)</b>				
IC 103/2021	Internal investigations pertaining to irregularities and consequence management	The Accounting Officer report to the committee by 31 July 2021 on: <ul style="list-style-type: none"> <li>- Progress made in the finalization of all matters which are at reporting stage as well as those still under investigation, the time frames for completion of these investigations and if they have been concluded, the findings and recommendations, as well as steps taken to implement the recommendations.</li> <li>- Progress made in the implementation of recommendations in respect of completed investigations relating to i) recovery and other remedial action (case no. 3, 6 (stolen vehicle) and 20 (stolen laptop)) and ii) disciplinary action (case no's 6, 13, 14, 18, 19 and 24).</li> <li>- Progress made in the disciplinary matters still pending or referred back for further investigation and time frames for finalization, as well as sanctions imposed in each matter.</li> <li>- Progress made in matters referred to or still to be referred for criminal investigation.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>FOLLOW-UP REPORT TO THE THIRD QUARTERLY REPORT OF THE AD-HOC COMMITTEE ON INVESTIGATIONS</b>				
<b>Forensic Investigations (Performed by PIAS and OTP Forensic Investigations Unit)</b>				

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
IC 121/2021	Alleged Irregularities in the Awarding of Tenders	The Accounting Officer provide a progress report to the committee by 31 August 2021 on the implementation of the recommendations of the forensic investigation.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>Resolutions On Investigations on Irregular Expenditure For 2018/19 And Prior Financial Years</b>				
IC 134/2021	status pertaining to the irregular expenditure for 2018/19 and prior financial years as at 31 July 2021, as reported by departments and public entities:	That the relevant Accounting Officers and Accounting Authorities report to the committee by 31 August 2021 on- <ul style="list-style-type: none"> <li>- Feedback received from Provincial Treasury on the irregular expenditure submitted or re-submitted for condonation as at 31 July 2021.</li> <li>- Progress made in the submission of the required information to Provincial Treasury for purposes of condonation, where such information is/was still outstanding as at 31 July 2021 and specific time frames for the prompt submission thereof.</li> <li>- Progress made in the investigation or determination testing of the remaining irregular expenditure not yet submitted or re-submitted for condonation as at 31 July 2021 and specific time frames for the prompt conclusion of these matters.</li> <li>- Challenges experienced in finalizing the matters under [2] and [3] above and firm steps taken or proposed to be taken to address or mitigate these challenges, with specific time frames for the prompt implementation of these steps.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
IC 136/2021	Irregular Expenditure In 2018/19 And Prior Financial Years	The Accounting Officer report to the committee by 31 August 2021 on: <ul style="list-style-type: none"> <li>- Progress made in the training of officials on the LOGIS system and in the implementation thereof.</li> <li>- Measures to be implemented in the interim to mitigate this key risk and to avoid irregular expenditure occasioned by the absence of an electronic link between contracts and contract payments.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
IC 137/2021	Disciplinary Action Against Former Employee of The Department Of Economic Development, Tourism And Environmental Affairs	The Accounting Officer report to the committee by 31 August 2021 on- <ul style="list-style-type: none"> <li>- The disciplinary action taken by the Department against Mr Bongani Shezi and the outcomes thereof.</li> <li>- If disciplinary action has not been instituted, the Department should do so forthwith and report to the committee accordingly.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>Resolutions On Internal Investigations Pertaining to Other Irregularities (Not Irregular Expenditure and Fruitless And Wasteful Expenditure)</b>				
IC 147/2021	Internal Investigations Pertaining to Irregularities And Consequence Management	The Accounting Officer report to the committee by 31 August 2021 on: <ul style="list-style-type: none"> <li>- The number of matters still under investigation (only 205 of 254 matters have been reported on in terms of disciplinary action) and progress made in both the investigations still outstanding and disciplinary matters referred back for further investigation, as well as time frames for</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>finalization of these investigations. Where investigations have been concluded since 31 July 2021, the report must include the findings and recommendations of each matter, as well as steps taken to implement the recommendations, including sanctions imposed per disciplinary matter.</p> <ul style="list-style-type: none"> <li>- The findings and recommendations of the 14 investigations that were concluded as at 31 July 2021, as well as steps taken to implement the recommendations, per matter.</li> <li>- Progress made in the finalization of all investigations which were at reporting stage (14 matters) as at 31 July 2021, as well as time frames for finalization thereof. Where investigations have been concluded since then, the report must include the findings and recommendations of each matter, as well as steps taken to implement the recommendations, including sanctions imposed per disciplinary matter.</li> <li>- Progress made in the implementation of recommendations in respect of completed investigations relating to recovery and other remedial action (case no. 3, 6 (stolen vehicle) and 20 (stolen laptop) as per the Department's report of June 2021.</li> <li>- Progress made in matters referred to or still to be referred for criminal investigation as per the Department's report of June 2021 (case numbers and date of referral to be provided).</li> </ul>		
<b>Standing Committee On Public Accounts - the resolutions of the Standing Committee On Public Accounts (SCOPA) held hearings during February 2021 and March 2021 to consider the 2019/2020 reports of the auditor-general on provincial government departments and public entities: Departments of Health</b>				
51/2021	Irregular Expenditure- Misstatement of Expenditure R 1,433,975,000	<p>The Accounting Officer report to the Committee by 30 June 2021, on:</p> <ul style="list-style-type: none"> <li>- Progress made in preventing the continued use and payment made on expired contract,</li> <li>- Time frames for clearing and preventing the irregular expenditure,</li> <li>- The review of the Irregular Expenditure Register,</li> <li>- Finalising investigations and submitting the schedule to Provincial Treasury for condonation</li> <li>- Implementation of the long-term strategy in relation to Internal Control.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
52/2021	Movable Tangible Capital Assets (R5, 5 Billion) and Minor Assets (at R944 Million)	<p>The Accounting Officer report to the Committee by 30 June 2021 on progress made:</p> <ul style="list-style-type: none"> <li>- In the valuation process and the review of the valuations by Internal Audit</li> <li>- In ensuring that there is a system in place to ensure that all fixed assets are safe guarded and recorded correctly.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
53/2021	Contingent Liabilities R 27.04 Billion	<p>The Accounting Officer report to the Committee by 30 June 2021 on;</p> <ul style="list-style-type: none"> <li>- Whether the implemented turnaround strategies respond to the finding and that the audit finding has been resolved.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<ul style="list-style-type: none"> <li>- Whether management ensured that the implemented Standard Operating Procedure which highlights specific roles and responsibilities for all staff involved in the contingent liabilities process are complied with.</li> <li>- Whether daily, monthly, quarterly and yearly controls are implemented to ensure credible information.</li> </ul>		
54/2021	Accruals and Payables Not Recognised	<p>The Accounting Officer report to the committee by 30 June 2021 on progress made in the following:</p> <ul style="list-style-type: none"> <li>- Reviewing of all commitments</li> <li>- Whether the steps implemented have resolved this audit finding</li> <li>- That a recurrence in 2020/21 will be avoided.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
55/2021	Goods and Services	<p>The Accounting Officer report to the committee by 30 June 2021 on the following:</p> <ul style="list-style-type: none"> <li>- Whether the implemented turnaround strategies have addressed the audit finding so that it does not re-occur in the 2020/21 financial year.</li> <li>- The report should also confirm if the designed Goods Received Note (GRN) book is effective.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
56/2021	Emphasis of Matters - Payables	<p>The Accounting Officer report to the Committee by 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- Whether the audit action plan implemented have addressed this audit finding</li> <li>- That it will not re-occur in the 2020/21 financial year.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
57/2021	Predetermined Objectives - Audit of Performance Information on Programme 2: District Health Services	<p>The Accounting Officer report to the Committee by the 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- Whether the measures implemented by the Department have resolved this audit finding and that it will not re-occur in the 2020/21 financial year.</li> <li>- Progress on the implementation of audit action plan.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
58/2021	Quality of Submitted Financial Statements	<p>The Accounting Officer report to the committee by the 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- Whether the implemented audit action plan addressed the audit finding</li> <li>- That it will not re-occur in the 2020/21 financial year.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
59/2021	Supply Chain Management	<p>The Accounting Officer report by the 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- The outcome of the investigation, as well as findings and recommendations and steps taken to implement the recommendations, once the investigation has been finalised.</li> <li>- Implementation of consequence management.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
60/2021	Unauthorised Expenditure: R 91,62 Million	<p>The Accounting Officer report to the Committee by 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- Steps taken to address the underlying causes for the unauthorised expenditure and.</li> <li>- On whether the steps taken have improved compliance and prevent future occurrence.</li> <li>- Investigation conducted on personnel responsible for incurring unauthorised</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		expenditure, outcome and recommendations such investigation, as well as consequence management applied. - Outcome of the implementation of audit action plan to ensure that payments are made within 30 days as required by Treasury regulations.		
61/2021	Compliance with Consequence Management	The Accounting Officer report to the Committee by 30 June 2021 on: - Progress made in resolving this audit finding. - Effectiveness of steps implemented to prevent a recurrence in the 2020/21 financial year and consequence management applied.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
62/2021	Conditional Grant	The Accounting Officer report to the Committee by 30 June 2021 on: - The implementation of the audit action plan to address the finding. - Whether the steps implemented will prevent a recurrence in the 2020/21 financial year. - Consequence management applied.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
63/2021	Fruitless & Wasteful Expenditure	The Accounting Officer report to the Committee by 30 June 2021 on: - Implementation of the audit action plan to address the finding - Whether the strategies implemented will prevent a recurrence in the 2020/21 financial year.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
64/2021	Investigations	The Accounting Officer report to the Committee by 30 June 2021 on: - Progress made in addressing this audit finding. - Progress made in the implementation of recommendations of the four completed investigations. - Progress made in the investigations still in progress, stating the time frame for completion of the investigations and challenges encountered to complete investigations. - Consequence management applied and recovery of public funds.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
65/2021	Procurement and Spending on COVID – 19 Personal Protective Equipment (PPE)	The Accounting Officer report to the Committee by 30 June 2021 on: - The effectiveness of the implemented turnaround strategy - Consequence management - The recovery of funds lost to the state, as well as strategies employed to prevent recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>TRANSVERSAL RESOLUTIONS</b>				
115/2021	Transversal Resolution (All Provincial Departments) - Irregular Expenditure Recorded In The 2019/20 Financial Year	the Accounting Officers of all departments report to the Committee by 30 June 2021 on the following: - Progress made in the implementation of the proposed interventions to improve the control environment to detect and prevent irregular expenditure and to avoid a recurrence of the audit findings in relation to irregular expenditure, as well the effectiveness of these interventions.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA



# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<ul style="list-style-type: none"> <li>- The reasons for these interventions not being implemented in the 2019/20 financial year and in prior years and why such omission does not constitute an act of financial misconduct.</li> <li>- Whether irregular expenditure reported in the annual financial statements in 2019/20 and not yet condoned, has been investigated, the outcomes and findings of the investigations, details of disciplinary steps taken against any official/employee responsible for irregular expenditure and where investigations and disciplinary proceedings have not yet been concluded, the reasons and timeframes for anticipated completion.</li> <li>- In relation to irregular expenditure not yet condoned, steps taken to apply to Provincial Treasury for condonation and progress made and where application has not yet been made, the reasons for this.</li> <li>- Steps taken to recover losses from any official responsible for irregular expenditure and progress made in this regard.</li> <li>- Where irregular expenditure is related to fraud, corruption or other criminal conduct, whether the matter has been reported to the South African Police Service or the Provincial Treasury Internal Audit Services for investigation and progress made in such investigations.</li> </ul>		
118/2021	Procurement and Contract Management	<p>All Accounting Officers report to the Committee by 30 June 2021 on the following:</p> <ul style="list-style-type: none"> <li>- Detailed audit action plans submitted to Provincial Treasury specifically to address findings on procurement and contract management plus a progress report on the effectiveness of the audit plans.</li> <li>- Steps implemented to ensure risk assessment processes and reviews are adequate to ensure that key compliance risks are mitigated and responded to in good time to prevent a recurrence.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
119/2021	INTERNAL INVESTIGATIONS	<p>That Accounting Officers, by 30 June 2021:</p> <ul style="list-style-type: none"> <li>- Provide copies of all reports of investigations that have been completed in the 2019/20 financial year to the Committee.</li> <li>- Report to the Committee on progress made in the implementation of the recommendations contained in the reports, including disciplinary cases that have been initiated against officials and the outcomes thereof, criminal cases that have been opened, civil proceedings that have been commenced to recover monies and blacklisting of service providers.</li> <li>- Where investigations are still in progress, provide a report on the anticipated date of completion, challenges experienced in conducting or finalising the investigations and steps taken to address the challenges.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
120/2020	Risk Management	<p>The Accounting Officers of the relevant departments report to the Committee by 30 June 2021 on the following:</p> <ul style="list-style-type: none"> <li>- The steps taken to implement all outstanding risk mitigation plans identified in the 2019/20 departmental risk registers.</li> <li>- A progress report on the implementation of the 2020/21 departmental risk mitigation plans, particularly those relating to critical and major risks and steps taken to ensure a speedy implementation of risk mitigation plans.</li> <li>- Steps taken to capacitate the departmental risk management function, including risk management training for members of the risk management committee.</li> <li>- Progress made in linking risks to departmental performance indicators.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
121/2021	Consequence Management (Transgressions)	<p>The Accounting Officers of the relevant departments report to the Committee by 30 June 2021 on the following:</p> <ul style="list-style-type: none"> <li>- The reasons for their failure to investigate and resolve all matters reported by the Auditor-General for investigation in the 2018/19 audit.</li> <li>- The steps taken to investigate and resolve all the 2018/19 as well as the 2019/20 matters reported by the Auditor-General for investigation and time frames for finalisation thereof.</li> <li>- The findings and recommendations, as well as the outcomes of each investigation, including disciplinary steps taken, civil proceedings commenced for recovery of losses, criminal cases opened where relevant and steps taken to “blacklist” suppliers, where applicable.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
122/2021	Predetermined Objectives	<p>The Accounting Officers of the relevant departments report to the Committee by 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- Measures implemented to address the audit findings and to prevent a recurrence, with timeframes for implementation.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
123/2021	Filling of Critical Posts	<p>The Accounting Officers of the relevant departments report to the Committee by 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- Progress made in the filling of critical posts and the time frames for the filling of those posts.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
124/2021	Material Misstatements in Annual Financial Statements	<p>The Accounting Officers of the relevant departments report to the Committee by 30 June 2021 on the following:</p> <ul style="list-style-type: none"> <li>- The reasons for non-compliance with section 40(1)(b) of the PFMA. Sufficient particularity must be provided to enable the committee to establish whether the failure was due to wilfulness or negligence.</li> <li>- Disciplinary steps taken against any official who acted wilfully or negligently. Where the non-compliance was due to a lack of capacity or skills or vacancies, the report must state the steps taken to address this with time frames.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		- Measures put in place to prevent a recurrence of this audit finding and an evaluation of the effectiveness of these measures in the current financial year.		
125/2021	Expenditure Management - Non-Payment of Invoices Within 30 Days	All relevant Accounting Officers submit a report to the Committee by 30 June 2021 on: <ul style="list-style-type: none"> <li>- The reasons for non-payment of invoices within 30 days with sufficient particularity to enable the Committee to determine whether an act of financial misconduct was committed</li> <li>- The steps taken to address this audit finding and measures put in place to prevent a recurrence.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>SPECIAL RESOLUTIONS ON SENIOR MANAGEMENT (SMS) ON HUMAN RESOURCES REGULATIONS COMPLIANCE OF 2019/2020 FINANCIAL YEAR</b>				
128/2021	SMS Compliance with HRM matters	The Accounting Officers report to the Committee by 30 June 2021 on: <ul style="list-style-type: none"> <li>- The outcome of the implementation of the implemented turnaround strategy</li> <li>- The measures taken to ensure full compliance with HRM and PFMA Regulations in relations to performance agreements, security vetting, financial disclosure</li> <li>- The verifications of qualifications.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>FORENSIC INVESTIGATIONS</b>				
129/2021	Forensic Investigations	the Accounting Officers of the relevant Departments report to the Committee by 30 June 2021 on: <ul style="list-style-type: none"> <li>- The steps taken to implement the recommendations, progress made therein, the reasons for any delays and where no steps are being contemplated, a detailed explanation supported by legal opinion.</li> <li>- Where forensic investigations are being delayed due to insufficient documentation or information being provided by Departments, an explanation as well as a report on action taken against the guilty officials and steps taken to remedy the default.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>SHARED INVESTIGATIONS</b>				
130/2021	Shared Investigations	The Accounting Officers of the relevant Departments report to the Committee by 30 June 2021 on: <ul style="list-style-type: none"> <li>- The steps taken to implement the recommendations, progress made therein, the reasons for any delays and where no steps are being contemplated, a detailed explanation supported by legal opinion.</li> <li>- Where forensic investigations are being delayed due to insufficient documentation or information being provided by Departments, an explanation as well as a report on action taken against the guilty officials and steps taken to remedy the default.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>SPECIAL INVESTIGATING UNIT (SIU) RESOLUTIONS 2018/2019</b>				
131/2021	SIU Investigations Affecting Department of Health,	The Head of the Special Investigating Unit be called upon to report to SCOPA by 30 June 2021:	Refer to the detailed responses	Refer to the detailed responses

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Department of Agriculture and Rural Development and Provincial Treasury)	<ul style="list-style-type: none"> <li>- On all pending as well as finalised SIU investigations affecting KZN Provincial Departments and public entities.</li> <li>- The report should state the nature of the investigation, the amounts involved, date of commencement and where investigations are still ongoing set out progress, challenges and anticipated time frames for completion</li> <li>- Where an investigation has been finalised, set out details of the outcomes, findings and recommendations.</li> </ul>	submitted to the SCOPA	submitted to the SCOPA
<b>OFFICIALS DOING BUSINESS WITH THE STATE</b>				
132/2021	Officials Doing Business With The State	<p>All Departments report by 30 June 2021 on:</p> <ul style="list-style-type: none"> <li>- The steps taken to monitor compliance with the legal prescripts relating to the prohibition of officials doing business with the state.</li> <li>- Whether the Central Supplier Database is checked each time for verification to ensure that officials employed by the state or their companies are not awarded tenders or contracts.</li> <li>- Reports or notifications received in 2019/20 from National Treasury, the Department of Public Service and Administration and the Public Service Commission or from any other source regarding officials doing business with the state and if so, full details thereof.</li> <li>- The steps taken to implement consequence management in relation to transgressions, including details of disciplinary action and sanctions imposed, as well as criminal cases opened.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>RESOLUTIONS ON UNAUTHORISED EXPENDITURE</b>				
133/2021	Unauthorised Expenditure of R 14,248,000 in 2018/19 (Relating to Resolution 68/2019)	<p>The Committee resolves to:</p> <ul style="list-style-type: none"> <li>- To approve, as a direct charge against the Provincial Revenue Fund, an additional amount of R14 248 000 for the Department of Health to cover the overspending, in terms of section 34(1) (a) of the Public Finance Management Act, 1999 (the PFMA).</li> <li>- That the Accounting Officer report to the committee by 30 June 2021 on measures taken to implement consequence management in accordance with section 38(1)(h) of the PFMA and on internal controls put in place to avoid a recurrence.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>REPORT OF THE STANDING COMMITTEE ON THE PUBLIC ACCOUNTS HEARINGS ON 2020/2021 REPORT OF THE AUDITOR-GENERAL - VOTE 7: DEPARTMENT OF HEALTH</b>				
225/2021	Qualified Audit Opinion: Irregular Expenditure Stated at R11.55 Billion	<p>The Accounting Officer comprehensively report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- The reasons for:                             <ul style="list-style-type: none"> <li>a) The lack of effective, efficient and adequate systems of internal control to ensure that irregular expenditure is identified and recorded correctly;</li> <li>b) The failure by the accounting officer to exercise adequate oversight over the implementation of such systems; and</li> </ul> </li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>c) Why such failure does not constitute an act of financial misconduct.</p> <ul style="list-style-type: none"> <li>- The measures to be implemented to ensure that adequate systems of internal control are in place and are adequately monitored henceforth to avoid ensure a recurrence.</li> </ul>		
226/2021	Qualified Audit Opinion: Misstatements of Movable Tangible Capital Assets (R5.6 Billion) and Minor Assets (R855 Million)	<p>The Accounting Officer report to the Committee by 31 January 2022:</p> <ul style="list-style-type: none"> <li>- On progress made in resolving this audit finding and steps taken to facilitate a speedy resolution of the matter.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
227/2021	QUALIFIED AUDIT OPINION: PAYMENTS FOR GOODS AND SERVICES NOT RECEIVED (R16.15 BILLION)	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- The reasons for not implementing an adequate system of internal control as contemplated by section 38(1)(a)(i) of the PFMA and why this does not constitute an act of financial misconduct.</li> <li>- An evidence-based assessment of the effectiveness of the implementation of the Goods Received Notebooks as a system of internal control as contemplated by section 38(1)(a)(i) of the PFMA to address this audit finding and to avoid a recurrence.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
228/2021	QUALIFIED AUDIT OPINION: Misstatements of Accruals (R686.74 Million) and Payables Not Recognised (R1.1 Billion)	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- Progress made in the implementation of LOGIS</li> <li>- Provide an evidence-based assessment of the effectiveness of the system to address this audit finding</li> <li>- Assurance that a recurrence will be avoided.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
229/2021	Uncertainty Relating to the Outcome of Litigation (R26.23 Billion)	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- A breakdown of the medico-legal claims, per hospital, as well as the age, value and nature of each claim.</li> <li>- The amounts paid in respect of medico-legal claims in 2020/21 and the two financial years prior thereto, either by way of a settlement or a court order.</li> <li>- The number and value of the claims that were successfully defended in 2020/21 and the two financial years prior thereto.</li> <li>- An assessment of the impact of the lack of proper record-keeping on the liability of the department for claims paid in 2020/21 and the two financial years prior thereto, either by way of court order or a settlement.</li> <li>- Strategies adopted by the department to mitigate its liability in respect of medico-legal claims, including but not limited to early investigation and settlement of claims where liability is established, improved record-keeping for evidential purposes, use of alternative</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>dispute resolution mechanisms, use of private sector expert legal practitioners to defend claims, contingency fee arrangements and training of staff to avoid future claims, and the like.</p> <ul style="list-style-type: none"> <li>- Progress made in law reform and legislative interventions pertaining to medico-legal claims in the public health sector, including capping of claims and other interventions as proposed by National Treasury in 2020.</li> </ul>		
230/2021	Predetermined Objectives: Programme 2 - District Health Services	<p>That the Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- The reasons for the lack of monitoring the accuracy of reported performance information and why this does not constitute an act of financial misconduct.</li> <li>- An evidence-based assessment of the effectiveness of the measures implemented to address this audit finding and to provide assurance that the measures implemented will avoid a recurrence.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
231/2021	Annual Financial Statements: Material Misstatements Not Corrected	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- An evidence-based assessment of the effectiveness of the measures implemented to address these audit findings</li> <li>- To provide assurance that a finding of uncorrected material misstatements on the same or similar grounds will not re-occur.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
232/2021	Expenditure and Consequence Management: Irregular Expenditure: R1.629 Billion in 2020/21 (Prior Years' Irregular Expenditure of R9.926 Billion Not Yet Condoned)	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- Progress made in the investigation and determination testing of all irregular expenditure and the anticipated time frames for finalisation thereof and submission to Provincial Treasury for condonation.</li> <li>- The reasons for the lack of proper and complete records which impact on the ability to determine the exact extent of the irregular expenditure, to perform investigations into irregular expenditure and to take disciplinary action and why this does not constitute an act of financial misconduct.</li> <li>- The measures implemented by the department to:               <ol style="list-style-type: none"> <li>a) address the lack of supporting evidence relating to irregular expenditure;</li> <li>b) enable the department to avoid irregular expenditure as required by section 38(1)(c)(ii) of the PFMA; and</li> <li>c) investigate irregular expenditure and take disciplinary steps as required by section 38(1)(h)(iii) of the PFMA.</li> </ol> </li> <li>- An evidence-based assessment of the effectiveness of the steps taken above.</li> <li>- The reasons for the continued use of expired contracts and why this does not constitute an act of financial misconduct, as well as measures</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		implemented to address this irregularity and time frames for doing so.		
233/2021	Expenditure Management: Non-Payment of Invoices Within 30 Days	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The steps taken to address this finding</li> <li>- An evidence-based assessment of the effectiveness of the measures implemented to prevent a recurrence.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
234/2021	Non-Compliance: Procurement and Contract Management	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The reasons for the lack of proper controls and the exercise of proper oversight in monitoring compliance with applicable supply chain management prescripts and why this does not constitute an act of financial misconduct.</li> <li>- The reasons for the failure by the Accounting Officer to prevent the abuse of the supply chain management system as required by Treasury Regulation 16A.9.1, to reject bids from suppliers whose tax matters had not been declared by SARS to be in order as required by Treasury Regulation 16A9.1 (d), or to reject awards to suppliers who committed a corrupt or fraudulent act in competing for the contract were rejected as required by Treasury Regulation 16A.9.1 (e) and 16A.9 (2) (a) (ii).</li> <li>- Evidence that the measures put in place to address each of the areas of noncompliance identified by the Auditor-General have been effective in ensuring compliance with the legislative prescripts relating to contract and procurement management and to avoid a recurrence.</li> <li>- Disciplinary steps taken against all officials responsible for the transgressions identified by the Auditor-General, the outcomes thereof, specific sanctions imposed and time frames for finalisation of the disciplinary matters.</li> <li>- Steps taken to address the lack of a proper records management system, time frames for implementation of interventions and an assessment of the effectiveness of the measures implemented to address the findings of the Auditor-General in this regard.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
235/2021	Strategic Planning and Performance Management	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The reasons for the failure to effectively implement information systems to enable the monitoring of progress made towards achieving targets, core objectives and service delivery.</li> <li>- An evidence-based assessment of the effectiveness of the measures implemented to address this audit finding and to provide assurance that a recurrence will be avoided.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
236/2021	Material Irregularities: Procurement of Sanitizer	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- Progress made in the investigation, considering the time lapse since it was brought to the</li> </ul>	Refer to the detailed responses	Refer to the detailed responses

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
	Detergent at Prices Higher Than Permissible	attention of the Accounting Officer, steps taken to expedite the finalisation of the investigation and time frames for finalising the investigation. - If the investigation has been concluded, the Accounting Officer must report on the outcomes, findings and recommendations of the investigation and steps taken to implement the recommendations, including disciplinary action and recovery of losses, as well as time frames for concluding the matter.	submitted to the SCOPA	submitted to the SCOPA
237/2021	Status of Previously Reported Material Irregularity: Radiology Equipment Contracts Awarded to Bidders that did Not Score Highest Points	The Accounting Officer report to the Committee by 31 January 2022 on: - The findings and recommendations of the legal opinion, the steps taken to implement the recommendations, including disciplinary action - The outcomes thereof as well as steps taken to recover any losses, any other remedial action taken - The time frames for concluding the matter.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
238/2021	Internal Control: Approved Policies And Action Plans Not Implemented to Address Previous Audit Findings	That the Accounting Officer report to the Committee by 31 January 2022 on: - An evidence-based assessment of the effectiveness of the interventions implemented by the department to: a) Address the root causes of the qualified audit opinion and the key risk areas; b) Ensure that proper systems of internal control are implemented, that audit findings are addressed promptly and fully and that an adequate system of document management and record-keeping is implemented; and c) Provide for adequate oversight and monitoring by management over compliance with applicable laws and regulations. - The filling of the position of the Chief Financial Officer and the steps taken to prioritise this matter.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
239/2021	Internal Investigations	The Accounting Officer report to the Committee by 31 January 2022 on: - Progress made in finalising the 7 investigations still in progress and the 38 matters under review, as well as the anticipated time frames for finalisation. - The nature of the allegations in the 63 matters referred to Labour Relations, the amounts involved, progress made in the disciplinary matters or criminal referrals, steps taken to recover any losses and the anticipated time frames for finalisation. - The nature of the transgressions in the 60 matters that have been finalised in terms of disciplinary hearings, the amounts involved, the sanctions imposed, as well as steps taken to	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA



# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		recover any losses, alternatively the reasons for not pursuing recovery.		
240/2021	Investigations by Forensic Unit	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- The nature of the allegations and the amounts involved in each of the completed investigations.</li> <li>- The findings and recommendations in each matter, including the matter investigated under FR 11/2016.</li> <li>- Progress made in the implementation of the recommendations in the matter investigated under FR 11/2016 and time frames for implementation.</li> <li>- Steps taken to recover any losses and progress made therein, alternatively the reasons for not pursuing recovery.</li> <li>- Progress made in the implementation of disciplinary action in the matters under FR 02/2017, FR 05/2018 and FR 06/ 2018 and time frames for finalisation thereof.</li> <li>- The outcomes of the disciplinary matters in FR 08/2018 and the sanctions imposed.</li> <li>- Details of the material irregularity under FR 10/2019 and the steps taken by the Accounting Officer to address the matter.</li> <li>- Other remedial actions taken to avoid a recurrence of the incidents investigated.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
241/2021	Unauthorised Expenditure: R108.074 Million In Prior Financial Years Not Yet Authorised	<p>The Accounting Officer report to the Committee in detail by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- A breakdown of the amounts of unauthorised expenditure per financial year.</li> <li>- The reasons for the unauthorised expenditure per financial year.</li> <li>- Whether the Vote itself was overspent in each year due to any over-expenditure.</li> <li>- Measures put in place to prevent a recurrence.</li> <li>- Details of disciplinary action taken against the officials responsible for the unauthorised expenditure and the outcomes thereof.</li> <li>- Steps taken to recover any losses incurred due to the unauthorised expenditure.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
242/2021	Fruitless and Wasteful Expenditure: R2.175 Million in 2020/21 (Prior Years' Fruitless And Wasteful Expenditure of R2.585 Million Not Yet Resolved)	<p>The Accounting Officer report to the Committee by 31 January 2022 on:</p> <ul style="list-style-type: none"> <li>- Progress made in the disciplinary processes relating to the 2020/21 fruitless and wasteful expenditure of R2 175 million, the outcomes thereof and the anticipated timeframes for finalisation of the matters.</li> <li>- Steps taken and progress made in the recovery of the losses from the officials responsible.</li> <li>- Progress made in the investigations relating to the balance of the prior years' fruitless and wasteful expenditure amounting to R2 585 million and the anticipated time frames for finalisation of the investigations.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
243/2021	Underspending Of R97.116 Million on HIV, TB, Malaria, Community Outreach, Human Papilloma Virus (HPV) VACCINE and Provincial Disaster Relief Grant	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The reasons for the underspending and the impact thereof.</li> <li>- Whether the amount underspent was rolled over to 2021/22 and if so, whether the grant will be fully spent by the end of the 2021/22 financial year.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
244/2021	Performance Audit: COVID-19: Availability of Resources at Vaccination Sites	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The reasons for the lack of resources to ensure compliance with the National Department of Health's guidance pertaining to vaccination sites</li> <li>- Interventions implemented to rectify these shortcomings and steps taken to monitor compliance.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
245/2021	Performance Audit: COVID-19: Stock Management and Monitoring Systems	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The reasons for the lack of compliance with the prescribed storage conditions or practices for COVID-19 vaccines</li> <li>- The requirements for vaccine stock-taking, as well as interventions implemented to rectify these shortcomings and steps taken to monitor compliance.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
246/2021	Performance Audit: COVID-19: Administration of COVID-19 Vaccines at Vaccination Sites	The Accounting Officer report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- The reasons for the lack of compliance with regard to screening of persons at vaccination sites</li> <li>- Interventions implemented to rectify these shortcomings,</li> <li>- Steps taken to monitor compliance.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
<b>TRANSVERSAL RESOLUTIONS</b>				
290/2021	Filling of Critical Posts	The Accounting Officers and Accounting Authorities of the relevant departments and public entities report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- Progress made in the filling of critical management posts</li> <li>- The time frames for the filling of those posts.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
291/2021	Compliance With HRM Matters	The relevant Accounting Officers and Accounting Authorities report to the Committee by 31 January 2022 on: <ul style="list-style-type: none"> <li>- Measures taken to ensure full compliance with HRM matters in relations to signing of performance agreements, security vetting, submission of financial disclosure forms and verification of qualifications.</li> </ul>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
292/2021	Officials Doing Business With The State	All Accounting Officers report to the Committee by 31 January 2022 on:	Refer to the detailed responses	Refer to the detailed responses

# 2021/22 ANNUAL REPORT

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<ul style="list-style-type: none"> <li>- The steps taken to monitor compliance with the legal prescripts relating to the prohibition of officials doing business with the state.</li> <li>- Whether the Central Supplier Database is checked each time for verification to ensure that officials employed by the state or their companies are not awarded tenders or contracts.</li> <li>- Reports or notifications received in 2020/21 from National Treasury, the Department of Public Service and Administration and the Public Service Commission or from any other source regarding officials doing business with the state and if so, full details thereof.</li> <li>- Steps taken to implement consequence management in relation to transgressions, including details of disciplinary action and sanctions imposed, as well as criminal cases opened.</li> </ul>	submitted to the SCOPA	submitted to the SCOPA

## 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
Moveable Tangible Capital Assets (Qualified)	2008/09	The current qualification relates to the valuation of assets. The Department has been in discussions with the Provincial and National Treasury's as well as with the Auditor-General to determine the application of the valuation methodology.
Irregular Expenditure (Qualified)	2012/13	The Department will be utilising an electronic tool to ensure the complete and accurate recording and disclosure of all Irregular Expenditure.
Accruals and Payables Not Recognised (Qualified)	2017/18	The Department will ensure the complete and accurate recording and disclosure of all Accruals as well the correct recognition of all Payables Not Recognised (PNR's).
Goods and Services (Qualified)	2019/20	The Goods Received Note (GRN) has been fully implemented. Assessments are currently being undertaken to ensure that all goods and services received in the Department are receipted accordingly and all supporting documentation is available for audit.

## Internal Control Unit

The Directorate: Audit and Internal Control which consists of two sub-directorates, namely Audit Management and Internal Control has been responsible for the following functions:

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

### 1. Audit Management

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

### 2. Internal Control

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

Audit and Internal Control has been assessing financial performance at institutions through the review of information that is collated by the CEO's and Finance Managers through the Management Reporting packs. Internal Control Assessments are undertaken monthly, and meetings are subsequently convened with the management teams from the facilities who are then requested to provide explanations regarding the findings of the assessments.

### 3. Co-ordination and reporting to the Oversight Committees

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

# 2021/22 ANNUAL REPORT

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

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

### Internal Audit and Audit Committees

Name	No. of Meetings attended
Ms T Njozela (Acting Chairperson of SPCHD Cluster)	<i>2 of 2</i>
Mr P Christianson	<i>2 of 2</i>
Mr D O'Connor	<i>2 of 2</i>
Mr S Simelane	<i>2 of 2</i>
Mr V Ramphal	<i>2 of 2</i>
Mr M Tarr	<i>2 of 2</i>

# 2021/22 ANNUAL REPORT

## REPORT OF THE AUDIT & RISK COMMITTEE ON

### VOTE 7 – HEALTH

The Audit Committee herewith presents its report for the financial year ended 31 March 2022, as required by Treasury Regulation 3.1.13 read with section 77 of the Public Finance Management Act, 1999 (Act No. 1 of 1999, as amended by Act No. 29 of 1999).

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

The Audit Committee reports that it has adopted formal terms of reference contained in its Audit and Risk Committee Charter. The Committee complied with its responsibilities arising from the Public Finance Management Act and Treasury Regulations; except that the Committee was not fully constituted for the full financial year.

#### 1. Audit Committee Members and Attendance

The PARC and SPCHD CARC consisted of the members listed hereunder who have met as reflected below.

#	Name of Member	PARC Meetings Attended	SPCHD CARC Meetings Attended
1.	Ms T Njozela (Acting Chairperson of SPCHD Cluster)	2 of 2	1 of 1
2.	Mr P Christianson	2 of 2	1 of 1
3.	Mr D O'Connor	2 of 2	1 of 1
4.	Mr S Simelane	2 of 2	N/A*
5.	Mr V Ramphal	2 of 2	N/A*
6.	Mr M Tarr	2 of 2	N/A*

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

The contracts of five members ended on 31 October 2021 following a two-term of 3 years each. On 18 May 2022, new Provincial Audit and Risk Committee members were appointed by the MEC for Finance for a period of 3 years. The new Provincial Audit and Risk Committee met on 28 & 29 May 2022 to review the Annual Financial Statements for the 2021/22 financial year; and held a special PARC meeting in June 2022 to deal with outstanding internal audit reports relating to the 2022 financial year. The table below provides details of the newly constituted PARC and attendance of meetings held subsequent to the financial year-end:

#	NAME & SURNAME	MEETING	
		AFS Review	Special PARC
1.	Mr Z Zulu – PARC Chairperson	√	√
2.	Mr M Tarr	√	√
3.	Ms S Makhathini	√	√
4.	Mr S Mthethwa	√	√

# 2021/22 ANNUAL REPORT

#	NAME & SURNAME	MEETING	
		AFS Review	Special PARC
5.	Ms R Ramphal	√	√
6.	Mr S Maharaj	√	√

## 2. The Effectiveness of Internal Control

The Committee has reviewed the reports of the Provincial Internal Audit Service (PIAS), the Audit Report on the Annual Financial Statements and Management Report of the Auditor General of South Africa (AGSA) and has noted with concern, the weaknesses in controls around the following areas:

- Movable tangible capital assets and minor assets; and
- Expenditure Management.

The appropriateness of management's planned interventions to improve the overall control environment were considered, however management again, did not adequately respond to internal control deficiencies raised by PIAS and the AGSA during the current and previous financial year as evidenced by the number of unresolved findings on both the AGSA and Internal Audit consolidated logs at year end. Management was urged to implement remedial interventions timeously, to ensure that the Department improves on its audit outcomes. The Committee will monitor the corrective actions in respect of the detailed findings emanating from the current regulatory audit on a quarterly basis through the CARC processes.

## 3. Effectiveness of Internal Audit

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

The PIAS planned to conduct fourteen (14) audit assignments for the period under review, of which twelve (12) were finalised and two (2) were cancelled as per departmental request.

The Committee is satisfied that PIAS performed effectively during the period under review. During the 2022/23 financial year, the Committee will continue to monitor the progress made by the PIAS against its operational plans in order to ensure that it continues to fulfil its mandate and add value to the Department.

## 4. Risk Management

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

As at the 2021/22 financial year-end, the Department's risk register status was as follows:

# 2021/22 ANNUAL REPORT

Focus Areas	Risk Grouping					Total
	Critical	Major	Moderate	Minor	Insignificant	
No of identified risks	39	27	21	11	0	98
No of agreed action plans	121	52	30	2	0	205
No of completed action plans	22	16	10	2	0	50
Percentage completion of action plans	18%	31%	33%	100%	0	24%

The Committee commended the Department on a functional risk management committee and the efforts of the Department to improve the human capacity within the Department's risk management function. However, the Committee was concerned with the slow progress made on implementation of risk mitigation plans. The Department is urged to attend to this long outstanding matter of slow progress in addressing the risk mitigation plans.

With regard to other risk-related improvement matters, the Department is advised to 1) improve its occupational health and safety management and monitoring practices at all its offices and health facilities; 2) ensure the implementation of the recently reviewed fraud prevention plan; and 3) ensure the implementation of the approved provincial risk management and combined assurance frameworks.

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

Due to the Committee not being constituted for the full financial year, the Committee did not review all reports in respect to in year management and quarterly performance prepared and issued by the Accounting Officer during the year under review in terms of the PFMA and the Division of Revenue Act. The newly appointed Committee will in the 2022/23 financial year ensure that all its responsibilities are met.

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

## 6. Evaluation of Financial Statements

The Committee has:

- Reviewed and discussed the Annual Financial Statements, including the audit report, with the Accounting Officer, Auditor General and PIAS;
- Reviewed the Auditor General's Management Report;
- Reviewed the Department's compliance with legal and regulatory provisions, and concerns have been noted around the reliability of performance information, Strategic Planning, expenditure management, procurement



# 2021/22 ANNUAL REPORT

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and contract management, failure to prevent irregular expenditure as a result of non-compliance with supply chain management prescripts and the lack of appropriate consequence management in certain instances.

- Reviewed the conclusions on the reliability and usefulness of performance information for Programme 2: District Health Services. The Committee notes with concern that reported performance on significant targets was not reliable when compared to the source information or portfolio of evidence provided resulting in material findings raised.
- Reviewed and notes with concern the number of material irregularities mentioned in the Auditor General's Audit Report, those being in progress and previously reported. The Committee notes with concern the material irregularity previously reported relating to the non-compliance with National Treasury Instruction Notes for the procurement of sanitizer detergent at prices higher than permissible, amounting to R5, 72 million. The Committee will continue to monitor the progress of the material irregularities emanating from the previous regulatory audit on a quarterly basis through the CARC processes.

## 7. Forensic Investigations

The Committee draws attention to the paragraph in the audit report relating to investigations. The department and Forensic Investigation Services at the Office of the Premier are urged to promptly finalise the outstanding investigations and implement recommendations in the finalised investigations.

## 8. Auditor-General's Report

The Committee has met with the Auditor General of South Africa to discuss and evaluate the issues that emanated from the current regulatory audit.

The Committee will ensure that corrective actions in respect of the detailed findings emanating from the current regulatory audit continue to be monitored on a quarterly basis through the CARC processes.

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

## 9. Appreciation

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



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**Mr Z Zulu**

**Chairperson: Provincial Audit and Risk Committee**

**15 August 2022**

# 2021/22 ANNUAL REPORT

## B-BBEE Compliance

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

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response Yes / No	Discussion
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	No	Not applicable for Department of Health as we do not have a mandate to issue B-BBEE related licences
Developing and implementing a preferential procurement policy?	Yes	As prescribed on Preferential Procurement Regulation 2017
Determining qualification criteria for the sale of state-owned enterprises?	No	Not applicable to Department of Health
Developing criteria for entering into partnerships with the private sector?	No	Not applicable to Department of Health
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	No	Not applicable to Department of Health

**PART D: HUMAN RESOURCES OVERSIGHT REPORT**

	Page
Introduction .....	216
Personnel Related Expenditure.....	219
Employment and Vacancies.....	221
Filling of SMS Posts.....	223
Job Evaluations.....	225
Employment Changes .....	227
Employment Equity .....	231
Signing of Performance Agreement by SMS Members .....	234
Performance Rewards .....	235
Foreign Workers .....	238
Leave Utilization .....	239
HIV, AIDS & Health Promotion Programmes .....	242
Labour Relations .....	246
Skills Development .....	248
Injury on Duty .....	249
Utilization of Consultants .....	250
Severance packages .....	251

# 2021/22 ANNUAL REPORT

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## **HUMAN RESOURCE MANAGEMENT SERVICES (HRMS)**

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

### **Achievements**

- Although the vacancy rate is at 15.4%, a request has been sent to the Office of the Premier to abolish posts on Persal and this will result in the vacancy rate being reduced to 9.7%.
- 2 Organisational structures were finalised during the reporting period and submitted for approval to the Executive Authority.
- The MTEF Human Resource Plan for period 2021/22 to 2023/24 was approved by Head of Department on 28 January 2022 which was submitted to Office of the Premier electronically and acknowledged on 8 February 2022.
- All Hospital Chief Executive Officers (including those acting in posts) and all District Directors had signed performance agreement during 2021/22 and there was thus a 100% compliance rate.
- In order to ensure the availability of staff with scarce skills in the Department, the ratio of key personnel per 100 000 populated increased as follows during 2021/22. The increase can be ascribed to the increased allocation of Medical Interns and Community Service Medical Officers and the increased appointment of Professional Nurses to assist in the fight against COVID-19:
  - Medical Officers from 33.8 in Q1 to 35.1 in Q4;
  - Professional Nurses from 162.2 in Q1 to 167.6 in Q4.
- The Annual Plan on HIV/AIDS management in the workplace was developed, approved and submitted to the Office of the Premier in July 2021.
- The Department has appointed 7 020 contract staff in various categories to assist with the fight against the COVID-19 pandemic.
- The Departmental Annual Employment Equity (EE) Report for period 1 October 2020 to 30 September 2021 was approved by the Head of Department on 11 January 2022. The Approved Annual EE Report was submitted to Department of Employment and Labour on 11 January 2022 and an acknowledgement letter was received.
- Four Public Health and Social Development Sectoral Bargaining Council (PHSDCBC) Chamber meetings were held during 2021/22 between the employer and trade unions so as to create a platform to address transversal challenges affecting employees and the Department.

# 2021/22 ANNUAL REPORT

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- Ninety-two Persal users, against a target of 20, were trained on various Persal courses during 2021/22 as the COVID-19 restrictions were relaxed. This was a total of 53 females and 39 males, of which 4 were persons with disabilities.
- A total 20 260 employees (12 338 females and 7922 males) have undergone various training and development initiatives during 2021/22 utilising the Department's skill development budget.
- 790 Managers were trained in Leadership Development programmes against a target of 200. The training budget was reprioritised and an additional allocation was made for the training of Managers. Additionally, Managers were trained on the various modules for National Health Insurance (NHI) Leadership and Governance Programme, which was funded through the HWSETA Conditional Grant and which influenced the increased number of Managers trained during the year.
- A total of 160 nursing students commenced their 1<sup>st</sup> year training in 2021/2022 against a target of 120. The numbers approved and admitted to nurse training has exceeded the target. This is due to the legacy programmes being phased out, and thus the R171 programme now being the only basic programme. The graduates from this programme will replace nurses who leave due to attrition, and will form the foundation programme for nurses who would need to be replaced, should other nurses pursue post graduate studies.
- 5 395 EMS employees, against a target of 542, were trained during 2021/22. The increased number of trained EMS personnel resulted from the suspension of contact training and the introduction of online training. The numbers include Advanced Life Support (ALS) -Clinical Practice Guidelines (CPGs) Updates, ALS online forum, Intermediate Life Support (ILS) -CPG Updates, Basic Ambulance Assistant (BAA) Update , Emergency Medical Dispatcher (EMD) training and Defensive Driver Techniques (DDT).
- 360 Internal employees were awarded bursaries against a planned target of 100. A reprioritisation of the skills budget allocation was done hence, the increase.
- 2 816 Employees were trained through the Regional Training Centre against a target of 500 and the increased training numbers can be ascribed to the fact that the COVID-19 restrictions were relaxed during 2021/22.
- With regards to the RSA/Cuban Medical Training Programme, there are 100 Students who trained in Cuba and now are doing their 18 months integration programme in local universities. There are a total of 249 students doing internship with 169 in the second year and 80 in the first year of their internship. There are 199 bursary holders who are performing community service as at 14 February 2022. Twenty-one students are currently still in Cuba continuing with their studies at various levels of medical training and 13 students are expected to return from Cuba in July 2022 to do their 18 months local studies.
- The Department continues to partner with the Office of the Premier and work with other Departments in ensuring ways to finalise labour cases within the prescribed period.

## Challenges

- It has been very difficult to reduce the vacancy rate in the Department due to the COVID-19 pandemic and all the additional posts that were created to meet the demands for COVID-19.

# 2021/22 ANNUAL REPORT

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- COVID-19 had a negative impact on the finalisation of disciplinary cases. Investigating Officers (IOs) withdraw from cases for various reasons including intimidation and work pressures and the increased case load is allocated to the few remaining IOs.
- Training initiatives and training intakes are limited due to the constricting funding envelope and this is evidenced by the fact that the Department did not award any health sciences bursaries during 2021/22.
- The sudden onset on the COVID-19 pandemic resulted in health facilities being overcome with the number of cases. Current available resources had to deal with the increased workload and these employees were also infected and affected by the pandemic. By comparison there were 699 death cases of employees in FY2020/21 compared to 327 in FY2021/22 whilst incapacity leave days increased from a total of 59 106 days to 68 764 days for the same period.
- On a year-on-year basis, the average human resource strength increased by 1 122 employees from 69 079 in FY 2020/21 to 70 201 in FY 2021/22. The increased human resource strength for the year under review was mainly due to the employment of additional resources to assist the Department to cope with the COVID-19 pandemic as well as an additional allocation of Medical Interns and Community Service Officers. It is unclear whether the trajectory will continue in the medium term, given the prescribed cumbersome appointment processes to fill vacancies, particularly non-exempt posts. The Medium-Term Expenditure Framework allocation demonstrated the adverse impact of the continued reduction of the CoE annual baselines, which will more likely persist over the medium-term, placing evermore pressure on the Department to fund its HR capacity requirements within its own allocation.
- The reviewed process for the filling of posts has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which, consequently has a negative impact on staff well-being as well as service delivery backlogs of having unfilled posts.

# 2021/22 ANNUAL REPORT

## Personnel Related Expenditure

**TABLE 51: (3.1.1) PERSONNEL EXPENDITURE BY PROGRAMME: 01/04/2021 - 31/03/2022**

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
Administration	1 050 257	480 418	0	0	45.7	489
Central Hospital Services	5 355 098	3 175 801	0	0	59.3	561
District Health Services	27 332 923	17 103 379	0	0	62.6	323
Emergency Medical Services	1 596 713	1 189 290	0	0	74.5	389
Health Care Support Services	169 156	161 735	0	0	95.6	338
Health Facilities Management	1 937 649	91 589	0	0	4.7	25
Health Sciences & Training	1 366 385	1 234 702	0	0	90.4	473
Provincial Hospital Services	11 828 410	8 549 475	0	0	72.3	534
<b>Total as on Financial Systems (BAS)</b>	<b>50 636 591</b>	<b>31 986 389</b>	<b>0</b>	<b>0</b>	<b>63.2</b>	<b>374</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

**TABLE 52: (3.1.2) PERSONNEL COST BY SALARY BAND: 01/04/2021 - 31/03/2022**

Salary band	Personnel expenditure (R'000)	% of total personnel cost	Number of employees	Average personnel cost per employee
Lower skilled (Levels 1-2)	601 803	2	2 985	201 609
Skilled (Levels 3-5)	7 107 213	22	25 318	280 718
Highly skilled production (Levels 6-8)	6 442 640	20	14 924	431 697
Highly skilled supervision (Levels 9-12)	12 966 765	40	14 810	875 541
Senior management (Levels >= 13)	98 721	0	76	1 298 961
Other	237 593	1	509	466 784
Contract (Levels 1-2)	154 904	1	1 023	151 421
Contract (Levels 3-5)	1 138 151	4	5 082	223 957
Contract (Levels 6-8)	786 581	2	2 185	359 991
Contract (Levels 9-12)	1 977 816	6	2 466	802 034
Contract (Levels >= 13)	6 635	0	5	1 327 000
Contract Other	52 865	0	818	64 627
Periodical Remuneration	80 734	0	908	88 948

# 2021/22 ANNUAL REPORT

Salary band	Personnel expenditure (R'000)	% of total personnel cost	Number of employees	Average personnel cost per employee
Abnormal Appointment	522 921	2	14 403	36 306
<b>TOTAL</b>	<b>32 175 340</b>	<b>100</b>	<b>85 512</b>	<b>376 267</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

**TABLE 53: (3.1.3) SALARIES, OVERTIME, HOME OWNERS ALLOWANCE & MEDICAL AID BY PROGRAMME: 01/04/2021 - 31/03/2022**

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
Administration	440 663	83,5	4 220	0,8	10 293	2	20 305	3,8
Central Hospital Services	2 438 230	76,2	259 724	8,1	81 059	2,5	137 712	4,3
District Health Services	14 086 830	81,5	499 574	2,9	552 884	3,2	775 866	4,5
Emergency Medical Services	820 063	68,8	145 713	12,2	50 397	4,2	85 268	7,2
Health Care Support Services	115 586	71,3	8 706	5,4	8 186	5	14 859	9,2
Health Facilities Management	19 076	32,7	0	0	36	0,1	100	0,2
Health Sciences & Training	971 374	78,6	219 083	17,7	5 730	0,5	10 887	0,9
Provincial Hospital Services	6 601 348	76,3	682 140	7,9	237 256	2,7	385 798	4,5
<b>TOTAL</b>	<b>25 493 169</b>	<b>78,9</b>	<b>1 819 161</b>	<b>5,6</b>	<b>945 840</b>	<b>2,9</b>	<b>1 430 796</b>	<b>4,4</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

**TABLE 54: (3.1.4) SALARIES, OVERTIME, HOME OWNERS ALLOWANCE & MEDICAL AID BY SALARY BAND: 01/04/2021 - 31/03/2022**

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
Lower skilled (Levels 1-2)	445 934	74,1	1 325	0,2	54 358	9,0	49 254	8,2
Skilled (Levels 3-5)	5 256 455	73,6	159 855	2,2	452 313	6,3	625 232	8,8
Highly skilled production (Levels 6-8)	5 056 062	78,1	112 341	1,7	254 945	3,9	423 592	6,5



# 2021/22 ANNUAL REPORT

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
Highly skilled supervision (Levels 9-12)	10 235 620	78,7	1 084 46400	8,3	182 153,00	1,4	329 661	2,5
Senior management (Levels >= 13)	85 673	85,1	2 158	2,1	521	0,5	754	0,7
Other	233 320	98,1	1 304	0,5	364	0,2	823	0,3
Contract (Levels 1-2)	154 514	99,7	310	0,2	0	0	0	0
Contract (Levels 3-5)	1 117 472	97,3	18 783	1,6	301	0	209	0
Contract (Levels 6-8)	772 901	97,7	9 929	1,3	466	0,1	878	0
Contract (Levels 9-12)	1 517 159	76,6	428 678	21,7	420	0	386	0
Contract (Levels >= 13)	6 163	82,7	0	0	0	0	8	0
Contract Other	52 811	99,3	14	0	0	0	0	0
Periodical Remuneration	80 704	95,5	0	0	0	0	0	0
Abnormal Appointment	478 383	91,5	0	0	0	0	0	0
<b>TOTAL</b>	<b>25 493 169</b>	<b>78,9</b>	<b>1 819 161</b>	<b>5,6</b>	<b>945 840</b>	<b>2,9</b>	<b>1 430 796</b>	<b>4,4</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Employment and Vacancies

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

- Programmes
- Salary Bands
- Critical Occupations

# 2021/22 ANNUAL REPORT

**TABLE 55: (3.2.1.) EMPLOYMENT AND VACANCIES BY PROGRAMME AS ON 31 MARCH 2022**

Programme	Number of posts on approved establishment <sup>13</sup>	Number of posts filled <sup>14</sup>	Vacancy rate %	Number of employees additional to the establishment <sup>15</sup>
Administration	1 120	967	13,7	165
Central Hospital Services	6 761	5 660	16,3	12
District Health Services	48 980	41 566	15,1	9 802
Emergency Medical Services	3 340	3 053	8,6	153
Health Care Support Services	582	479	17,7	2
Health Facilities Management	4	4	0	0
Health Sciences & Training	3 121	2 579	17,4	1 999
Provincial Hospital Services	19 096	15 893	16,8	12
<b>TOTAL</b>	<b>83 004</b>	<b>70 201</b>	<b>15,4</b>	<b>12 145</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

**TABLE 56: (3.2.2.) EMPLOYMENT AND VACANCIES BY SALARY BAND AS ON 31 MARCH 2022**

Salary band	Number of posts on approved establishment	Number of posts filled <sup>16</sup>	Vacancy rate %	Number of employees additional to establishment <sup>17</sup>
Lower Skilled (Levels 1-2)	3 571	2 985	16,4	2
Skilled (Levels 3-5)	30 741	25 318	17,6	29
Highly Skilled Production (Levels 6-8)	18 178	14 924	17,9	56
Highly Skilled Supervision (Levels 9-12)	18 319	14 810	19,2	2
Senior Management (Levels >= 13)	106	76	28,3	0
Other	1 327	1 327	0	586
Contract (Levels 1-2), Permanent	1 023	1 023	0	1 530
Contract (Levels 3-5)	5 082	5 082	0	5 333
Contract (Levels 6-8)	2 185	2 185	0	2 546
Contract (Levels 9-12)	2 466	2 466	0	2 061
Contract (Levels >= 13)	5	5	0	0
<b>TOTAL</b>	<b>83 003</b>	<b>70 201</b>	<b>15,4</b>	<b>12 145</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

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

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

<sup>15</sup> Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment in addition to additional to employment posts.

<sup>16</sup> This refers to filled **posts**. Please note that more than one sessional employee may occupy a post.

<sup>17</sup> Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment.

# 2021/22 ANNUAL REPORT

**TABLE 57: (3.2.3.) EMPLOYMENT AND VACANCIES BY CRITICAL OCCUPATION AS ON 31 MARCH 2022**

Critical occupations	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to establishment
All Artisans In The Building Metal Machinery Etc.	510	374	26,7	1
Ambulance And Related Workers	3 204	2 928	8,6	178
Dental Practitioners	169	145	14,2	36
Dieticians And Nutritionists	246	198	19,5	38
Emergency Services Related	44	42	4,5	0
Engineering Sciences Related	48	35	27,1	2
Environmental Health	100	80	20,0	7
Head Of Department	1	1	0	0
Medical Practitioners	4 917	4 408	10,4	1 605
Medical Research And Related Professionals	142	90	36,6	0
Medical Specialists	1 188	816	31,3	0
Medical Technicians/Technologists	208	169	18,8	0
Occupational Therapy	303	218	28,1	69
Optometrists And Opticians	73	63	13,7	6
Oral Hygiene	38	30	21,1	1
Pharmacists	1 480	1 384	6,5	316
Physicists	4	2	50	0
Physiotherapy	445	363	18,4	118
Professional Nurse	22 532	19 326	14,2	2 182
Psychologists And Vocational Counsellors	146	108	26,0	42
Radiography	802	683	14,8	91
Social Work And Related Professionals	334	279	16,5	23
Speech Therapy And Audiology	278	226	18,7	113
<b>TOTAL</b>	<b>37 212</b>	<b>31 968</b>	<b>14,1</b>	<b>4 828</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Filling of SMS Posts

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

**TABLE 58: (3.3.1) SMS POST INFORMATION AS ON 31 MARCH 2022**

SMS level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Head: Health	1	1	100	0	0
Salary level 16 <sup>18</sup>	1	1	100	0	0

<sup>18</sup> MEC's Post

# 2021/22 ANNUAL REPORT

SMS level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Salary level 15	7	3	3,61	4	3,54
Salary level 14	20	13	15,66	7	6,19
Salary level 13	84	65	78,31	19	16,81
<b>Total</b>	<b>113</b>	<b>83</b>	<b>100</b>	<b>30</b>	<b>26,55</b>

Source: Persal Report (extracted on 31/03/2022)

**TABLE 59: (3.3.2) SMS POST INFORMATION AS ON 30 SEPTEMBER 2021**

SMS level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Head: Health	1	1	100	0	0
Salary level 16 <sup>19</sup>	1	1	100	0	0
Salary level 15	7	4	4,94	3	2,63
Salary level 14	20	13	16,05	7	6,14
Salary level 13	85	62	76,54	23	20,18
<b>Total</b>	<b>114</b>	<b>81</b>	<b>100</b>	<b>33</b>	<b>28,95</b>

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

**TABLE 60: (3.3.3) ADVERTISING AND FILLING OF SMS POSTS: 01/04/2021 - 31/03/2022**

SMS Level <sup>20</sup>	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Head: Health	0	0	0
Salary Level 16 <sup>21</sup>	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	0
Salary Level 13	0	0	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Director: HR Practices and Administration

**TABLE 61: (3.3.4) REASONS FOR NOT HAVING COMPLIED WITH THE FILLING OF FUNDED VACANT SMS - ADVERTISED WITHIN 6 MONTHS AND FILLED WITHIN 12 MONTHS AFTER BECOMING VACANT FOR THE PERIOD : 01/04/2021 - 31/03/2022**

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

<sup>19</sup> MEC's Post

<sup>20</sup> Please note that the recruitment and selection process for the MEC and Head: Health Posts are facilitated by the Office of the Premier.

<sup>21</sup> MEC's Post

# 2021/22 ANNUAL REPORT

## Reasons for vacancies not filled within 6 months

Provincial Treasury has directed that the Department must undertake a reprioritisation exercise to indicate how the filling of non-exempted posts will be funded before consideration can be given to fill these posts.

The Department is finalising the minimum staff establishment project which must be approved by Provincial Treasury and Office of the Premier. It is anticipated that this process will pave the way for the Department to be able to fill critical posts in all occupational categories provided, funds are available.

Source: Director: HR Practices and Administration

### Notes

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

**TABLE 62: (3.3.5) DISCIPLINARY STEPS TAKEN FOR NOT COMPLYING WITH THE PRESCRIBED TIMEFRAMES FOR FILLING SMS POSTS WITHIN 12 MONTHS FOR THE PERIOD: 01/04/2021 - 31/03/2022**

## Disciplinary steps taken: Reasons for vacancies not advertised within six months

The delay was not occasioned by the Department and hence no disciplinary action was instituted.

## Disciplinary steps taken: Reasons for vacancies not filled within six months

N/A.

Source: Director: HR Practices and Administration

### Notes

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

## Job Evaluations

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

**TABLE 63: (3.4.1) JOB EVALUATION BY SALARY BAND: 01/04/2021 - 31/03/2022**

Salary band	Number of posts on approved establishment	Number of jobs evaluated	% of posts evaluated by salary bands	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower Skilled (Levels 1-2)	3571	1	0	1	0	0	0
Skilled (Levels 3-5)	30741	49	0,2	414	0	0	0
Highly Skilled Production (Levels 6-8)	18178	0	0	605	0	0	0
Highly Skilled Supervision (Levels 9-12)	18319	1	0	247	0	0	0
Senior Management Service Band A	79	0	0	0	0	0	0

# 2021/22 ANNUAL REPORT

Salary band	Number of posts on approved establishment	Number of jobs evaluated	% of posts evaluated by salary bands	Posts upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Senior Management Service Band B	18	0	0	0	0	0	0
Senior Management Service Band C	7	0	0	0	0	0	0
Senior Management Service Band D	2	0	0	0	0	0	0
Other	1327	0	0	0	0	0	0
Contract (Levels 3-5)	1023	0	0	1	0	0	0
Contract (Levels 6-8)	5082	1	0	3	33,33	0	0
Contract (Levels 9-12)	2185	0	0	0	0	0	0
Contract Band A	2466	0	0	1	0	0	0
Contract Band B	2	0	0	0	0	0	0
Contract Band C	2	0	0	0	0	0	0
Contract Band D	1	0	0	0	0	0	0
<b>TOTAL</b>	<b>83003</b>	<b>52</b>	<b>0,1</b>	<b>1272</b>	<b>0,08</b>	<b>0</b>	<b>0</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022 and Director: Organisational Efficiency Services

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

**TABLE 64: (3.4.2) PROFILE OF EMPLOYEES WHOSE POSITIONS WERE UPGRADED DUE TO THEIR POSTS BEING UPGRADED: 01/04/2021 - 31/03/2022**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Employees with a Disability</b>	0	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

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

# 2021/22 ANNUAL REPORT

**TABLE 65: (3.4.3) EMPLOYEES WITH SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION BY OCCUPATION: 01/04/2021 - 31/03/2022**

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Chief Executive Officer	1	13	OSD	To recruit and retain scarce skills in the Department.
Chief Executive Officer	1	14	OSD	To recruit and retain scarce skills in the Department.
Chief Executive Officer	1	13	14	To recruit and retain scarce skills in the Department.
Chief Director: Infrastructure	1	14	16	To recruit and retain scarce skills in the Department.
Director (Health Ombudsman)	1	13	14	To recruit and retain scarce skills in the Department.
<b>Total number of employees whose salaries exceeded the level determined by job evaluation</b>				<b>5</b>
<b>Percentage of total employed</b>				<b>0,0071%</b>

Source: Peral Report (extracted on 31/03/2022)

**TABLE 66: (3.4.4) PROFILE OF EMPLOYEES WHO HAVE SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION: 01/04/2021 - 31/03/2022**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	5	0	0	0	5
<b>TOTAL</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>Employees with a Disability</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Peral Report (extracted on 31/03/2022)

## Notes

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

Total number of employees whose salaries exceeded the grades determine by job evaluation	<b>5</b>
--	----------

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

## Employment Changes

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

# 2021/22 ANNUAL REPORT

**TABLE 67: (3.5.1) ANNUAL TURNOVER RATES BY SALARY BAND: 01/04/2021 - 31/03/2022**

Salary band	Number of employees at beginning of 1 April 2019	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower Skilled (Levels 1-2)	3189	46	126	4
Skilled (Levels 3-5)	26549	222	784	3
Highly Skilled Production (Levels 6-8)	15099	461	755	5
Highly Skilled Supervision (Levels 9-12)	14363	1062	1225	8,5
Senior Management Service Band A Permanent	58	1	2	3,4
Senior Management Service Band B Permanent	12	0	1	8,3
Senior Management Service Band C Permanent	4	0	1	25
Senior Management Service Band D Permanent	2	0	0	0
Other	1392	665	561	40,3
Contract (Levels 1-2) Permanent	890	304	101	11,3
Contract (Levels 3-5) Permanent	3597	2667	481	13,4
Contract (Levels 6-8) Permanent	1556	1230	805	51,7
Contract (Levels 9-12) Permanent	2343	1464	1321	56,4
Contract Band A Permanent	1	1	1	100
Contract Band B Permanent	2	0	0	0
Contract Band D Permanent	1	0	0	0
<b>TOTAL</b>	<b>69058</b>	<b>8123</b>	<b>6164</b>	<b>8,9</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

**TABLE 68: (3.5.2) ANNUAL TURNOVER RATES BY CRITICAL OCCUPATION: 01/04/2021 - 31/03/2022**

Critical Occupation	Number of employees at beginning of 1 April 2021	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
All Artisans In The Building Metal Machinery Etc.	292	6	25	8,6
Ambulance And Related Workers	2937	121	110	3,7
Dental Practitioners	145	42	41	28,3
Dieticians And Nutritionists	205	44	52	25,4
Emergency Services Related	45	0	1	2,2
Engineering Sciences Related	37	3	3	8,1
Environmental Health	78	8	5	6,4
Medical Practitioners	4295	1584	1324	30,8
Medical Research And Related Professionals	102	3	16	15,7
Medical Specialists	844	104	113	13,4
Medical Technicians/Technologists	148	25	6	4,1
Occupational Therapy	211	82	71	33,6
Optometrists And Opticians	63	3	3	4,8
Oral Hygiene	31	2	3	9,7



# 2021/22 ANNUAL REPORT

Critical Occupation	Number of employees at beginning of 1 April 2021	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Pharmacists	1351	374	336	24,9
Physicists	3	0	1	33,3
Physiotherapy	351	101	86	24,5
Professional Nurse	18951	2086	1666	8,8
Psychologists And Vocational Counsellors	79	57	26	32,9
Radiography	694	130	131	18,9
Social Work And Related Professionals	292	3	23	7,9
Speech Therapy And Audiology	217	86	74	34,1
<b>TOTAL</b>	<b>31371</b>	<b>4864</b>	<b>4116</b>	<b>13,1</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Notes:

The CORE classification, as prescribed by the DPSA, should be for completion of this table

Critical occupations are defined as occupations or sub-categories within an occupation:

- In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- In respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

**TABLE 69: (3.5.3) REASONS WHY STAFF LEFT THE DEPARTMENT: 01/04/2021 - 31/03/2022**

Termination type	Number	% of Total resignations
Death	327	5,3
Resignation	1919	31,1
Expiry of contract	2856	46,3
Dismissal-operational changes	2	0
Discharged due to ill health	40	0,6
Dismissal-misconduct	68	1,1
Retirement	949	15,4
Other	3	0
<b>TOTAL</b>	<b>6164</b>	<b>100</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

# 2021/22 ANNUAL REPORT

**TABLE 70: (3.5.4) PROMOTIONS BY CRITICAL OCCUPATION: 01/04/2021 - 31/03/2022**

Occupation	Employees As At 1 April 2019	Promotions To Another Salary Level	Salary Level Promotions As A % Of Employees By Occupation	Progressions To Another Notch Within A Salary Level	Notch Progressions As A % Of Employees By Occupation
All Artisans In The Building Metal Machinery Etc.	392	3	0,8	391	99,7
Ambulance And Related Workers	2937	1	0	3094	105,3
Dental Practitioners	145	1	0,7	161	111
Dieticians And Nutritionists	205	2	1	214	104,4
Emergency Services Related	45	0	0	43	95,6
Engineering Sciences Related	37	0	0	36	97,3
Environmental Health	78	0	0	78	100
Medical Practitioners	4295	82	1,9	3982	92,7
Medical Research And Related Professionals	102	0	0	96	94,1
Medical Specialists	844	37	4,4	798	94,5
Medical Technicians/Technologists	148	1	0,7	152	102,7
Occupational Therapy	211	3	1,4	208	98,6
Optometrists And Opticians	63	0	0	66	104,8
Oral Hygiene	31	0	0	36	116,1
Pharmacists	1351	10	0,7	1374	101,7
Physicists	3	0	0	2	66,7
Physiotherapy	351	1	0,3	354	100,9
Professional Nurse	18951	269	1,4	19847	104,7
Psychologists And Vocational Counsellors	79	0	0	87	110,1
Radiography	694	11	1,6	718	103,5
Social Work And Related Professionals	292	2	0,7	504	172,6
Speech Therapy And Audiology	217	1	0,5	232	106,9
<b>TOTAL</b>	<b>31471</b>	<b>424</b>	<b>1,3</b>	<b>32473</b>	<b>103,2</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

**TABLE 71: (3.5.5) PROMOTIONS BY SALARY BAND: 01/04/2021 - 31/03/2022**

Salary Band	Employees On 1 April 2021	Promotions To Another Salary Level	Salary Bands Promotions As A % Of Employees By Salary Level	Progressions To Another Notch Within A Salary Level	Notch Progressions As A % Of Employees By Salary Band
Lower Skilled (Levels 1-2)	3189	0	0	3085	96,7
Skilled (Levels 3-5)	26549	16	0,1	26236	98,8
Highly Skilled Production (Levels 6-8)	15099	47	0,3	16253	107,6
Highly Skilled Supervision (Levels 9-12)	14363	415	2,9	15383	107,1
Senior Management (Levels >= 13)	76	3	3,9	77	101,3
Other	1392	0	0	32	2,3
Contract (Levels 1-2)	890	0	0	976	109,7

# 2021/22 ANNUAL REPORT

Salary Band	Employees On 1 April 2021	Promotions To Another Salary Level	Salary Bands Promotions As A % Of Employees By Salary Level	Progressions To Another Notch Within A Salary Level	Notch Progressions As A % Of Employees By Salary Band
Contract (Levels 3-5)	3597	4	0,1	4721	131,2
Contract (Levels 6-8)	1556	3	0,2	2140	137,5
Contract (Levels 9-12)	2343	14	0,6	2278	97,2
Contract (Levels >= 13)	4	1	25	5	125
<b>TOTAL</b>	<b>69058</b>	<b>503</b>	<b>0,7</b>	<b>71186</b>	<b>103,1</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Employment Equity <sup>22</sup>

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

**TABLE 72: (3.6.1) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL CATEGORIES AS ON 31 MARCH 2022**

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials And Managers	38	1	8	1	33	3	7	6	97
Professionals	2605	66	920	302	2779	98	1292	378	8440
Technicians And Associate Professionals	4214	48	328	21	18826	468	1820	255	25980
Clerks	2767	41	278	19	4830	108	379	66	8488
Service Shop And Market Sales Workers	3934	33	406	13	14507	95	261	26	19275
Craft And Related Trade Workers	278	13	41	24	19	0	0	0	375
Plant And Machine Operators And Assemblers	435	8	44	2	166	5	7	1	668
Labourers And Related Workers	2248	31	160	17	4276	36	100	10	6878
<b>Total</b>	<b>16519</b>	<b>241</b>	<b>2185</b>	<b>399</b>	<b>45436</b>	<b>813</b>	<b>3866</b>	<b>742</b>	<b>70201</b>
<b>Employees with disabilities</b>	<b>187</b>	<b>3</b>	<b>41</b>	<b>8</b>	<b>162</b>	<b>3</b>	<b>23</b>	<b>8</b>	<b>435</b>

Source: Deputy Director: Employment Equity

<sup>22</sup> Please note that the Employment Equity data on the Tables below differ from Table 2 as sessional and periodical employees are not factored in for purposes of Employment Equity.

# 2021/22 ANNUAL REPORT

**TABLE 73: (3.6.2) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL BANDS AS ON 31 MARCH 2022**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	4	0	0	0	1	0	0	0	5
Senior Management	27	0	6	3	28	1	3	3	71
Professionally Qualified And Experienced Specialists And Mid-Management	3060	68	902	219	9299	300	1964	325	16137
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	2831	58	599	37	10036	250	979	134	14924
Semi-Skilled And Discretionary Decision Making	7546	73	381	31	16664	141	449	33	25318
Unskilled And Defined Decision Making	823	8	42	2	2054	16	38	2	2985
Contract (Top Management)	1	0	0	0	0	0	0	0	1
Contract (Senior Management)	2	0	0	0	2	0	0	0	4
Contract (Professionally Qualified)	774	24	228	103	859	35	299	144	2466
Contract (Skilled Technical)	359	5	13	4	1577	39	100	88	2185
Contract (Semi-Skilled)	797	4	13	0	4191	30	34	13	5082
Contract (Unskilled)	295	1	1	0	725	1	0	0	1023
<b>TOTAL</b>	<b>16519</b>	<b>241</b>	<b>2185</b>	<b>399</b>	<b>45436</b>	<b>813</b>	<b>3866</b>	<b>742</b>	<b>70201</b>

Source: Deputy Director: Employment Equity

**TABLE 74: (3.6.3) RECRUITMENT: 01/04/2021 - 31/03/2022**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	1	0	0	0	1
Senior Management	596	6	82	28	861	18	100	36	1727
Professionally Qualified And Experienced Specialists And Mid-Management	153	0	3	0	273	5	26	1	461
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	137	0	2	0	81	0	2	0	222
Semi-Skilled And Discretionary Decision Making	30	1	0	0	15	0	0	0	46
Unskilled And Defined Decision Making	0	0	0	0	1	0	0	0	1
Contract (Senior Management)	490	9	134	47	514	21	170	79	1464
Contract (Professionally Qualified)	201	4	9	4	831	29	73	79	1230
Contract (Skilled Technical)	527	2	5	0	2061	22	32	18	2667
Contract (Semi-Skilled)	98	0	0	0	205	1	0	0	304
<b>TOTAL</b>	<b>2232</b>	<b>22</b>	<b>235</b>	<b>79</b>	<b>4843</b>	<b>96</b>	<b>403</b>	<b>213</b>	<b>8123</b>
<i>Employees with disabilities</i>	<b>11</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>23</b>

Source: Deputy Director: Employment Equity

# 2021/22 ANNUAL REPORT

**TABLE 75: (3.6.4) PROMOTIONS: 01/04/2021 - 31/03/2022**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	4	0	0	0	0	0	0	0	4
Senior Management	30	0	6	3	30	1	3	3	76
Professionally Qualified And Experienced Specialists And Mid-Management	2752	68	859	211	9284	311	2014	331	15830
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	3011	62	642	41	11070	267	1059	148	16300
Semi-Skilled And Discretionary Decision Making	7764	75	390	31	17353	146	460	33	26252
Unskilled And Defined Decision Making	846	8	45	3	2123	17	41	2	3085
Contract (Top Management)	1	0	0	0	0	0	0	0	1
Contract (Senior Management)	2	0	0	0	3	0	0	0	5
Contract (Professionally Qualified)	672	23	224	109	768	42	309	145	2292
Contract (Skilled Technical)	350	8	16	3	1507	39	121	99	2143
Contract (Semi-Skilled)	722	4	10	0	3953	19	15	2	4725
Contract (Unskilled)	278	2	1	0	694	1	0	0	976
<b>TOTAL</b>	<b>16432</b>	<b>250</b>	<b>2193</b>	<b>401</b>	<b>46785</b>	<b>843</b>	<b>4022</b>	<b>763</b>	<b>71689</b>
<i>Employees with disabilities</i>	<b>185</b>	<b>3</b>	<b>41</b>	<b>8</b>	<b>170</b>	<b>3</b>	<b>23</b>	<b>9</b>	<b>442</b>

Source: Deputy Director: Employment Equity

**TABLE 76: (3.6.5) TERMINATIONS: 01/04/2021 - 31/03/2022**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	1	0	0	0	1
Senior Management	1	0	0	0	2	0	0	0	3
Professionally Qualified And Experienced Specialists And Mid-Management	421	3	95	45	995	40	128	59	1786
Skilled Technical And Academically Qualified Workers, Junior Management, Supervisors, Foremen	166	6	31	4	479	9	40	20	755
Semi-Skilled And Discretionary Decision Making	291	4	20	1	452	5	9	2	784
Unskilled And Defined Decision Making	27	0	1	0	97	0	1	0	126
Contract (Senior Management)	0	0	0	0	1	0	0	0	1
Contract (Professionally Qualified)	363	10	149	57	443	31	186	82	1321
Contract (Skilled Technical)	153	7	15	3	440	16	81	90	805
Contract (Semi-Skilled)	110	0	0	0	370	0	1	0	481
Contract (Unskilled)	37	1	0	0	63	0	0	0	101
<b>TOTAL</b>	<b>1569</b>	<b>31</b>	<b>311</b>	<b>110</b>	<b>3343</b>	<b>101</b>	<b>446</b>	<b>253</b>	<b>6164</b>
<i>Employees with disabilities</i>	<b>13</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26</b>

Source: Deputy Director: Employment Equity

# 2021/22 ANNUAL REPORT

**TABLE 77: (3.6.6) DISCIPLINARY ACTION: 01/04/2021 - 31/03/2022**

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Corrective Counselling	4				3				7
Verbal Warning	2				9				11
Written Warning	14	2			29			1	46
Final Written Warning	32		9		36		11		88
Suspension Without Pay	11		1		9	1			22
Dismissal	1			1	8				10
Not Guilty	2				3				5
Demotion	1								1
Resigned during hearing	1								1
Abscondment	1				2				3
<b>TOTAL</b>	<b>69</b>	<b>2</b>	<b>10</b>	<b>1</b>	<b>99</b>	<b>1</b>	<b>11</b>	<b>1</b>	<b>194</b>

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

**TABLE 78: (3.6.7) SKILLS DEVELOPMENT: 01/04/2021 - 31/03/2022**

Occupational categories	Male					Female					Total
	African	Coloured	Indian	White	Total Male	African	Coloured	Indian	White	Total Female	
Clerical Support Workers	546	14	53	1	614	864	19	64	10	957	1571
Elementary Occupations	188	2	16	3	209	95	2	3	0	100	309
Managers	221	5	74	37	337	380	14	88	33	515	852
Plant and Machine Operators and Assemblers	121	1	10	1	133	32	2	1	0	35	168
Professionals	1866	43	235	129	2273	5928	205	1065	251	7449	9724
Service and Sales Workers	590	3	42	2	637	1424	22	34	6	1486	2123
Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers	53	6	7	12	78	5	0	2	0	7	85
Technicians and Associate Professionals	819	15	122	22	978	2407	53	209	23	2692	3670
<b>Total</b>	<b>4404</b>	<b>89</b>	<b>559</b>	<b>207</b>	<b>5259</b>	<b>11135</b>	<b>317</b>	<b>1466</b>	<b>323</b>	<b>13241</b>	<b>18502</b>

Source: Director: HRD

## Signing of Performance Agreements by SMS Members

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

# 2021/22 ANNUAL REPORT

**TABLE 79: (3.7.1) SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS AS ON 31 MAY 2021**

SMS level	Total number of funded SMS posts	Total number of SMS members	Total number of signed Performance Agreements	Signed Performance Agreements as % of total number of SMS members
Head: Health	1	1	1	100
Salary level 16	1	1	1	100
Salary level 15	7	4	3	75
Salary level 14	20	12	12	100
Salary level 13	84	59	59	100
<b>Total</b>	<b>113</b>	<b>77</b>	<b>76</b>	<b>99</b>

Source: Director: HRD

## Notes

- In the event of a National or Provincial election occurring within the first three months of a financial year all members of the SMS must conclude and sign their performance agreements for that financial year within three months following the month in which the elections took place.

**TABLE 80: (3.7.2) REASONS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS FOR ALL SMS MEMBERS AS ON 31 MAY 2021**

Reasons
SMS Member was on suspension during completion of Performance Agreements and is still on suspension.

Source: Director: HRD

**TABLE 81: (3.7.3) DISCIPLINARY STEPS TAKEN AGAINST SMS MEMBERS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS AS ON 31 MAY 2021**

Disciplinary steps taken
None as the SMS Member is still on suspension.

Source: Director: HRD

## Performance Rewards

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

**TABLE 82: (3.8.1) PERFORMANCE REWARDS BY RACE, GENDER, AND DISABILITY: 01/04/2021 - 31/03/2022<sup>23</sup>**

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee (R)
African, Female	0	45 274	0	0	0
African, Male	0	16 332	0	0	0

<sup>23</sup> Not Applicable as Pay Progressions and Performance rewards were not implemented on 1/7/2021 as per directive from DPSA.

# 2021/22 ANNUAL REPORT

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee (R)
Asian, Female	0	3 843	0	0	0
Asian, Male	0	2 144	0	0	0
Coloured, Female	0	810	0	0	0
Coloured, Male	0	238	0	0	0
<b>Total Blacks, Female</b>	<b>0</b>	<b>49 927</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Blacks, Male</b>	<b>0</b>	<b>18 714</b>	<b>0</b>	<b>0</b>	<b>0</b>
White, Female	0	734	0	0	0
White, Male	0	391	0	0	0
Employees with a disability	0	435	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>70 201</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Director: HRD

**TABLE 83: (3.8.2) PERFORMANCE REWARDS BY SALARY BAND FOR PERSONNEL BELOW SMS: 01/04/2021 - 31/03/2022**

Salary bands	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee (R)
Lower Skilled (Levels 1-2)	0	2974	0	0	0
Skilled (Levels 3-5)	0	25100	0	0	0
Highly Skilled Production (Levels 6-8)	0	14672	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	14383	0	0	0
Other	0	1252	0	0	0
Contract (Levels 1-2)	0	1017	0	0	0
Contract (Levels 3-5)	0	5056	0	0	0
Contract (Levels 6-8)	0	2164	0	0	0
Contract (Levels 9-12)	0	2449	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>69067</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022



# 2021/22 ANNUAL REPORT

**TABLE 84: (3.8.3) PERFORMANCE REWARDS BY CRITICAL OCCUPATIONS: 01/04/2021 - 31/03/2022<sup>24</sup>**

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee (R)
All Artisans In The Building Metal Machinery Etc.	0	371	0	0	0
Ambulance And Related Workers	0	2928	0	0	0
Dental Practitioners	0	135	0	0	0
Dieticians And Nutritionists	0	183	0	0	0
Emergency Services Related	0	42	0	0	0
Engineering Sciences Related	0	35	0	0	0
Environmental Health	0	80	0	0	0
Medical Practitioners	0	4262	0	0	0
Medical Research And Related Professionals	0	80	0	0	0
Medical Specialists	0	751	0	0	0
Medical Technicians/Technologists	0	150	0	0	0
Occupational Therapy	0	212	0	0	0
Optometrists And Opticians	0	57	0	0	0
Oral Hygiene	0	27	0	0	0
Pharmacists	0	1370	0	0	0
Physicists	0	0	0	0	0
Physiotherapy	0	343	0	0	0
Professional Nurse	0	19073	0	0	0
Psychologists And Vocational Counsellors	0	103	0	0	0
Radiography	0	638	0	0	0
Social Work And Related Professionals	0	266	0	0	0
Speech Therapy And Audiology	0	209	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>31315</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Notes

- The CORE classification, as prescribed by the DPSA, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation –
  - (a) in which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
  - (b) for which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;

<sup>24</sup> Not Applicable as Pay Progressions and Performance rewards were not implemented on 1/7/2021 as per directive from DPSA.

# 2021/22 ANNUAL REPORT

- (c) where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- (d) in respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees;

**TABLE 85: (3.8.4) PERFORMANCE RELATED REWARDS (CASH BONUS), BY SALARY BAND FOR SMS: 01/04/2021 - 31/03/2022**

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within band	Total Cost (R'000)	Average cost per employee (R)	
Band A	0	60	0	0	0	0
Band B	0	13	0	0	0	0
Band C	0	3	0	0	0	0
Band D	0	3	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Foreign Workers

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

**TABLE 86: (3.9.1) FOREIGN WORKERS BY SALARY BAND: 01/04/2021 - 31/03/2022**

Salary Band	01 April 2021		31 March 2022		Change	
	Number	% total	Number	% total	Number	% change
Highly Skilled Production (Levels 6-8)	28	5,5	33	6,9	5	- 19,2
Highly Skilled Supervision (Levels 9-12)	457	90,5	426	88,9	-31	119,2
Lower Skilled (Levels 1-2)	1	0,2	1	0,2	0	0
Other	13	2,6	15	3,1	2	- 7,7
Senior Management (Levels 13-16)	1	0,2	1	0,2	0	0
Skilled (Levels 3-5)	5	1,0	3	0,6	-2	7,7
<b>TOTAL</b>	<b>505</b>	<b>100</b>	<b>479</b>	<b>100</b>	<b>-26</b>	<b>100</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

# 2021/22 ANNUAL REPORT

**TABLE 87: (3.9.2) FOREIGN WORKERS BY MAJOR OCCUPATION: 01/04/2021 - 31/03/2022**

Salary Band	01 April 2021		31 March 2022		Change	
	Number	% total	Number	% total	Number	% change
Administrative Office Workers	2	0,4	2	0,4	0	0
Craft And Related Trades Workers	1	0,2	0	0	-1	3,8
Elementary Occupations	1	0,2	1	0,2	0	0
Other Occupations	0	0	0	0	0	0
Professionals And Managers	497	98,4	472	98,5	-25	96,2
Social Natural Technical And Medical Sciences + Support	2	0,4	2	0,4	0	0
Technicians And Associated Professionals	2	0,4	2	0,4	0	0
<b>TOTAL</b>	<b>505</b>	<b>100</b>	<b>479</b>	<b>100</b>	<b>-26</b>	<b>100</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

## Leave Utilisation

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

**TABLE 88: (3.10.1) SICK LEAVE: 1 JANUARY 2021 - 31 DECEMBER 2021**

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 1-2)	2617	86,3	515	1	5	1 415
Contract (Levels 3-5)	18106	83,5	3243	6,1	6	15 553
Contract (Levels 6-8)	10204	79,4	1784	3,4	6	13 038
Contract (Levels 9-12)	9640	65,8	1791	3,4	5	21 137
Contract (Levels 13-16)	3	100	1	0	3	23
Contract Other	2298	80	485	0,9	5	643
Highly Skilled Production (Levels 6-8)	98751	83,3	12306	23,2	8	140 123
Highly Skilled Supervision (Levels 9-12)	93800	82,6	11527	21,8	8	260 695
Lower Skilled (Levels 1-2)	15650	83,1	2090	3,9	7	9 358
Other	183	83,6	23	0	8	480
Senior Management (Levels 13-16)	294	86,1	39	0,1	8	1 257
Skilled (Levels 3-5)	144746	82,9	19138	36,1	8	127 125
<b>TOTAL</b>	<b>396292</b>	<b>82,5</b>	<b>52942</b>	<b>100</b>	<b>7</b>	<b>590 846</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

# 2021/22 ANNUAL REPORT

**TABLE 89: (3.10.2) INCAPACITY LEAVE (TEMPORARY AND PERMANENT): 1 JANUARY 2021 - 31 DECEMBER 2021**

Salary Band	Total days	% days with medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 1-2)	38	100	4	0,1	10	20
Contract (Levels 3-5)	464	100	53	1,7	9	406
Contract (Levels 6-8)	268	100	30	0,9	9	344
Contract (Levels 9-12)	145	100	16	0,5	9	343
Contract Other	10	100	1	0	10	8
Highly Skilled Production (Levels 6-8)	19286	100	875	27,4	22	26 965
Highly Skilled Supervision (Levels 9-12)	19230	100	823	25,8	23	55 552
Lower skilled (Levels 1-2)	2667	100	142	4,4	19	1 622
Other	80	100	2	0,1	40	96
Senior management (Levels 13-16)	51	100	1	0	51	244
Skilled (Levels 3-5)	26525	100	1248	39,1	21	23 252
<b>TOTAL</b>	<b>68764</b>	<b>100</b>	<b>3195</b>	<b>100</b>	<b>22</b>	<b>108 853</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

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

**TABLE 90: (3.10.3) ANNUAL LEAVE: 1 JANUARY 2021 - 31 DECEMBER 2021**

Salary bands	Total days taken	Number of employees using annual leave	Average per employee
Contract (Levels 1-2)	8 207,92	11	755
Contract (Levels 13-16)	38	13	3
Contract (Levels 3-5)	46 656,36	12	3955
Contract (Levels 6-8)	25 945,20	13	2034
Contract (Levels 9-12)	38 563,12	16	2423
Contract Other	12 513	15	821
Highly skilled production (Levels 6-8)	391 367,96	25	15681
Highly skilled supervision (Levels 9-12)	364 131,64	24	14893
Lower skilled (Levels 1-2)	76 315,11	24	3143
Other	655,68	24	27
Senior management (Levels 13-16)	1 671	23	73
Skilled (Levels 3-5)	632 592,05	24	26028

# 2021/22 ANNUAL REPORT

Salary bands	Total days taken	Number of employees using annual leave	Average per employee
<b>TOTAL</b>	<b>1 598 657,04</b>	<b>23</b>	<b>69836</b>

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

**TABLE 91: (3.10.4) CAPPED LEAVE: 1 JANUARY 2021 - 31 DECEMBER 2021**

Salary Band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2022
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	1	1	1	8
Contract Other	0	0	0	0
Highly skilled production (Levels 6-8)	629,25	130	5	43
Highly skilled supervision (Levels 9-12)	671,88	156	4	46
Lower skilled (Levels 1-2)	72	8	9	23
Other	0	0	0	50
Senior management (Levels 13-16)	3	1	3	81
Skilled (Levels 3-5)	859,53	141	6	39
<b>TOTAL</b>	<b>2 236,66</b>	<b>437</b>	<b>5</b>	<b>43</b>

Source: Vulindlela HR Oversight Report extracted on 03/05/2022

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

**TABLE 92: (3.10.5) LEAVE PAY-OUTS: 01/04/2021 - 31/03/2022**

Reason	Total Amount (R'000)	Number of Employees	Average per employee (R'000)
Annual - Discounting With Resignation (Work Days)	31 069	1199	25 912
Annual - Discounting: Contract Expiry (Work Days)	328	7	46 857
Annual - Discounting: Unused Vacation Credits (Work Days)	13	1	13 000
Annual - Gratuity: Death/Retirement/Medical Retirement(Work Days)	44 631	1337	33 381
Capped - Gratuity: Death/Retirement/Medical Retirement(Work Days)	58 081	702	82 736
<b>TOTAL</b>	<b>134 121</b>		

Source: Vulindlela HR Oversight Report extracted on 03/05/2022 and Deputy Director: Service Conditions

# 2021/22 ANNUAL REPORT

## HIV, AIDS and Health Promotion Programmes

**TABLE 93: (3.11.1) STEPS TAKEN TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE**

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Nurses	Training, Hepatitis B immunizations, HIV Counselling and Testing (HCT), Provision of PPE, Occupational Post Exposure Prophylaxis (OPEP)
Doctors	Training, Hepatitis B immunizations, HIV Counselling and Testing (HCT), Occupational Post Exposure Prophylaxis (OPEP), Provision of PPE
General Assistants (cleaners, waste collectors)	Training, Hepatitis B immunizations, HIV Counselling and Testing (HCT), Use of Personal Protective Clothing, Occupational Post Exposure Prophylaxis (OPEP) education
Plumbers	Training, Hepatitis B immunizations, HIV Counselling and Testing (HCT), Use of Personal Protective Clothing, Occupational Post Exposure Prophylaxis (OPEP) education
Staff diagnosed with TB.	All tested for HIV and started on ART

Source: Chief Director: Organisational Efficiency Services (OES), Employee Health and Wellness (EHW) and Labour Relations

**TABLE 94: (3.11.2) DETAILS OF HEALTH PROMOTION AND HIV AND AIDS PROGRAMMES**

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Mr S. Dlamini Chief Director: Labour Relations (LR), Organisational Efficiency Services (OES), and Employee Health and Wellness (EHW)

# 2021/22 ANNUAL REPORT

Question	Yes	No	Details, if yes
<p>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.</p>	<b>Yes</b>		<p>EHW Units composed of</p> <p><b>Head Office</b></p> <p>1 x Deputy Director Occupational Health and Safety            1 x Deputy Director Employee Wellness            1 x Assistant Director Employee Wellness,            1 x Occupational Health Nurse,            1 x Safety officer at a provincial level.</p> <p><b>District Office</b></p> <p>12 x District EHW co-ordinators at district level.</p> <p><b>Institutions</b></p> <p>Occupational Health Nurses            Safety Officers and Employee            Wellness Practitioners in health institutions.            Compensation budget for staff- from Voted Funds</p>
<p>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.</p>	<b>Yes</b>		<ul style="list-style-type: none"> <li>- Psychosocial support services</li> <li>- Therapeutic counselling offered by trained Professional Wellness Practitioners</li> <li>- Physical wellness and Healthy lifestyle programme</li> <li>- Organizational Wellness</li> <li>- Work –Life Balance programme</li> <li>- HIV/AIDS &amp; TB Training, awareness and prevention programmes</li> <li>- HIV Counselling and Testing (HCT), Use of Personal Protective Clothing, Occupational Post Exposure Prophylaxis (OPEP) education</li> <li>- ART programme</li> </ul>

# 2021/22 ANNUAL REPORT

Question	Yes	No	Details, if yes																									
<p>4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.</p>	<b>Yes</b>		<p><b>EMPLOYEE HEALTH AND WELLNESS COMMITTEE</b></p> <p><b>Designated Senior Manager(s): EHW (Chairperson)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Initials &amp; Surname</th> </tr> </thead> <tbody> <tr> <td>1. S. Dlamini</td> </tr> </tbody> </table> <p><b>Members of the Committee</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Initials &amp; Surname</th> </tr> </thead> <tbody> <tr><td>1. M. Killeen –Ugu District</td></tr> <tr><td>2. T.Mahlaba–uMzinyathi District</td></tr> <tr><td>3. R. Duki - eThekwini</td></tr> <tr><td>4. Z.M. Ndwandwe – Ugu District</td></tr> <tr><td>5. N.P. Shezi - uMzinyathi</td></tr> <tr><td>6. R.Pahla – iLembe District</td></tr> <tr><td>7. L. Hutchinson -uMgungundlovu</td></tr> <tr><td>8. N.P. Fihlela - EHW Province</td></tr> <tr><td>9. A. Mahlobo – Zululand District</td></tr> <tr><td>10. Z. Mthethwa -uMgungundlovu</td></tr> <tr><td>11. J. van Der Plank – Amajuba</td></tr> <tr><td>12. P.S. Mabaso -eThekwini</td></tr> <tr><td>13. N.Mdluli- uMkhanyakude</td></tr> <tr><td>14. L. Mdubeki –Harry Gwala District</td></tr> <tr><td>15. Z.Dladla –Harry Gwala District</td></tr> <tr><td>16. C.K.Hadebe-uThukela District</td></tr> <tr><td>17. R. Chandrabhoan – Newcastle Hospital</td></tr> <tr><td>18. P. Ntshangase - Zululand</td></tr> <tr><td>19. N. Molwana - uThukela</td></tr> <tr><td>20. N.G. Bhengu - eThekwini</td></tr> <tr><td>21. T.N. Gobind – EHW Province</td></tr> <tr><td>22. A.M Ntombela - Zululand</td></tr> </tbody> </table>	Initials & Surname	1. S. Dlamini	Initials & Surname	1. M. Killeen –Ugu District	2. T.Mahlaba–uMzinyathi District	3. R. Duki - eThekwini	4. Z.M. Ndwandwe – Ugu District	5. N.P. Shezi - uMzinyathi	6. R.Pahla – iLembe District	7. L. Hutchinson -uMgungundlovu	8. N.P. Fihlela - EHW Province	9. A. Mahlobo – Zululand District	10. Z. Mthethwa -uMgungundlovu	11. J. van Der Plank – Amajuba	12. P.S. Mabaso -eThekwini	13. N.Mdluli- uMkhanyakude	14. L. Mdubeki –Harry Gwala District	15. Z.Dladla –Harry Gwala District	16. C.K.Hadebe-uThukela District	17. R. Chandrabhoan – Newcastle Hospital	18. P. Ntshangase - Zululand	19. N. Molwana - uThukela	20. N.G. Bhengu - eThekwini	21. T.N. Gobind – EHW Province	22. A.M Ntombela - Zululand
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<p>5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.</p>	<b>Yes</b>		<p>Selection and Recruitment Policy</p>																									



# 2021/22 ANNUAL REPORT

Question	Yes	No	Details, if yes																							
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.	Yes		Human rights workshops Workshops on HIV and AIDS discrimination and stigma Code of ethics especially Confidentiality and disclosure emphasis and GEMS initiatives																							
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		<b>Results for 2021/22 financial year:</b> 21 036 Staff pre-test counselled 5 719 staff tested 215 staff tested positive																							
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.	Yes		<table border="1"> <thead> <tr> <th>Data Element Name</th> </tr> </thead> <tbody> <tr><td>Eligible staff initiated on ART</td></tr> <tr><td>Staff diagnosed with MDR TB</td></tr> <tr><td>Staff diagnosed with TB - new</td></tr> <tr><td>Staff diagnosed with XDR TB</td></tr> <tr><td>Staff injury on duty (excluding needle sticks - blood splashes - human bites - assault)</td></tr> <tr><td>Staff pre-test counselled</td></tr> <tr><td>Staff screened for TB</td></tr> <tr><td>Staff tested HIV positive screened for TB</td></tr> <tr><td>Staff tested for HIV</td></tr> <tr><td>Staff tested positive for HIV</td></tr> <tr><td>Staff with fluid splashes - new</td></tr> <tr><td>TB diagnosed staff tested for HIV</td></tr> <tr><td>TB staff with a DOTS supporter</td></tr> <tr><td>TB/HIV co-infected staff initiated on ART</td></tr> <tr><td>Total HIV Positive Staff seen in the Occupational Health Clinic</td></tr> <tr><td>Total staff on ART treatment</td></tr> <tr><td>Total staff who died while on ART Treatment</td></tr> <tr><td>Total number of Cases other than Needle Stick Injuries</td></tr> <tr><td>Total number of cases Sero-Converted</td></tr> <tr><td>Total number of clients given ART Prophylaxis for Needle Stick Injuries</td></tr> <tr><td>TB suspects - Staff</td></tr> <tr><td>Total Needle Stick Injuries - New</td></tr> </tbody> </table>	Data Element Name	Eligible staff initiated on ART	Staff diagnosed with MDR TB	Staff diagnosed with TB - new	Staff diagnosed with XDR TB	Staff injury on duty (excluding needle sticks - blood splashes - human bites - assault)	Staff pre-test counselled	Staff screened for TB	Staff tested HIV positive screened for TB	Staff tested for HIV	Staff tested positive for HIV	Staff with fluid splashes - new	TB diagnosed staff tested for HIV	TB staff with a DOTS supporter	TB/HIV co-infected staff initiated on ART	Total HIV Positive Staff seen in the Occupational Health Clinic	Total staff on ART treatment	Total staff who died while on ART Treatment	Total number of Cases other than Needle Stick Injuries	Total number of cases Sero-Converted	Total number of clients given ART Prophylaxis for Needle Stick Injuries	TB suspects - Staff	Total Needle Stick Injuries - New
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TB suspects - Staff																										
Total Needle Stick Injuries - New																										

Source: Chief Director: OES, EHW and Labour Relations

# 2021/22 ANNUAL REPORT

## Labour Relations

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

**TABLE 95: (3.12.1) COLLECTIVE AGREEMENTS: 01/04/2021 - 31/03/2022**

Subject matter	Date
Nil	

<b>Total Number of Collective Agreements</b>	Nil
--	-----

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

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

**TABLE 96: (3.12.2) MISCONDUCT AND DISCIPLINARY HEARINGS FINALISED: 01/04/2021 - 31/03/2022**

Outcomes of disciplinary hearings <sup>25</sup>	Number	% of total
Corrective Counselling	6	3
Verbal Warning	10	5
Written Warning	45	23
Final Written Warning	85	43
Suspension without pay	31	16
Dismissal	11	6
Not guilty	5	3
Demotion	1	0.5
Resigned during hearing	1	0.5
<b>TOTAL</b>	<b>194</b>	<b>100</b>

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

**TABLE 97: (3.12.3) TYPES OF MISCONDUCT ADDRESSED AT DISCIPLINARY HEARINGS: 01/04/2021 - 31/03/2022**

<sup>26</sup>

Type of misconduct	Number	% of total
Fraud / Theft / Commits Fraud	33	12%
Misuse of State Property	11	4%
Insubordination	28	10%
Absenteeism from work without reason or permission	42	16%
Sexual Harassment	05	2%
Under influence of alcohol /drugs	06	2%
Assault	12	4%

<sup>25</sup> Misconduct cases is based on finalised cases.

<sup>26</sup> Misconduct cases is based on finalised cases.

# 2021/22 ANNUAL REPORT

Type of misconduct	Number	% of total
Remunerative work outside the department without approval	07	3%
Abscondment	07	3%
Displaying insolent behaviour	03	1%
Mismanagement of patients	03	1%
Victimization	01	0.3%
Late coming	03	1%
Negligence	21	8%
Desertion of workplace	24	9%
Poor work performance	02	0.7%
Conduct self in improper / unacceptable manner	29	11%
Non-compliance with disclosure of information	33	12%
<b>TOTAL</b>	<b>270</b>	<b>100%</b>

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

**TABLE 98: (3.12.4) GRIEVANCES LOGGED: 01/04/2021 - 31/03/2022**

Grievances	Number	% of Total
Number of grievances resolved	158	58%
Number of grievances not resolved	115	42%
<b>Total number of grievances lodged</b>	<b>274</b>	<b>100%</b>

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

**TABLE 99: (3.12.5) DISPUTES LOGGED WITH COUNCILS: 01/04/2021 - 31/03/2022**

Disputes	Number	% of Total
Number of disputes upheld	59	31
Number of disputes dismissed	108	57
Outstanding/ Pending	23	12
<b>Total Number of disputes lodged</b>	<b>190</b>	<b>100</b>

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

**TABLE 100: (3.12.6) STRIKE ACTIONS: 01/04/2021 - 31/03/2022**

Total number of person working days lost	
Total number of persons working days lost	10
Total cost of working days lost (R'000)	R 0.00
Amount recovered as a result of no work no pay (R'000)	Nil

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

# 2021/22 ANNUAL REPORT

**TABLE 101: (3.12.7) PRECAUTIONARY SUSPENSIONS: 01/04/2021 - 31/03/2022**

Number of people suspended	
Number of people suspended	39
Number of people whose suspension exceeded 30 days	34
Average number of days suspended	60 days
Cost of suspensions (R'000)	R 8 307 259. 84

Source: Acting Director: Labour Relations and FOSAD Report

## Skills Development

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

**TABLE 102: (3.13.1) TRAINING NEEDS IDENTIFIED: 01/04/2021 - 31/03/2022**

Occupational category	Gender	Number of employees as at 1 April 2021	Training needs identified at start of reporting period			
			Learner-ships	Skills Programmes & other short courses	Other forms of training <sup>27</sup>	Total
Legislators, Senior Officials And Managers	Female	1562	0	515	0	515
	Male	1078	0	337	0	337
Professionals	Female	20208	0	7449	403	7852
	Male	4520	0	2273	456	2729
Technicians And Associate Professionals	Female	11925	0	2692	214	2906
	Male	4736	0	978	55	1033
Clerks	Female	3638	0	957	319	1276
	Male	2326	0	614	225	839
Service And Sales Workers	Female	8522	0	1486	45	1531
	Male	2893	0	637	17	654
Skilled Agriculture And Fishery Workers, Craft And Related Trades Workers	Female	26	0	7	12	19
	Male	334	0	78	18	96
Plant And Machine Operators And Assemblers	Female	212	0	35	0	35
	Male	569	0	133	0	133
Elementary Occupations	Female	597	0	100	0	100
	Male	652	0	209	2	211
<b>Sub Total</b>	<b>Female</b>	<b>46690</b>	<b>0</b>	<b>13241</b>	<b>993</b>	<b>14234</b>
	<b>Male</b>	<b>17108</b>	<b>0</b>	<b>5259</b>	<b>773</b>	<b>6032</b>
<b>Total</b>		<b>63798</b>	<b>0</b>	<b>18500</b>	<b>1766</b>	<b>20266</b>

Source: Director: HRD

<sup>27</sup> This column is inclusive of In-service Bursaries, Prospective Bursaries, Interns and Work Integrated Learning.

# 2021/22 ANNUAL REPORT

**TABLE 103: (3.13.2) TRAINING PROVIDED: 01/04/2021 - 31/03/2022**

Occupational Category	Gender	Number of employees as at 1 April 2021	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, Senior Officials And Managers	Female	1562	0	629	20	649
	Male	1078	0	341	17	358
Professionals	Female	20208	0	5285	641	5926
	Male	4520	0	1263	393	1656
Technicians And Associate Professionals	Female	11925	0	3724	167	3891
	Male	4736	0	4715	106	4821
Clerks	Female	3638	0	769	293	1062
	Male	2326	0	550	128	678
Service And Sales Workers	Female	8522	0	706	50	756
	Male	2893	0	247	47	294
Skilled Agriculture And Fishery Workers, Craft And Related Trades Workers	Female	26	0	2	1	3
	Male	334	0	29	7	36
Plant And Machine Operators And Assemblers	Female	212	0	16	5	21
	Male	569	0	27	8	35
Elementary Occupations	Female	597	0	24	6	30
	Male	652	0	35	9	44
<b>Sub Total</b>	<b>Female</b>	<b>46690</b>	<b>0</b>	<b>11155</b>	<b>1183</b>	<b>12338</b>
	<b>Male</b>	<b>17108</b>	<b>0</b>	<b>7207</b>	<b>715</b>	<b>7922</b>
<b>Total</b>		<b>63798</b>	<b>0</b>	<b>18362</b>	<b>1898</b>	<b>20260</b>

Source: Director: HRD

## Injury on Duty

The following tables provide basic information on injury on duty.

**TABLE 104: (3.14.1) INJURY ON DUTY: 01/04/2021 - 31/03/2022**

Nature of injury on duty	Number	% of total
Required basic medical attention only	1258	34,49%
Temporary total disablement	2375	65,12%
Permanent disablement	1	0,03%
Fatal	13	0,36%
<b>Total</b>	<b>3647</b>	<b>100</b>

Source: Deputy Director: Service Conditions

# 2021/22 ANNUAL REPORT

## Utilisation of Consultants

**TABLE 105: (3.15.1A) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS: 01/04/2021 - 31/03/2022**

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

**TABLE 106: (3.15.1B) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS: 01/04/2021 - 31/03/2022**

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

**TABLE 107: (3.15.2) ANALYSIS OF CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) 01/04/2021 - 31/03/2022**

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

**TABLE 108: (3.15.3) REPORT ON CONSULTANT APPOINTMENTS USING DONOR FUNDS: 01/04/2021 - 31/03/2022**

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

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

**TABLE 109: (3.15.3) ANALYSIS OF CONSULTANT APPOINTMENTS USING DONOR FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI): 01/04/2021 - 31/03/2022**

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

# 2021/22 ANNUAL REPORT

## Severance Packages

**TABLE 110: (3.16.1) GRANTING OF EMPLOYEE INITIATED SEVERANCE PACKAGES: 01/04/2021 - 31/03/2022**

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by the department
Lower Skilled (Levels 1-2)	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0
Highly Skilled Production (Levels 6-8)	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	0	0	0
Senior Management Service Band A	0	0	0	0
Senior Management Service Band B	0	0	0	0
Senior Management Service Band C	0	0	0	0
Senior Management Service Band D	0	0	0	0
Other	0	0	0	0
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	0
Contract Band A	0	0	0	0
Contract Band B	0	0	0	0
Contract Band C	0	0	0	0
Contract Band D	0	0	0	0
<b>TOTAL</b>	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2022 and Deputy Director: Service Conditions





**PART E: ANNUAL FINANCIAL STATEMENTS**

	Page
Audit Report for the year ended 31 March 2021 .....	254
Annual Financial Statements .....	269

Auditor-General of South Africa

**KwaZulu-Natal Department of  
Health**

Audit report for the year ended  
31 March 2022

## Report of the auditor-general to KwaZulu-Natal Provincial Legislature on vote no. 7 Department of Health

### Report on the audit of the financial statements

#### Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 269 to 395, which comprise the appropriation statement, statement of financial position as at 31 March 2022, the statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2022, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2021 (Act No. 9 of 2021) (Dora).

#### Basis for qualified opinion

##### Movable tangible capital assets and minor assets

3. I was unable to obtain sufficient appropriate audit evidence for movable tangible capital assets and minor assets due to the status of accounting records. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to the movable tangible assets stated at R5,5 billion (2021: R4,9 billion) as well as minor assets stated at R595 million (2021: R576 million) in note 31 and 31.2 to the financial statements, respectively.

##### Irregular expenditure

4. Transactions that did not meet the definition of irregular expenditure as included in Chapter 1 of the PFMA were incorrectly recorded as such by the department in the current and prior year. Furthermore, the department did not fully record irregular expenditure as required by section 40(3)(b)(i) of the PFMA in the current year. I was unable to determine the impact on irregular expenditure in the current and prior year as it was impracticable to do so. I was also unable to obtain sufficient and appropriate audit evidence for irregular expenditure due to the status of accounting records. I was unable to confirm this irregular expenditure by alternative means. Consequently, I was unable to determine whether any adjustments were

## 2021/22 ANNUAL REPORT

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necessary to the irregular expenditure stated at R16,17 billion (2021: R12,2 billion) in note 26 to the financial statements.

### Goods and services

5. During 2021, I was unable to obtain sufficient appropriate evidence that payments made were in respect of goods and services that were received by the department, as internal controls had not been established to confirm the receipt of goods and services. I was unable to confirm these goods and services by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to goods and services stated at R16,15 billion in note 5 to the financial statements. My audit opinion for the financial year ended 31 March 2021 was modified accordingly. My opinion on the current year financial statements was also modified because of the possible effects of this matter on the comparability of goods and services for the current period.

### Accruals and payables not recognised

6. During 2021, the department did not adequately record accruals and payables not recognised, as required by paragraphs 27 and 28 of chapter 2, *Concepts and principles* in the MCS, due to inadequate systems and processes to account for this disclosure. I was unable to determine the impact of the misstatement on accruals and payables not recognised, as it was impracticable to do so. Consequently, I was unable to determine whether any further adjustment to accruals stated at R528,61 million and payables not recognised stated at R998,93 million in note 22 to the financial statements were necessary. My audit opinion for the financial year ended 31 March 2021 was modified accordingly. My opinion on the current year financial statements was also modified because of the possible effects of this matter on the comparative of accruals and payables not recognised for the current period.

### Context for the opinion

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

## **Emphasis of matter**

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

## **Uncertainty relating to the future outcome of litigation**

11. The department is a defendant on various litigation matters relating to medical negligence and claims against the state amounting to R17,01 billion as disclosed in note 20 to the financial statements. The ultimate outcome of these matters could not be determined and no provision for any liability that may result were made in the financial statements.

## **Other matter**

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

## **Unaudited supplementary schedules**

13. The supplementary information set out on pages 396 to 440 does not form part of the financial statements and is presented as an additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

## **Responsibilities of the accounting officer for the financial statements**

14. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS and the requirements of the PFMA and Dora and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

15. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

## **Auditor-general's responsibilities for the audit of the financial statements**

16. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

# 2021/22 ANNUAL REPORT

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17. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

## Report on the audit of the annual performance report

### Introduction and scope

18. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof I have a responsibility to report on the usefulness and reliability of the reported performance information against predetermined objectives for the selected programme presented in the annual performance report. I was engaged to perform procedures to identify findings but not to gather evidence to express assurance.
19. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for programme 2 – district health services presented on pages 95 to 131 in the annual performance report of the department for the year ended 31 March 2022.
20. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
21. The material findings on the usefulness and reliability of the performance information of the selected programme are as follows:

### Programme 2 – District health services

#### Various indicators

22. The indicators below were reported in the annual performance report. However, some supporting evidence provided materially differed from the reported achievement, while in other instances I was unable to obtain sufficient appropriate audit evidence. This was due to the lack of accurate and complete records. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to these reported indicators below:

## 2021/22 ANNUAL REPORT

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Indicator number	Indicator description	Number of indicators
26.3; 26.4; 26.7	HIV and TB-related indicators	3
29.4; 29.5; 30.1; 30.3; 30.4; 30.5; 30.6	Maternal health-related indicators	7
23.3; 23.4; 23.5; 23.7; 23.8; 29.1; 29.2; 29.3; 29.6; 29.8; 29.10	Fatality rate indicators	11

### Ideal clinic status rate

23. I was unable to obtain sufficient appropriate audit evidence for the achievement of 84,2% reported against target of 100% in the annual performance report, due to the lack of accurate and complete records. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievement.

### Other matters

I draw attention to the matters below:

#### Achievement of planned targets

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

#### Adjustment of material misstatements

25. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2: district health services. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

# 2021/22 ANNUAL REPORT

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## Report on the audit of compliance with legislation

### Introduction and scope

26. 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.

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

### Annual financial statements

28. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1)(a) and (b) of the PFMA. Material misstatements of disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

### Expenditure management

29. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion, the full extent of the irregular expenditure could not be quantified. The majority of the irregular expenditure disclosed in the financial statements was as a result of the continued use of and payments made on expired contracts.

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

### Procurement and contract management

31. Sufficient appropriate audit evidence could not be obtained for some quotations and bids to support that they were awarded in accordance with the legislative requirements, due to an inadequate records management system. Similar limitations were also reported in the prior year.

32. Some of the goods and services with a transaction value above R500 000 were procured without inviting competitive bids and deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by treasury regulation 16A6.1 and paragraph 3.4.1 of Practice Note 8 of 2007/08 and treasury regulation 16A6.4. Similar non-compliance was also reported in the prior year.



## 2021/22 ANNUAL REPORT

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33. Sufficient appropriate audit evidence could not be obtained that awards to suppliers who committed a corrupt or fraudulent act in competing for the contract were rejected, as required by treasury regulation 16A9.1(e) and 16A9.2(a)(ii).
34. Sufficient appropriate audit evidence could not be obtained that the preference point system was applied in the procurement of goods and services above R30 000, as required by section 2(1)(a) of the Preferential Procurement Policy Framework Act of South Africa, 2000 (Act No. 5 of 2000) (PPPFA) and treasury regulation 16A6.3(b). Similar limitations were also reported in the prior year.
35. Some of the contracts were awarded to bidders that did not score the highest points in the evaluation process, as required by section 2(1)(f) of PPPFA and the 2017 preferential procurement regulation. In addition, sufficient appropriate audit evidence could not be obtained that some of the contracts and quotations were awarded to bidders that scored the highest points in the evaluation process, as required by the PPPFA. Similar non-compliances were identified in the prior year.
36. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 8.2.2.
37. Bid documentation for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 preferential procurement regulation 8(2).
38. Persons in the service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4 and the public service regulations 18(1). Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.
39. Some of the persons in the service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

### Consequence management

40. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised and irregular expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigations into unauthorised and irregular expenditure.

# 2021/22 ANNUAL REPORT

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## Strategic planning and performance management

41. Specific information systems were not effectively implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

## Other information

42. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and the selected programme presented in the annual performance report that have been specifically reported in this auditor's report.
43. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.
44. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programme presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
45. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

## Internal control deficiencies

46. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.
47. Leadership did not provide adequate oversight and monitoring to ensure that action plans were implemented to fully address previous findings on the financial statements, predetermined objectives and compliance with legislation. Furthermore, consequence management was not effectively implemented for transgressions of legislation.
48. Management did not implement a proper document management and record-keeping system to ensure that complete, relevant and accurate information is accessible and

# 2021/22 ANNUAL REPORT

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available to support financial and performance reporting, including compliance with legislation.

## Material irregularities

49. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of the material irregularities reported in the previous year's auditor's report.

### Status of previously reported material irregularities

#### Procurement of sanitizer detergent at prices higher than permissible

50. Through an emergency procurement process on 25 March 2020, the department ordered 40 000 units of 1L hand sanitizer at R143 per unit. The total value of the order and payments made were R5,72 million.
51. The department did not comply with paragraph 3.7.6(ii) of National Treasury Instruction note 8 of 2019-20 which states that institutions may approach any other supplier to obtain quotes and may procure from such suppliers on condition that the prices are equal to or lower than the prices in Annexure A. The price in Annexure A for sanitizers as at 24 March 2020 was R110.40 per unit of 1 litre. The non-compliance resulted in a material financial loss amounting to R1,3 million for the department as the sanitizer was procured at prices which were excessive.
52. The accounting officer was notified of the material irregularity on 12 February 2021 and the matter was investigated by the Special Investigations Unit from which R500 thousand of the material financial loss was recovered from the supplier. Furthermore, responsible officials from the department were issued with warning letters.
53. I will follow up on the recovery of the remainder of the financial loss in my next audit.

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

54. An award of R27,54 million was made by the department in September 2017 for the supply of radiology equipment to bidders that did not score the highest points, as required by section 2(1)(f) of the PPPFA. The non-compliance is likely to result in a material financial loss for the department as the cost of the equipment purchased from the winning bidders was higher than the prices submitted by the highest scoring bidders.
55. The accounting officer was notified of the material irregularity on 25 June 2019. The following actions have been taken to resolve the material irregularity:
- A preliminary investigation was concluded on 22 July 2019 by the special investigation unit of the department. In light of the seriousness of the preliminary findings the acting

## 2021/22 ANNUAL REPORT

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accounting officer requested the Provincial Treasury's forensic investigations unit on 13 August 2019 to undertake a comprehensive investigation on the matter.

- The investigation was completed on 29 June 2020. It concluded that there was no non-compliance based on a different interpretation of the requirements of the PPPFA. The Provincial Treasury was engaged on 2 October 2020 and it was agreed to obtain the view of the National Treasury to resolve the disagreement.
- The investigations unit of the department reviewed the outcomes of their investigation, based on the view provided by the National Treasury on 09 November 2020. The outcome of the investigation advised that the department should seek a legal opinion into the matter. This legal opinion was subsequently obtained by the department on 9 August 2021 and it confirmed the non-compliance with legislation.

56. The accounting officer implemented the following controls to prevent this non-compliance from recurring, however concluded that the responsible officials cannot be held liable for the non-compliance and the material financial loss as their actions were not malicious in intent and they acted in good faith.

- Improvement of the department's SCM standard operating procedures to include a clarification on the application of 'objective criteria'.
- All bid documents where the department intends to award to more than one bidder were amended to include the objective criteria that will be applied to evaluate the award in a manner that will ensure compliance with laws and regulations and eliminate material financial losses being incurred.
- The responsible officials attended a refresher training relating to the SCM prescripts including the PPPFA.

57. The actions taken by the accounting officer were considered sufficient and appropriate in addressing the material irregularity.

### Other reports

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

59. The special investigations unit at the department is performing investigations relating to allegations of incorrect awarding of certain contracts, accusations of theft, employees performing unauthorised remunerative work outside the public service and the

## 2021/22 ANNUAL REPORT

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misappropriation of inventory, covering the period 1 April 2018 to 31 March 2022. The investigations were still in progress at the date of this report.

60. The provincial investigation unit conducted seventeen investigations at the request of the department, covering the period 1 June 2016 to 31 March 2022. These investigations related to irregularities around deviation from work and variation orders in respect of projects managed by the department, and alleged fraud and corruption in the appointment and termination of service providers. Nine of the investigations had been completed and eight were still in progress at the date of this report. Implementation of the recommendations were in progress for the completed investigations.

Pietermaritzburg

29 July 2022

*Auditor-General*



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 programme and on the department’s compliance with respect to the selected subject matters.

### **Financial statements**

2. In addition to my responsibility for the audit of the financial statements as described in this auditor’s report, I also:
  - identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
  - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control
  - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer.
  - conclude on the appropriateness of the accounting officer use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the Department of Health’s ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor’s report. However, future events or conditions may cause the department to cease operating as a going concern
  - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

### **Communication with those charged with governance**

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

# 2021/22 ANNUAL REPORT

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# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
Voted funds and Direct charges	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme									
1 ADMINISTRATION	991 446	34 109	14 446	1 040 001	1 040 001	-	100.0%	1 913 066	1 307 061
2 DISTRICT HEALTH SERVICES	27 076 991	-32 575	225 455	27 269 871	27 269 871	-	100.0%	25 381 414	24 937 252
3 EMERGENCY MEDICAL SERVICES	1 666 474	-	-69 708	1 596 766	1 596 766	-	100.0%	1 664 211	1 605 927
4 PROVINCIAL HOSPITAL SERVICES	12 027 634	-	-281 878	11 745 756	11 745 756	-	100.0%	12 013 053	11 325 639
5 CENTRAL HOSPITAL SERVICES	5 369 674	2 238	-16 757	5 355 155	5 355 155	-	100.0%	5 500 691	5 385 460
6 HEALTH SCIENCES AND TRAINING	1 282 906	-	79 281	1 362 187	1 362 187	-	100.0%	1 265 197	1 265 197
7 HEALTH CARE SUPPORT SERVICES	349 730	-3 772	-27 799	318 159	318 159	-	100.0%	430 514	430 514
8 HEALTH FACILITIES MANAGEMENT	1 865 122	-	76 960	1 942 082	1 942 082	-	100.0%	3 139 920	3 113 195
Programme sub total	50 629 977	-	0	50 629 977	50 629 977	-	100.0%	51 308 066	49 370 245
Statutory Appropriation	-	-	-	-	-	-	-	-	-
TOTAL	50 629 977	-	0	50 629 977	50 629 977	-	100.0%	51 308 066	49 370 245
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				253 300				216 618 8	
NRF Receipts				-				-	
Aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total Revenue)				50 883 277				51 524 684	
Add:									
Aid assistance								-	-
Prior year unauthorised expenditure approved without funding									

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Actual amounts per Statement of Financial Performance Expenditure					50 629 977				49 370 245
Current payments	47 933 942	-	-120 118	47 813 824	47 894 005	-80 181	100.2%	46 962 258	45 686 367
Compensation of employees	31 802 398	-	100 768	31 903 166	31 983 347	-80 181	100.3%	29 963 175	29 536 991
Salaries and wages	28 394 649	-	-179 345	28 215 304	28 295 485	-80 181	100.3%	26 325 185	25 916 506
Social contributions	3 407 749	-	280 113	3 687 862	3 687 862	-	100.0%	3 637 990	3 620 485
Goods and services	16 131 077	-	-221 867	15 909 210	15 909 210	-	100.0%	16 998 368	16 148 661
Administrative fees	3 045	-	-166	2 879	2 486	393	86.3%	2 484	1 924
Advertising	90 341	-	-8 379	81 962	81 692	270	99.7%	109 648	109 042
Minor assets	64 293	-	-26 064	38 229	35 474	2 755	92.8%	53 976	41 893
Audit costs: External	54 639	-	-3 737	50 902	34 090	16 812	67.0%	24 735	20 813
Bursaries: Employees	3 417	-	3 692	7 109	7 109	-	100.0%	8 009	8 025
Catering: Departmental activities	10 377	-	-6 796	3 581	993	2 588	27.7%	16 981	16 114
Communication (G&S)	139 274	-	1 226	140 500	140 500	-	100.0%	122 294	119 961
Computer services	105 707	-	-	105 707	132 949	-27 242	125.8%	132 810	130 813
Consultants: Business and advisory services	79 445	-	-30 828	48 617	47 511	1 106	97.7%	177 239	171 686
Infrastructure and planning services	1 351	-	-1 351	-	-	-	-	-	-
Laboratory services	2 537 508	-	307 409	2 844 917	2 844 946	-29	100.0%	2 463 004	2 422 586
Legal services	99 933	-	-25 935	73 998	72 215	1 783	97.6%	108 739	79 409
Contractors	263 281	-	-63 159	200 122	200 122	-	100.0%	205 651	160 809

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Voted funds and Direct charges</b>									
Agency and support / outsourced services	1 206 267	-	17 353	1 223 620	1 223 497	123	100.0%	1 224 431	1 304 175
Entertainment	7	-	-7	-	-	-	-	-	-
Fleet services (including government motor transport)	364 909	-	14 405	379 314	384 174	-4 860	101.3%	381 345	362 061
Inventory: Clothing material and accessories	259 088	-	-180 021	79 067	78 980	87	99.9%	596 160	420 266
Inventory: Food and food supplies	142 142	-	-19 051	123 091	123 066	25	100.0%	129 778	111 048
Inventory: Fuel, oil and gas	121 036	-	5 787	126 823	127 118	-295	100.2%	108 384	92 724
Inventory: Learner and teacher support material	-	-	500	500	500	-	100.0%	-	279
Inventory: Materials and supplies	22 547	-	1 160	23 707	23 798	-91	100.4%	20 322	18 236
Inventory: Medical supplies	2 047 326	-	320 597	2 367 923	2 367 834	89	100.0%	2 233 095	2 068 757
Inventory: Medicine	4 531 855	-	-466 398	4 065 457	4 065 457	-	100.0%	5 091 671	4 712 292
Medsas inventory interface	-	-	-	-	-	-	-	47 134	138 969
Inventory: Other supplies	244 298	-	-29 693	214 605	213 247	1 358	99.4%	311 128	220 001
Consumable supplies	158 451	-	-11 932	146 519	144 641	1 878	98.7%	160 862	151 054
Consumable: Stationery, printing and office supplies	135 034	-	-26 152	108 882	101 110	7 772	92.9%	99 503	88 604
Operating leases	319 866	-	-11 422	308 444	308 444	-	100.0%	206 234	238 714
Property payments	2 886 465	-	101 335	2 987 800	2 999 034	-11 234	100.4%	2 706 733	2 744 646
Transport provided: Departmental activity	33 478	-	-4 540	28 938	27 677	1 261	95.6%	77 388	52 952
Travel and subsistence	87 067	-	-24 240	62 827	58 780	4 047	93.6%	109 704	100 829
Training and development	19 400	-	-2 803	16 597	16 597	-	100.0%	12 121	5 549
Operating payments	44 161	-	-6 388	37 773	36 369	1 404	96.3%	41 660	32 230
Venues and facilities	5 370	-	-1 406	3 964	3 964	-	100.0%	1 303	-

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Voted funds and Direct charges</b>									
Rental and hiring	49 699	-	-44 863	4 836	4 836	-	100.0%	13 842	2 200
Interest and rent on land	467	-	981	1 448	1 448	-	100.0%	715	715
Interest (Incl. interest on unitary payments (PPP))	467	-	981	1 448	1 448	-	100.0%	715	715
Transfers and subsidies	722 721	-	119 457	842 178	839 282	2 896	99.7%	674 867	633 753
Provinces and municipalities	242 295	-	16 476	258 771	257 602	1 169	99.5%	244 607	204 625
Provinces	7 452	-	847	8 299	8 299	-	100.0%	6 814	5 273
Provincial agencies and funds	7 452	-	847	8 299	8 299	-	100.0%	6 814	5 273
Municipalities	234 843	-	15 629	250 472	249 303	1 169	99.5%	237 793	199 352
Municipal bank accounts	234 843	-	15 629	250 472	249 303	1 169	99.5%	237 793	199 352
Departmental agencies and accounts	23 480	-	-2	23 478	23 478	-	100.0%	23 469	23 551
Departmental agencies	23 480	-	-2	23 478	23 478	-	100.0%	23 469	23 551
Non-profit institutions	59 205	-	-	59 205	57 478	1 727	97.1%	58 508	57 294
Households	397 741	-	102 983	500 724	500 724	-	100.0%	348 283	348 283
Social benefits	142 901	-	-1 844	141 057	141 057	-	100.0%	132 673	132 673
Other transfers to households	254 840	-	104 827	359 667	359 667	-	100.0%	215 610	215 610
Payments for capital assets	1 973 314	-	-	1 973 314	1 896 029	77 285	96.1%	3 666 769	3 045 953
Buildings and other fixed structures	929 682	-	78 441	1 008 123	1 008 123	-	100.0%	2 313 218	2 218 868
Buildings	882 346	-	64 416	946 762	946 762	-	100.0%	2 260 850	2 166 500
Other fixed structures	47 336	-	14 025	61 361	61 361	-	100.0%	52 368	52 368
Machinery and equipment	1 043 632	-	-78 441	965 191	887 906	77 285	92.0%	1 353 551	827 085
Transport equipment	255 468	-	4 230	259 698	241 999	17 699	93.2%	450 475	301 181

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Other machinery and equipment	788 164	-	-82 671	705 493	645 907	59 586	91.6%	903 076	525 904
Payment for financial assets	-	-	661	661	661	-	100.0%	4 172	4 172
Total	50 629 977	-	0	50 629 977	50 629 977	-	100.0%	51 308 066	49 370 245

### Programme 1: Administration

Sub programme	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1 Office of the MEC	25 024	-	-3 781	21 243	21 243	-	100.0%	21 605	19 676
2 Management	966 422	34 109	18 227	1 018 758	1 018 758	-	100.0%	1 891 461	1 287 385
Total	991 446	34 109	14 446	1 040 001	1 040 001	-	100.0%	1 913 066	1 307 061
Economic classification									
Current payments	937 804	34 109	-46 924	924 989	924 989	-	100.0%	1 667 633	1 269 315

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Compensation of employees	492 835	-	-16 015	476 820	476 820	-	100.0%	435 722	429 698
Salaries and wages	460 785	-	-41 709	419 076	419 076	-	100.0%	382 124	373 562
Social contributions	32 050	-	25 694	57 744	57 744	-	100.0%	53 598	56 136
Goods and services	444 969	34 109	-31 407	447 671	447 671	-	100.0%	1 231 539	839 245
Administrative fees	1 277	-	-35	1 242	917	325	73.8%	1 065	707
Advertising	53 601	-	-1	53 600	53 330	270	99.5%	58 913	58 913
Minor assets	2 570	-	-13	2 557	1 457	1 100	57.0%	8 494	111
Audit costs: External	51 049	-	-	51 049	34 237	16 812	67.1%	24 735	20 813
Catering: Departmental activities	3 027	-	-521	2 506	223	2 283	8.9%	15 515	15 515
Communication (G&S)	32 686	-	3 659	36 345	36 345	-	100.0%	27 030	27 030
Computer services	93 976	-	2 086	96 062	123 304	-27 242	128.4%	121 700	121 700
Consultants: Business and advisory services	51 116	-	-3 511	47 605	46 575	1 030	97.8%	42 648	37 639
Laboratory services	42	-	-	42	71	-29	169.0%	40	40
Legal services	13 297	-	18 208	31 505	31 505	-	100.0%	64 033	64 031
Contractors	2 233	-	-1 689	544	544	-	100.0%	8 438	147

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Agency and support / outsourced services	97	-	-	97	-	97	-	485	485
Entertainment	7	-	-7	-	-	-	-	-	-
Fleet services (including government motor transport)	12 611	-	-4 634	7 977	6 996	981	87.7%	32 528	32 333
Inventory: Clothing material and accessories	105	34 109	-	34 214	34 214	-	100.0%	361 286	351 435
Inventory: Food and food supplies	141	-	-27	114	113	1	99.1%	63	63
Inventory: Fuel, oil and gas	-	-	-	-	306	-306	-	217	217
Inventory: Materials and supplies	81	-	2	83	32	51	38.6%	79	26
Inventory: Medical supplies	126	-	-	126	37	89	29.4%	126	-4
Inventory: Medicine	-	-	-	-	-	-	-	334 533	5
Inventory: Other supplies	287	-	-2	285	365	-80	128.1%	20	-247
Consumable supplies	38	-	24	62	77	-15	124.2%	64	64
Consumable: Stationery, printing and office supplies	7 690	-	-39	7 651	2 347	5 304	30.7%	1 391	-1 563
Operating leases	7 796	-	32	7 828	7 828	-	100.0%	8 746	8 476
Property payments	39 180	-	-75	39 105	45 592	-6 487	116.6%	37 274	34 226
Transport provided: Departmental activity	1 314	-	-	1 314	-	1 314	-	1 314	-

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Travel and subsistence	20 627	-	-780	19 847	16 579	3 268	83.5%	65 328	64 291
Training and development	-	-	-	-	-	-	-	3	3
Operating payments	1 675	-	-	1 675	441	1 234	26.3%	1 647	1 634
Venues and facilities	2 453	-	1 511	3 964	3 964	-	100.0%	935	-
Rental and hiring	45 867	-	-45 595	272	272	-	100.0%	12 889	1 155
Interest and rent on land	-	-	498	498	498	-	100.0%	372	372
Interest (Incl. interest on unitary payments (PPP))	-	-	498	498	498	-	100.0%	372	372
Transfers and subsidies	9 057	-	13 992	23 049	23 049	-	100.0%	11 697	11 076
Provinces and municipalities	4 343	-	2 083	6 426	6 426	-	100.0%	3 867	3 243
Provinces	4 343	-	2 083	6 426	6 426	-	100.0%	3 867	3 243
Provincial agencies and funds	4 343	-	2 083	6 426	6 426	-	100.0%	3 867	3 243
Departmental agencies and accounts	1	-	-1	-	-	-	-	1	4
Departmental agencies	1	-	-1	-	-	-	-	1	4
Households	4 713	-	11 910	16 623	16 623	-	100.0%	7 829	7 829
Social benefits	4 713	-	-2 218	2 495	2 495	-	100.0%	3 204	3 204



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Appropriation per programme									
	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Voted funds and Direct charges									
Other transfers to households	-	-	14 128	14 128	14 128	-	100.0%	4 625	4 625
Payments for capital assets	44 585	-	47 255	91 840	91 840	-	100.0%	229 697	22 631
Machinery and equipment	44 585	-	47 255	91 840	91 840	-	100.0%	229 697	22 631
Transport equipment	5 254	-	-1 804	3 450	3 482	-32	100.9%	117 411	10 305
Other machinery and equipment	39 331	-	49 059	88 390	88 358	32	100.0%	112 286	12 326
Payment for financial assets	-	-	123	123	123	-	100.0%	4 039	4 039
Total	991 446	34 109	14 446	1 040 001	1 040 001	-	100.0%	1 913 066	1 307 061

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 1.1: Office of the MEC

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	23 515	-	-3 677	19 838	19 838	-	100.0%	20 175	18 943
Compensation of employees	15 049	-	-684	14 365	14 365	-	100.0%	14 371	14 371
Goods and services	8 466	-	-2 993	5 473	5 473	-	100.0%	5 804	4 572
Payments for capital assets	1 509	-	-104	1 405	1 405	-	100.0%	1 430	733
Machinery and equipment	1 509	-	-104	1 405	1 405	-	100.0%	1 430	733
<b>Total</b>	<b>25 024</b>	<b>-</b>	<b>-3 781</b>	<b>21 243</b>	<b>21 243</b>	<b>-</b>	<b>100.0%</b>	<b>21 605</b>	<b>19 676</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 1.2: Management

Economic classification	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	914 289	34 109	-43 247	905 151	905 151	-	100.0%	1 647 458	1 250 372
Compensation of employees	477 786	-	-15 331	462 455	462 455	-	100.0%	421 351	415 327
Goods and services	436 503	34 109	-28 414	442 198	442 198	-	100.0%	1 225 735	834 673
Interest and rent on land	-	-	498	498	498	-	100.0%	372	372
Transfers and subsidies	9 057	-	13 992	23 049	23 049	-	100.0%	11 697	11 076
Provinces and municipalities	4 343	-	2 083	6 426	6 426	-	100.0%	3 867	3 243
Departmental agencies and accounts	1	-	-1	-	-	-	-	1	4
Households	4 713	-	11 910	16 623	16 623	-	100.0%	7 829	7 829
Payments for capital assets	43 076	-	47 359	90 435	90 435	-	100.0%	228 267	21 898
Machinery and equipment	43 076	-	47 359	90 435	90 435	-	100.0%	228 267	21 898
Payment for financial assets	-	-	123	123	123	-	100.0%	4 039	4 039
<b>Total</b>	<b>966 422</b>	<b>34 109</b>	<b>18 227</b>	<b>1 018 758</b>	<b>1 018 758</b>	<b>-</b>	<b>100.0%</b>	<b>1 891 461</b>	<b>1 287 385</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 2: District Health Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 DISTRICT MANAGEMENT	327 082	-	18 254	345 336	345 336	-	100.0%	329 440	312 661
2 COMMUNITY HEALTH CLINICS	5 004 096	-	-401 778	4 602 318	4 602 318	-	100.0%	4 771 913	4 736 110
3 COMMUNITY HEALTH CENTRES	2 038 357	-	-9 065	2 029 292	2 029 292	-	100.0%	1 959 402	1 943 766
4 COMMUNITY BASED SERVICES	366 257	-	-33 088	333 169	333 169	-	100.0%	378 704	364 054
5 OTHER COMMUNITY SERVICES	4 155 282	-34 109	633 674	4 754 847	4 754 847	-	100.0%	3 474 279	3 334 228
6 HIV AND AIDS	6 925 306	-	-108 070	6 817 236	6 817 236	-	100.0%	6 319 500	6 222 055
7 NUTRITION	47 489	-	-15 314	32 175	32 175	-	100.0%	44 800	28 927
8 CORONER SERVICES	275 698	-	-2 742	272 956	272 956	-	100.0%	261 368	251 335
9 DISTRICT HOSPITALS	7 937 424	1 534	143 584	8 082 542	8 082 542	-	100.0%	7 842 008	7 744 116
Total	27 076 991	-32 575	225 455	27 269 871	27 269 871	-	100.0%	25 381 414	24 937 252
Current payments	26 280 434	-32 575	127 939	26 375 798	26 455 979	-80 181	100.3%	24 641 611	24 341 051
Compensation of employees	16 793 193	-	229 464	17 022 657	17 102 838	-80 181	100.5%	15 429 637	15 353 786
Salaries and wages	15 098 603	-	-33 273	15 065 330	15 145 511	-80 181	100.5%	13 563 542	13 451 567

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 2: District Health Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Social contributions	1 694 590	-	262 737	1 957 327	1 957 327	-	100.0%	1 866 095	1 902 219
Goods and services	9 486 778	-32 575	-101 654	9 352 549	9 352 549	-	100.0%	9 211 674	8 986 965
Administrative fees	866	-	143	1 009	941	68	93.3%	706	636
Advertising	35 851	-	-7 628	28 223	28 223	-	100.0%	50 374	50 042
Minor assets	46 671	-	-22 138	24 533	22 878	1 655	93.3%	24 571	21 851
Catering: Departmental activities	6 977	-	-6 028	949	644	305	67.9%	1 031	492
Communication (G&S)	67 439	-	1 550	68 989	68 989	-	100.0%	57 892	57 661
Computer services	60	-	-60	-	-	-	-	85	-
Consultants: Business and advisory services	1 537	-	-962	575	499	76	86.8%	1 147	539
Laboratory services	1 870 619	-	423 898	2 294 517	2 294 517	-	100.0%	1 864 894	1 857 313
Legal services	21 011	-	386	21 397	19 614	1 783	91.7%	6 063	6 063
Contractors	76 741	-	-14 879	61 862	61 862	-	100.0%	51 260	26 655
Agency and support / outsourced services	202 405	-	5 776	208 181	208 155	26	100.0%	197 010	183 485
Fleet services (including government motor transport)	98 483	-	26 553	125 036	130 877	-5 841	104.7%	105 682	95 250

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 2: District Health Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	236 976	-34 109	-177 548	25 319	25 232	87	99.7%	147 107	38 757
Inventory: Food and food supplies	85 267	-	-8 898	76 369	76 345	24	100.0%	83 099	70 125
Inventory: Fuel, oil and gas	29 219	-	6 469	35 688	35 677	11	100.0%	20 313	20 007
Inventory: Materials and supplies	14 020	-	3 211	17 231	17 373	-142	100.8%	12 984	12 895
Inventory: Medical supplies	831 480	-	52 039	883 519	883 519	-	100.0%	764 392	749 838
Inventory: Medicine	3 965 975	-	-430 969	3 535 006	3 535 006	-	100.0%	4 071 325	4 060 919
Inventory: Other supplies	102 685	1 534	-2 678	101 541	100 103	1 438	98.6%	110 920	101 528
Consumable supplies	83 466	-	-352	83 114	81 221	1 893	97.7%	77 659	74 982
Consumable: Stationery, printing and office supplies	87 160	-	-20 039	67 121	64 653	2 468	96.3%	61 727	60 825
Operating leases	54 221	-	-13 102	41 119	41 119	-	100.0%	38 759	38 375
Property payments	1 498 077	-	101 188	1 599 265	1 604 012	-4 747	100.3%	1 421 670	1 419 558
Transport provided: Departmental activity	1 847	-	1 258	3 105	3 158	-53	101.7%	2 184	2 016
Travel and subsistence	39 794	-	-7 639	32 155	31 376	779	97.6%	28 597	26 617
Training and development	13 584	-	-3 931	9 653	9 653	-	100.0%	2 897	2 897

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 2: District Health Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	8 200	-	-1 881	6 319	6 149	170	97.3%	6 447	6 760
Venues and facilities	2 452	-	-2 452	-	-	-	-	-	-
Rental and hiring	3 695	-	-2 941	754	754	-	100.0%	879	879
Interest and rent on land	463	-	129	592	592	-	100.0%	300	300
Interest (Incl. interest on unitary payments (PPP))	463	-	129	592	592	-	100.0%	300	300
Transfers and subsidies	417 979	-	54 863	472 842	469 946	2 896	99.4%	403 756	364 206
Provinces and municipalities	234 843	-	15 629	250 472	249 303	1 169	99.5%	237 793	199 352
Municipalities	234 843	-	15 629	250 472	249 303	1 169	99.5%	237 793	199 352
Municipal bank accounts	234 843	-	15 629	250 472	249 303	1 169	99.5%	237 793	199 352
Departmental agencies and accounts	51	-	29	80	80	-	100.0%	49	154
Departmental agencies	51	-	29	80	80	-	100.0%	49	154
Non-profit institutions	56 548	-	-1 332	55 216	53 489	1 727	96.9%	52 865	51 651
Households	126 537	-	40 537	167 074	167 074	-	100.0%	113 049	113 049
Social benefits	82 227	-	-1 616	80 611	80 611	-	100.0%	66 569	66 569

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 2: District Health Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other transfers to households	44 310	-	42 153	86 463	86 463	-	100.0%	46 480	46 480
Payments for capital assets	378 578	-	42 141	420 719	343 434	77 285	81.6%	335 948	231 896
Buildings and other fixed structures	2 500	-	-2 474	26	26	-	100.0%	-	-
Buildings	2 500	-	-2 474	26	26	-	100.0%	-	-
Machinery and equipment	376 078	-	44 615	420 693	343 408	77 285	81.6%	335 948	231 896
Transport equipment	143 205	-	28 414	171 619	153 888	17 731	89.7%	107 742	80 659
Other machinery and equipment	232 873	-	16 201	249 074	189 520	59 554	76.1%	228 206	151 237
Payment for financial assets	-	-	512	512	512	-	100.0%	99	99
<b>Total</b>	<b>27 076 991</b>	<b>-32 575</b>	<b>225 455</b>	<b>27 269 871</b>	<b>27 269 871</b>	<b>-</b>	<b>100.0%</b>	<b>25 381 414</b>	<b>24 937 252</b>



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.1: District Management

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	310 766	-	-4 857	305 909	305 909	-	100.0%	301 018	296 486
Compensation of employees	260 059	-	-6 093	253 966	253 966	-	100.0%	253 942	251 979
Goods and services	50 707	-	1 231	51 938	51 938	-	100.0%	47 071	44 502
Interest and rent on land	-	-	5	5	5	-	100.0%	5	5
Transfers and subsidies	1 929	-	2 485	4 414	4 414	-	100.0%	1 624	1 624
Households	1 929	-	2 485	4 414	4 414	-	100.0%	1 624	1 624
Payments for capital assets	14 387	-	20 616	35 003	35 003	-	100.0%	26 798	14 551
Machinery and equipment	14 387	-	20 616	35 003	35 003	-	100.0%	26 798	14 551
Payment for financial assets	-	-	10	10	10	-	100.0%	-	-
<b>Total</b>	<b>327 082</b>	<b>-</b>	<b>18 254</b>	<b>345 336</b>	<b>345 336</b>	<b>-</b>	<b>100.0%</b>	<b>329 440</b>	<b>312 661</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.2: Community Health Clinics

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 800 581	-	-396 850	4 403 731	4 429 415	-25 684	100.6%	4 599 813	4 581 603
Compensation of employees	2 875 757	-	-379 636	2 496 121	2 521 805	-25 684	101.0%	2 756 348	2 738 138
Goods and services	1 924 824	-	-17 267	1 907 557	1 907 557	-	100.0%	1 843 393	1 843 393
Interest and rent on land	-	-	53	53	53	-	100.0%	72	72
Transfers and subsidies	153 392	-	-4 987	148 405	145 509	2 896	98.0%	143 197	124 881
Provinces and municipalities	109 619	-	5 629	115 248	114 079	1 169	99.0%	109 619	91 289
Departmental agencies and accounts	-	-	5	5	5	-	100.0%	-	14
Non-profit institutions	15 909	-	-4 334	11 575	9 848	1 727	85.1%	12 923	12 923
Households	27 864	-	-6 287	21 577	21 577	-	100.0%	20 655	20 655
Payments for capital assets	50 123	-	-	50 123	27 335	22 788	54.5%	28 903	29 626
Machinery and equipment	50 123	-	-	50 123	27 335	22 788	54.5%	28 903	29 626
Payment for financial assets	-	-	59	59	59	-	100.0%	-	-
Current payments	4 800 581	-	-396 850	4 403 731	4 429 415	-25 684	100.6%	4 599 813	4 581 603
<b>Total</b>	<b>5 004 096</b>	<b>-</b>	<b>-401 778</b>	<b>4 602 318</b>	<b>4 602 318</b>	<b>-</b>	<b>100.0%</b>	<b>4 771 913</b>	<b>4 736 110</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.3: Community Health Centres

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 998 188	-	-22 104	1 976 084	1 976 084	-	100.0%	1 909 599	1 904 166
Compensation of employees	1 425 431	-	-5 187	1 420 244	1 420 244	-	100.0%	1 384 909	1 384 909
Goods and services	572 721	-	-16 889	555 832	555 832	-	100.0%	524 640	519 207
Interest and rent on land	36	-	-28	8	8	-	100.0%	50	50
Transfers and subsidies	10 012	-	11 191	21 203	21 203	-	100.0%	8 091	8 104
Departmental agencies and accounts	6	-	2	8	8	-	100.0%	6	19
Households	10 006	-	11 189	21 195	21 195	-	100.0%	8 085	8 085
Payments for capital assets	30 157	-	1 777	31 934	31 934	-	100.0%	41 712	31 496
Machinery and equipment	30 157	-	1 777	31 934	31 934	-	100.0%	41 712	31 496
Payment for financial assets	-	-	71	71	71	-	100.0%	-	-
<b>Total</b>	<b>2 038 357</b>	<b>-</b>	<b>-9 065</b>	<b>2 029 292</b>	<b>2 029 292</b>	<b>-</b>	<b>100.0%</b>	<b>1 959 402</b>	<b>1 943 766</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.4: Community Based Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	355 083	-	-23 233	331 850	331 850	-	100.0%	375 761	360 996
Compensation of employees	228 415	-	-13 075	215 340	215 340	-	100.0%	254 808	253 839
Goods and services	126 668	-	-10 158	116 510	116 510	-	100.0%	120 953	107 157
Transfers and subsidies	1 336	-	-282	1 054	1 054	-	100.0%	1 320	1 320
Households	1 336	-	-282	1 054	1 054	-	100.0%	1 320	1 320
Payments for capital assets	9 838	-	-9 573	265	265	-	100.0%	1 623	1 738
Machinery and equipment	9 838	-	-9 573	265	265	-	100.0%	1 623	1 738
<b>Total</b>	<b>366 257</b>	<b>-</b>	<b>-33 088</b>	<b>333 169</b>	<b>333 169</b>	<b>-</b>	<b>100.0%</b>	<b>378 704</b>	<b>364 054</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.5: Other Community Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 060 119	-34 109	540 066	4 566 076	4 620 573	-54 497	101.2%	3 402 645	3 262 931
Compensation of employees	3 277 061	-	480 216	3 757 277	3 811 774	-54 497	101.5%	2 561 971	2 564 110
Goods and services	783 058	-34 109	59 842	808 791	808 791	-	100.0%	840 674	698 820
Interest and rent on land	-	-	8	8	8	-	100.0%	-	1
Transfers and subsidies	52 648	-	-2 564	50 084	50 084	-	100.0%	30 823	30 888
Departmental agencies and accounts	-	-	14	14	14	-	100.0%	-	8
Non-profit institutions	40 639	-	3 002	43 641	43 641	-	100.0%	27 264	27 321
Households	12 009	-	-5 580	6 429	6 429	-	100.0%	3 559	3 559
Payments for capital assets	42 515	-	96 170	138 685	84 188	54 497	60.7%	40 811	40 409
Machinery and equipment	42 515	-	96 170	138 685	84 188	54 497	60.7%	40 811	40 409
Payment for financial assets	-	-	2	2	2	-	100.0%	-	-
<b>Total</b>	<b>4 155 282</b>	<b>-34 109</b>	<b>633 674</b>	<b>4 754 847</b>	<b>4 754 847</b>	<b>-</b>	<b>100.0%</b>	<b>3 474 279</b>	<b>3 334 228</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.6: HIV and AIDS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	6 741 286	-	-109 313	6 631 973	6 631 973	-	100.0%	6 126 399	6 090 153
Compensation of employees	2 822 254	-	159 304	2 981 558	2 981 558	-	100.0%	2 440 990	2 440 990
Goods and services	3 919 032	-	-268 617	3 650 415	3 650 415	-	100.0%	3 685 409	3 649 163
Transfers and subsidies	133 705	-	10 559	144 264	144 264	-	100.0%	147 848	126 466
Provinces and municipalities	125 224	-	10 000	135 224	135 224	-	100.0%	128 174	108 063
Non-profit institutions	-	-	-	-	-	-	-	12 678	11 407
Households	8 481	-	559	9 040	9 040	-	100.0%	6 996	6 996
Payments for capital assets	50 315	-	-9 327	40 988	40 988	-	100.0%	45 253	5 436
Buildings and other fixed structures	2 500	-	-2 500	-	-	-	-	-	-
Machinery and equipment	47 815	-	-6 827	40 988	40 988	-	100.0%	45 253	5 436
Payment for financial assets	-	-	11	11	11	-	100.0%	-	-
<b>Total</b>	<b>6 925 306</b>	<b>-</b>	<b>-108 070</b>	<b>6 817 236</b>	<b>6 817 236</b>	<b>-</b>	<b>100.0%</b>	<b>6 319 500</b>	<b>6 222 055</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.7: Nutrition

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	44 849	-	-12 904	31 945	31 945	-	100.0%	42 650	28 867
Goods and services	44 849	-	-12 904	31 945	31 945	-	100.0%	42 650	28 867
Payments for capital assets	2 640	-	-2 410	230	230	-	100.0%	2 150	60
Machinery and equipment	2 640	-	-2 410	230	230	-	100.0%	2 150	60
Total	47 489	-	-15 314	32 175	32 175	-	100.0%	44 800	28 927

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.8: Coroner Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	268 185	-	-5 307	262 878	262 878	-	100.0%	255 747	246 924
Compensation of employees	217 307	-	1 122	218 429	218 429	-	100.0%	203 647	204 903
Goods and services	50 876	-	-6 429	44 447	44 447	-	100.0%	52 098	42 020
Interest and rent on land	2	-	-	2	2	-	100.0%	2	1
Transfers and subsidies	262	-	61	323	323	-	100.0%	679	679
Households	262	-	61	323	323	-	100.0%	679	679
Payments for capital assets	7 251	-	2 504	9 755	9 755	-	100.0%	4 942	3 732
Machinery and equipment	7 251	-	2 504	9 755	9 755	-	100.0%	4 942	3 732
Total	275 698	-	-2 742	272 956	272 956	-	100.0%	261 368	251 335



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 2.9: District Hospitals

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	7 701 377	1 534	162 441	7 865 352	7 865 352	-	100.0%	7 627 979	7 568 925
Compensation of employees	5 686 909	-	-7 187	5 679 722	5 679 722	-	100.0%	5 573 022	5 514 918
Goods and services	2 014 043	1 534	169 537	2 185 114	2 185 114	-	100.0%	2 054 786	2 053 836
Interest and rent on land	425	-	91	516	516	-	100.0%	171	171
Transfers and subsidies	64 695	-	38 400	103 095	103 095	-	100.0%	70 174	70 244
Departmental agencies and accounts	45	-	8	53	53	-	100.0%	43	113
Households	64 650	-	38 392	103 042	103 042	-	100.0%	70 131	70 131
Payments for capital assets	171 352	-	-57 616	113 736	113 736	-	100.0%	143 756	104 848
Machinery and equipment	171 352	-	-57 642	113 710	113 710	-	100.0%	143 756	104 848
Payment for financial assets	-	-	359	359	359	-	100.0%	99	99
<b>Total</b>	<b>7 937 424</b>	<b>1 534</b>	<b>143 584</b>	<b>8 082 542</b>	<b>8 082 542</b>	<b>-</b>	<b>100.0%</b>	<b>7 842 008</b>	<b>7 744 116</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 3: Emergency Medical Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Emergency Services	1 489 258	-	-54 337	1 434 921	1 434 921	-	100.0%	1 456 461	1 478 434
2 Planned Patient Transport	177 216	-	-15 371	161 845	161 845	-	100.0%	207 750	127 493
Total	1 666 474	-	-69 708	1 596 766	1 596 766	-	100.0%	1 664 211	1 605 927
Economic classification									
Current payments	1 553 166	-	-41 135	1 512 031	1 512 031	-	100.0%	1 462 376	1 429 072
Compensation of employees	1 206 574	-	-17 222	1 189 352	1 189 352	-	100.0%	1 074 827	1 074 827
Salaries and wages	1 048 440	-	-29 084	1 019 356	1 019 356	-	100.0%	911 124	911 124
Social contributions	158 134	-	11 862	169 996	169 996	-	100.0%	163 703	163 703
Goods and services	346 592	-	-23 917	322 675	322 675	-	100.0%	387 546	354 242
Administrative fees	14	-	48	62	62	-	100.0%	26	26
Advertising	14	-	-14	-	-	-	-	38	6
Minor assets	2 042	-	-913	1 129	1 129	-	100.0%	1 554	1 277
Communication (G&S)	9 157	-	420	9 577	9 577	-	100.0%	9 347	9 246

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 3: Emergency Medical Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	30	-	-17	13	13	-	100.0%	-	-
Legal services	120	-	-18	102	102	-	100.0%	114	82
Contractors	1 717	-	-349	1 368	1 368	-	100.0%	1 354	1 346
Agency and support / outsourced services	1 108	-	265	1 373	1 373	-	100.0%	1 361	1 361
Fleet services (including government motor transport)	230 369	-	-12 144	218 225	218 225	-	100.0%	220 993	215 611
Inventory: Clothing material and accessories	10 583	-	-6 789	3 794	3 794	-	100.0%	11 614	10 847
Inventory: Fuel, oil and gas	-	-	57	57	57	-	100.0%	57	57
Inventory: Materials and supplies	265	-	64	329	329	-	100.0%	371	371
Inventory: Medical supplies	14 510	-	1 935	16 445	16 445	-	100.0%	20 208	19 825
Inventory: Medicine	432	-	-167	265	265	-	100.0%	403	346
Inventory: Other supplies	2 332	-	-1 081	1 251	1 251	-	100.0%	2 081	2 081
Consumable supplies	310	-	-229	81	81	-	100.0%	1 101	368
Consumable: Stationery, printing and office supplies	2 974	-	-1 644	1 330	1 330	-	100.0%	2 471	1 774
Operating leases	2 098	-	203	2 301	2 301	-	100.0%	2 859	2 581

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 3: Emergency Medical Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Property payments	35 673	-	3 384	39 057	39 057	-	100.0%	37 000	35 449
Transport provided: Departmental activity	30 001	-	-6 174	23 827	23 827	-	100.0%	73 740	50 786
Travel and subsistence	2 843	-	-754	2 089	2 089	-	100.0%	701	649
Operating payments	-	-	-	-	-	-	-	153	153
Interest and rent on land	-	-	4	4	4	-	100.0%	3	3
Interest (Incl. interest on unitary payments (PPP))	-	-	4	4	4	-	100.0%	3	3
Transfers and subsidies	6 243	-	7 677	13 920	13 920	-	100.0%	6 737	5 818
Provinces and municipalities	3 109	-	-1 236	1 873	1 873	-	100.0%	2 947	2 030
Provinces	3 109	-	-1 236	1 873	1 873	-	100.0%	2 947	2 030
Provincial agencies and funds	3 109	-	-1 236	1 873	1 873	-	100.0%	2 947	2 030
Departmental agencies and accounts	2	-	-2	-	-	-	-	2	-
Departmental agencies	2	-	-2	-	-	-	-	2	-
Households	3 132	-	8 915	12 047	12 047	-	100.0%	3 788	3 788
Social benefits	1 979	-	806	2 785	2 785	-	100.0%	3 044	3 044

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 3: Emergency Medical Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other transfers to households	1 153	-	8 109	9 262	9 262	-	100.0%	744	744
Payments for capital assets	107 065	-	-36 250	70 815	70 815	-	100.0%	195 098	171 037
Machinery and equipment	107 065	-	-36 250	70 815	70 815	-	100.0%	195 098	171 037
Transport equipment	70 071	-	-2 150	67 921	67 921	-	100.0%	169 914	154 809
Other machinery and equipment	36 994	-	-34 100	2 894	2 894	-	100.0%	25 184	16 228
<b>Total</b>	<b>1 666 474</b>	<b>-</b>	<b>-69 708</b>	<b>1 596 766</b>	<b>1 596 766</b>	<b>-</b>	<b>100.0%</b>	<b>1 664 211</b>	<b>1 605 927</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 3.1: Emergency Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 385 494	-	-26 917	1 358 577	1 358 577	-	100.0%	1 308 254	1 301 866
Compensation of employees	1 122 942	-	-17 243	1 105 699	1 105 699	-	100.0%	996 217	996 217
Goods and services	262 552	-	-9 678	252 874	252 874	-	100.0%	312 034	305 646
Interest and rent on land	-	-	4	4	4	-	100.0%	3	3
Transfers and subsidies	6 102	-	7 042	13 144	13 144	-	100.0%	6 450	5 531
Provinces and municipalities	3 109	-	-1 236	1 873	1 873	-	100.0%	2 947	2 030
Departmental agencies and accounts	2	-	-2	-	-	-	-	2	-
Households	2 991	-	8 280	11 271	11 271	-	100.0%	3 501	3 501
Payments for capital assets	97 662	-	-34 462	63 200	63 200	-	100.0%	141 757	171 037
Machinery and equipment	97 662	-	-34 462	63 200	63 200	-	100.0%	141 757	171 037
<b>Total</b>	<b>1 489 258</b>	<b>-</b>	<b>-54 337</b>	<b>1 434 921</b>	<b>1 434 921</b>	<b>-</b>	<b>100.0%</b>	<b>1 456 461</b>	<b>1 478 434</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 3.2: Planned Patient Transport

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	167 672	-	-14 218	153 454	153 454	-	100.0%	154 122	127 206
Compensation of employees	83 632	-	21	83 653	83 653	-	100.0%	78 610	78 610
Goods and services	84 040	-	-14 239	69 801	69 801	-	100.0%	75 512	48 596
Transfers and subsidies	141	-	635	776	776	-	100.0%	287	287
Households	141	-	635	776	776	-	100.0%	287	287
Payments for capital assets	9 403	-	-1 788	7 615	7 615	-	100.0%	53 341	-
Machinery and equipment	9 403	-	-1 788	7 615	7 615	-	100.0%	53 341	-
<b>Total</b>	<b>177 216</b>	<b>-</b>	<b>-15 371</b>	<b>161 845</b>	<b>161 845</b>	<b>-</b>	<b>100.0%</b>	<b>207 750</b>	<b>127 493</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 4: Provincial Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 GENERAL (REGIONAL) HOSPITALS	10 084 439	-	-168 085	9 916 354	9 916 354	-	100.0%	9 820 193	9 376 385
2 TUBERCULOSIS HOSPITALS	546 787	-	-65 278	481 509	481 509	-	100.0%	715 700	635 243
3 PSYCHIATRIC-MENTAL HOSPITALS	1 026 617	-	-22 239	1 004 378	1 004 378	-	100.0%	1 001 705	975 904
4 SUB-ACUTE, STEP-DOWN AND CHRONIC MEDICAL HOSPITALS	347 474	-	-25 229	322 245	322 245	-	100.0%	454 537	317 902
5 DENTAL TRAINING HOSPITAL	22 317	-	-1 047	21 270	21 270	-	100.0%	20 918	20 205
Total	12 027 634	-	-281 878	11 745 756	11 745 756	-	100.0%	12 013 053	11 325 639
Economic classification									
Current payments	11 737 133	-	-350 752	11 386 381	11 386 381	-	100.0%	11 689 835	11 102 742
Compensation of employees	8 821 861	-	-272 491	8 549 370	8 549 370	-	100.0%	8 598 962	8 269 554
Salaries and wages	7 767 652	-	-260 641	7 507 011	7 507 011	-	100.0%	7 495 415	7 226 633
Social contributions	1 054 209	-	-11 850	1 042 359	1 042 359	-	100.0%	1 103 547	1 042 921
Goods and services	2 915 268	-	-78 611	2 836 657	2 836 657	-	100.0%	3 090 834	2 833 149



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 4: Provincial Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Administrative fees	128	-	-70	58	58	-	100.0%	48	47
Advertising	373	-	-330	43	43	-	100.0%	31	25
Minor assets	11 339	-	-4 913	6 426	6 426	-	100.0%	8 841	8 299
Audit costs: External	-	-	-147	-147	-147	-	100.0%	-	-
Catering: Departmental activities	114	-	-88	26	26	-	100.0%	28	28
Communication (G&S)	20 614	-	-3 466	17 148	17 148	-	100.0%	17 424	17 128
Computer services	470	-	-333	137	137	-	100.0%	368	158
Consultants: Business and advisory services	22 295	-	-22 051	244	244	-	100.0%	133 406	133 404
Laboratory services	430 930	-	-88 994	341 936	341 936	-	100.0%	367 984	364 331
Legal services	39 884	-	-23 107	16 777	16 777	-	100.0%	14 141	8 354
Contractors	107 764	-	-19 544	88 220	88 220	-	100.0%	69 707	69 443
Agency and support / outsourced services	229 724	-	3 379	233 103	233 103	-	100.0%	219 912	216 025
Fleet services (including government motor transport)	14 880	-	5 882	20 762	20 762	-	100.0%	15 029	12 580

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 4: Provincial Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	7 655	-	2 767	10 422	10 422	-	100.0%	58 227	12 446
Inventory: Food and food supplies	49 524	-	-9 031	40 493	40 493	-	100.0%	40 500	34 940
Inventory: Fuel, oil and gas	30 464	-	606	31 070	31 070	-	100.0%	28 434	24 196
Inventory: Materials and supplies	6 585	-	-1 810	4 775	4 775	-	100.0%	5 507	3 648
Inventory: Medical supplies	685 645	-	164 712	850 357	850 357	-	100.0%	836 485	726 972
Inventory: Medicine	339 101	-	-24 148	314 953	314 953	-	100.0%	439 011	405 981
Inventory: Other supplies	70 161	-	-5 066	65 095	65 095	-	100.0%	72 408	60 388
Consumable supplies	38 413	-	-9 596	28 817	28 817	-	100.0%	38 545	34 046
Consumable: Stationery, printing and office supplies	28 116	-	-2 107	26 009	26 009	-	100.0%	26 535	22 028
Operating leases	14 432	-	2 309	16 741	16 741	-	100.0%	15 762	15 775
Property payments	757 320	-	-44 307	713 013	713 013	-	100.0%	675 276	657 212
Transport provided: Departmental activity	316	-	376	692	692	-	100.0%	150	150
Travel and subsistence	2 844	-	-1 218	1 626	1 626	-	100.0%	1 985	1 934

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 4: Provincial Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	6 040	-	-1 989	4 051	4 051	-	100.0%	5 032	3 553
Rental and hiring	137	-	3 673	3 810	3 810	-	100.0%	58	58
Interest and rent on land	4	-	350	354	354	-	100.0%	39	39
Interest (Incl. interest on unitary payments (PPP))	4	-	350	354	354	-	100.0%	39	39
Transfers and subsidies	85 102	-	126 849	211 951	211 951	-	100.0%	98 455	98 425
Departmental agencies and accounts	103	-	-16	87	87	-	100.0%	98	68
Departmental agencies	103	-	-16	87	87	-	100.0%	98	68
Non-profit institutions	2 657	-	1 332	3 989	3 989	-	100.0%	5 643	5 643
Households	82 342	-	125 533	207 875	207 875	-	100.0%	92 714	92 714
Social benefits	36 660	-	4 521	41 181	41 181	-	100.0%	38 335	38 335
Other transfers to households	45 682	-	121 012	166 694	166 694	-	100.0%	54 379	54 379
Payments for capital assets	205 399	-	-57 999	147 400	147 400	-	100.0%	224 729	124 438
Machinery and equipment	205 399	-	-57 999	147 400	147 400	-	100.0%	224 729	124 438

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 4: Provincial Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transport equipment	23 677	-	-15 395	8 282	8 282	-	100.0%	17 263	17 263
Other machinery and equipment	181 722	-	-42 604	139 118	139 118	-	100.0%	207 466	107 175
Payment for financial assets	-	-	24	24	24	-	100.0%	34	34
<b>Total</b>	<b>12 027 634</b>	<b>-</b>	<b>-281 878</b>	<b>11 745 756</b>	<b>11 745 756</b>	<b>-</b>	<b>100.0%</b>	<b>12 013 053</b>	<b>11 325 639</b>

Sub programme: 4.1: General (Regional) Hospitals

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	9 834 765	-	-251 811	9 582 954	9 582 954	-	100.0%	9 535 875	9 182 632

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 4.1: General (Regional) Hospitals

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Compensation of employees	7 369 953	-	-224 870	7 145 083	7 145 083	-	100.0%	6 919 132	6 760 375
Goods and services	2 464 812	-	-27 277	2 437 535	2 437 535	-	100.0%	2 616 710	2 422 224
Interest and rent on land	-	-	336	336	336	-	100.0%	33	33
Transfers and subsidies	69 335	-	127 135	196 470	196 470	-	100.0%	82 597	82 558
Departmental agencies and accounts	82	-	-33	49	49	-	100.0%	78	39
Households	69 253	-	127 168	196 421	196 421	-	100.0%	82 519	82 519
Payments for capital assets	180 339	-	-43 432	136 907	136 907	-	100.0%	201 714	111 188
Machinery and equipment	180 339	-	-43 432	136 907	136 907	-	100.0%	201 714	111 188
Payment for financial assets	-	-	23	23	23	-	100.0%	7	7
Current payments	9 834 765	-	-251 811	9 582 954	9 582 954	-	100.0%	9 535 875	9 182 632
<b>Total</b>	<b>10 084 439</b>	<b>-</b>	<b>-168 085</b>	<b>9 916 354</b>	<b>9 916 354</b>	<b>-</b>	<b>100.0%</b>	<b>9 820 193</b>	<b>9 376 385</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 4.2: TUBERCULOSIS HOSPITALS

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	533 235	-	-60 731	472 504	472 504	-	100.0%	702 709	625 963
Compensation of employees	354 059	-	-8 921	345 138	345 138	-	100.0%	510 781	465 140
Goods and services	179 172	-	-51 806	127 366	127 366	-	100.0%	191 925	160 820
Interest and rent on land	4	-	-4	-	-	-	-	3	3
Transfers and subsidies	5 470	-	1 889	7 359	7 359	-	100.0%	7 969	7 965
Departmental agencies and accounts	15	-	3	18	18	-	100.0%	14	10
Non-profit institutions	2 657	-	1 332	3 989	3 989	-	100.0%	5 643	5 643
Households	2 798	-	554	3 352	3 352	-	100.0%	2 312	2 312
Payments for capital assets	8 082	-	-6 436	1 646	1 646	-	100.0%	5 022	1 315
Machinery and equipment	8 082	-	-6 436	1 646	1 646	-	100.0%	5 022	1 315
Total	546 787	-	-65 278	481 509	481 509	-	100.0%	715 700	635 243

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 4.3: Psychiatric-Mental Hospitals

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 008 501	-	-16 516	991 985	991 985	-	100.0%	987 892	962 821
Compensation of employees	809 212	-	-19 030	790 182	790 182	-	100.0%	789 619	773 052
Goods and services	199 289	-	2 503	201 792	201 792	-	100.0%	198 270	189 766
Interest and rent on land	-	-	11	11	11	-	100.0%	3	3
Transfers and subsidies	8 929	-	-4 087	4 842	4 842	-	100.0%	5 452	5 465
Departmental agencies and accounts	6	-	14	20	20	-	100.0%	6	19
Households	8 923	-	-4 101	4 822	4 822	-	100.0%	5 446	5 446
Payments for capital assets	9 187	-	-1 637	7 550	7 550	-	100.0%	8 334	7 591
Machinery and equipment	9 187	-	-1 637	7 550	7 550	-	100.0%	8 334	7 591
Payment for financial assets	-	-	1	1	1	-	100.0%	27	27
<b>Total</b>	<b>1 026 617</b>	<b>-</b>	<b>-22 239</b>	<b>1 004 378</b>	<b>1 004 378</b>	<b>-</b>	<b>100.0%</b>	<b>1 001 705</b>	<b>975 904</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

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

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	338 315	-	-20 568	317 747	317 747	-	100.0%	442 482	311 162
Compensation of employees	268 195	-	-19 083	249 112	249 112	-	100.0%	360 331	252 173
Goods and services	70 120	-	-1 492	68 628	68 628	-	100.0%	82 151	58 989
Interest and rent on land	-	-	7	7	7	-	100.0%	-	-
Transfers and subsidies	1 368	-	1 833	3 201	3 201	-	100.0%	2 396	2 396
Households	1 368	-	1 833	3 201	3 201	-	100.0%	2 396	2 396
Payments for capital assets	7 791	-	-6 494	1 297	1 297	-	100.0%	9 659	4 344
Machinery and equipment	7 791	-	-6 494	1 297	1 297	-	100.0%	9 659	4 344
Total	347 474	-	-25 229	322 245	322 245	-	100.0%	454 537	317 902



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 4.5: Dental Training Hospital

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	22 317	-	-1 126	21 191	21 191	-	100.0%	20 877	20 164
Compensation of employees	20 442	-	-587	19 855	19 855	-	100.0%	19 099	18 814
Goods and services	1 875	-	-539	1 336	1 336	-	100.0%	1 778	1 350
Transfers and subsidies	-	-	79	79	79	-	100.0%	41	41
Households	-	-	79	79	79	-	100.0%	41	41
<b>Total</b>	<b>22 317</b>	<b>-</b>	<b>-1 047</b>	<b>21 270</b>	<b>21 270</b>	<b>-</b>	<b>100.0%</b>	<b>20 918</b>	<b>20 205</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 5: Central Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Central Hospital Services	2 613 846	-	-73 639	2 540 207	2 540 207	-	100.0%	2 667 326	2 653 569
2 Provincial Tertiary Hospital Services	2 755 828	2 238	56 882	2 814 948	2 814 948	-	100.0%	2 833 365	2 731 891
Total	5 369 674	2 238	-16 757	5 355 155	5 355 155	-	100.0%	5 500 691	5 385 460
Economic classification									
Current payments	5 269 103	2 238	12 300	5 283 641	5 283 641	-	100.0%	5 341 332	5 270 488
Compensation of employees	3 180 225	-	-4 417	3 175 808	3 175 808	-	100.0%	3 117 348	3 075 647
Salaries and wages	2 786 874	-	-4 916	2 781 958	2 781 958	-	100.0%	2 732 480	2 687 328
Social contributions	393 351	-	499	393 850	393 850	-	100.0%	384 868	388 319
Goods and services	2 088 878	2 238	16 717	2 107 833	2 107 833	-	100.0%	2 223 984	2 194 842
Administrative fees	34	-	-32	2	2	-	100.0%	14	2
Advertising	169	-	-131	38	38	-	100.0%	136	-
Minor assets	809	-	-417	392	392	-	100.0%	424	424
Catering: Departmental activities	25	-	-11	14	14	-	100.0%	11	8

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 5: Central Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Communication (G&S)	7 416	-	-934	6 482	6 482	-	100.0%	7 738	7 100
Current payments	5 269 103	2 238	12 300	5 283 641	5 283 641	-	100.0%	5 341 332	5 270 488
Compensation of employees	3 180 225	-	-4 417	3 175 808	3 175 808	-	100.0%	3 117 348	3 075 647
Salaries and wages	2 786 874	-	-4 916	2 781 958	2 781 958	-	100.0%	2 732 480	2 687 328
Social contributions	393 351	-	499	393 850	393 850	-	100.0%	384 868	388 319
Goods and services	2 088 878	2 238	16 717	2 107 833	2 107 833	-	100.0%	2 223 984	2 194 842
Computer services	8 119	-	-2 042	6 077	6 077	-	100.0%	7 683	5 999
Consultants: Business and advisory services	32	-	109	141	141	-	100.0%	27	27
Laboratory services	235 917	-	-27 495	208 422	208 422	-	100.0%	230 086	200 902
Legal services	25 570	-	-21 353	4 217	4 217	-	100.0%	24 306	879
Contractors	74 480	-	-26 841	47 639	47 639	-	100.0%	71 806	60 132
Agency and support / outsourced services	772 853	-	5 092	777 945	777 945	-	100.0%	805 566	902 711
Fleet services (including government motor transport)	801	-	24	825	825	-	100.0%	562	478
Inventory: Clothing material and accessories	2 163	-	2 194	4 357	4 357	-	100.0%	12 402	5 596

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 5: Central Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Food and food supplies	7 210	-	-1 095	6 115	6 115	-	100.0%	6 116	5 920
Inventory: Fuel, oil and gas	27 357	-	-5 929	21 428	21 428	-	100.0%	26 005	14 880
Inventory: Materials and supplies	590	-	-177	413	413	-	100.0%	595	595
Inventory: Medical supplies	498 688	-	103 049	601 737	601 737	-	100.0%	591 866	557 511
Inventory: Medicine	226 347	-	-11 114	215 233	215 233	-	100.0%	246 399	245 039
Inventory: Other supplies	21 388	-	1 220	22 608	22 608	-	100.0%	23 230	21 342
Consumable supplies	12 614	-	-2 485	10 129	10 129	-	100.0%	11 450	10 914
Consumable: Stationery, printing and office supplies	5 092	-	-532	4 560	4 560	-	100.0%	4 406	4 042
Operating leases	2 431	-	-288	2 143	2 143	-	100.0%	2 372	2 321
Property payments	155 885	-	6 931	162 816	162 816	-	100.0%	148 684	146 724
Travel and subsistence	1 071	-	-643	428	428	-	100.0%	482	369
Operating payments	1 817	2 238	-383	3 672	3 672	-	100.0%	1 604	913
Rental and hiring	-	-	-	-	-	-	-	14	14
Interest and rent on land	-	-	-	-	-	-	-	-	-1

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 5: Central Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	-	-1
Transfers and subsidies	42 086	-	-14 569	27 517	27 517	-	100.0%	27 098	27 104
Departmental agencies and accounts	75	-	-12	63	63	-	100.0%	71	77
Departmental agencies	75	-	-12	63	63	-	100.0%	71	77
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	42 011	-	-14 557	27 454	27 454	-	100.0%	27 027	27 027
Social benefits	13 831	-	-3 482	10 349	10 349	-	100.0%	17 295	17 295
Other transfers to households	28 180	-	-11 075	17 105	17 105	-	100.0%	9 732	9 732
Payments for capital assets	58 485	-	-14 488	43 997	43 997	-	100.0%	132 261	87 868
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	58 485	-	-14 488	43 997	43 997	-	100.0%	132 261	87 868
Transport equipment	1 210	-	-957	253	253	-	100.0%	1 162	1 162
Other machinery and equipment	57 275	-	-13 531	43 744	43 744	-	100.0%	131 099	86 706
Payment for financial assets	-	-	-	-	-	-	-	-	-

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 5: Central Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Total	5 369 674	2 238	-16 757	5 355 155	5 355 155	-	100.0%	5 500 691	5 385 460

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 5.1: Central Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 603 055	-	-68 502	2 534 553	2 534 553	-	100.0%	2 663 218	2 649 394
Compensation of employees	1 273 122	-	-14 154	1 258 968	1 258 968	-	100.0%	1 277 318	1 232 939
Goods and services	1 329 933	-	-54 348	1 275 585	1 275 585	-	100.0%	1 385 900	1 416 456
Interest and rent on land	-	-	-	-	-	-	-	-	-1
Transfers and subsidies	10 791	-	-5 137	5 654	5 654	-	100.0%	4 108	4 175
Departmental agencies and accounts	-	-	63	63	63	-	100.0%	-	67
Households	10 791	-	-5 200	5 591	5 591	-	100.0%	4 108	4 108
<b>Total</b>	<b>2 613 846</b>	<b>-</b>	<b>-73 639</b>	<b>2 540 207</b>	<b>2 540 207</b>	<b>-</b>	<b>100.0%</b>	<b>2 667 326</b>	<b>2 653 569</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 5.2: Provincial Tertiary Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 666 048	2 238	80 802	2 749 088	2 749 088	-	100.0%	2 678 114	2 621 094
Compensation of employees	1 907 103	-	9 737	1 916 840	1 916 840	-	100.0%	1 840 030	1 842 708
Goods and services	758 945	2 238	71 065	832 248	832 248	-	100.0%	838 084	778 386
Transfers and subsidies	31 295	-	-9 432	21 863	21 863	-	100.0%	22 990	22 929
Departmental agencies and accounts	75	-	-75	-	-	-	-	71	10
Households	31 220	-	-9 357	21 863	21 863	-	100.0%	22 919	22 919
Payments for capital assets	58 485	-	-14 488	43 997	43 997	-	100.0%	132 261	87 868
Machinery and equipment	58 485	-	-14 488	43 997	43 997	-	100.0%	132 261	87 868
<b>Total</b>	<b>2 755 828</b>	<b>2 238</b>	<b>56 882</b>	<b>2 814 948</b>	<b>2 814 948</b>	<b>-</b>	<b>100.0%</b>	<b>2 833 365</b>	<b>2 731 891</b>



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

### Programme 6: Health Sciences and Training

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 NURSING TRAINING COLLEGES	236 170	-	-24 133	212 037	212 037	-	100.0%	228 889	220 796
2 EMS TRAINING COLLEGES	35 328	-	-13 002	22 326	22 326	-	100.0%	33 570	19 568
3 BURSARIES	152 977	-	-78 848	74 129	74 129	-	100.0%	111 892	109 494
4 PRIMARY HEALTH CARE TRAINING	45 461	-	-11 956	33 505	33 505	-	100.0%	43 149	37 753
5 TRAINING OTHER	812 970	-	207 220	1 020 190	1 020 190	-	100.0%	847 697	877 586
Total	1 282 906	-	79 281	1 362 187	1 362 187	-	100.0%	1 265 197	1 265 197
Economic classification									
Current payments	1 101 034	-	166 492	1 267 526	1 267 526	-	100.0%	1 122 076	1 137 118
Compensation of employees	1 047 798	-	182 895	1 230 693	1 230 693	-	100.0%	1 064 978	1 103 769
Salaries and wages	1 008 687	-	186 837	1 195 524	1 195 524	-	100.0%	1 027 381	1 066 757
Social contributions	39 111	-	-3 942	35 169	35 169	-	100.0%	37 597	37 012
Goods and services	53 236	-	-16 403	36 833	36 833	-	100.0%	57 097	33 347

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 6: Health Sciences and Training

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Administrative fees	717	-	-249	468	468	-	100.0%	601	482
Advertising	211	-	-185	26	26	-	100.0%	88	32
Minor assets	312	-	412	724	724	-	100.0%	439	334
Audit costs: External	3 590	-	-3 590	-	-	-	-	-	-
Bursaries: Employees	3 417	-	3 692	7 109	7 109	-	100.0%	8 009	8 025
Catering: Departmental activities	234	-	-148	86	86	-	100.0%	396	71
Communication (G&S)	709	-	152	861	861	-	100.0%	1 894	827
Computer services	231	-	-231	-	-	-	-	220	202
Consultants: Business and advisory services	59	-	-21	38	38	-	100.0%	9	75
Legal services	51	-	-51	-	-	-	-	82	-
Contractors	7	-	-4	3	3	-	100.0%	85	85
Agency and support / outsourced services	-	-	60	60	60	-	100.0%	-	11
Fleet services (including government motor transport)	2 654	-	-1 525	1 129	1 129	-	100.0%	2 415	1 784

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 6: Health Sciences and Training

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Clothing material and accessories	183	-	-133	50	50	-	100.0%	3 109	25
Inventory: Fuel, oil and gas	-	-	54	54	54	-	100.0%	-	9
Inventory: Learner and teacher support material	-	-	492	492	492	-	100.0%	-	279
Inventory: Materials and supplies	409	-	-210	199	199	-	100.0%	179	110
Inventory: Medical supplies	89	-	28	117	117	-	100.0%	84	69
Inventory: Medicine	-	-	-	-	-	-	-	-	2
Inventory: Other supplies	601	-	-24	577	577	-	100.0%	337	309
Consumable supplies	858	-	-139	719	719	-	100.0%	809	716
Consumable: Stationery, printing and office supplies	3 056	-	-1 815	1 241	1 241	-	100.0%	2 004	781
Operating leases	1 452	-	-443	1 009	1 009	-	100.0%	1 254	1 247
Property payments	9 690	-	355	10 045	10 045	-	100.0%	9 777	9 263
Travel and subsistence	17 837	-	-13 571	4 266	4 266	-	100.0%	10 778	5 341
Training and development	5 816	-	1 128	6 944	6 944	-	100.0%	9 221	2 649

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 6: Health Sciences and Training

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	588	-	28	616	616	-	100.0%	4 939	527
Venues and facilities	465	-	-465	-	-	-	-	368	-
Rental and hiring	-	-	-	-	-	-	-	-	92
Interest and rent on land	-	-	-	-	-	-	-	1	2
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	-	-	-	1	2
Transfers and subsidies	161 388	-	-69 292	92 096	92 096	-	100.0%	126 123	126 123
Departmental agencies and accounts	23 248	-	-	23 248	23 248	-	100.0%	23 248	23 248
Departmental agencies	23 248	-	-	23 248	23 248	-	100.0%	23 248	23 248
Households	138 140	-	-69 292	68 848	68 848	-	100.0%	102 875	102 875
Social benefits	2 625	-	208	2 833	2 833	-	100.0%	3 225	3 225
Other transfers to households	135 515	-	-69 500	66 015	66 015	-	100.0%	99 650	99 650
Payments for capital assets	20 484	-	-17 920	2 564	2 564	-	100.0%	16 998	1 956
Machinery and equipment	20 484	-	-17 920	2 564	2 564	-	100.0%	16 998	1 956

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 6: Health Sciences and Training

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transport equipment	6 318	-	-4 287	2 031	2 031	-	100.0%	882	882
Other machinery and equipment	14 166	-	-13 633	533	533	-	100.0%	16 116	1 074
Payment for financial assets	-	-	1	1	1	-	100.0%	-	-
<b>Total</b>	<b>1 282 906</b>	<b>-</b>	<b>79 281</b>	<b>1 362 187</b>	<b>1 362 187</b>	<b>-</b>	<b>100.0%</b>	<b>1 265 197</b>	<b>1 265 197</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 6.1: Nursing Training Colleges

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	227 841	-	-20 182	207 659	207 659	-	100.0%	225 482	217 717
Compensation of employees	213 497	-	-19 471	194 026	194 026	-	100.0%	205 689	205 689
Goods and services	14 344	-	-711	13 633	13 633	-	100.0%	19 792	12 027
Interest and rent on land	-	-	-	-	-	-	-	1	1
Transfers and subsidies	1 899	-	304	2 203	2 203	-	100.0%	2 025	2 025
Households	1 899	-	304	2 203	2 203	-	100.0%	2 025	2 025
Payments for capital assets	6 430	-	-4 255	2 175	2 175	-	100.0%	1 382	1 054
Machinery and equipment	6 430	-	-4 255	2 175	2 175	-	100.0%	1 382	1 054
<b>Total</b>	<b>236 170</b>	<b>-</b>	<b>-24 133</b>	<b>212 037</b>	<b>212 037</b>	<b>-</b>	<b>100.0%</b>	<b>228 889</b>	<b>220 796</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 6.2: EMS Training Colleges

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	25 828	-	-3 887	21 941	21 941	-	100.0%	19 494	18 390
Compensation of employees	23 384	-	-2 389	20 995	20 995	-	100.0%	17 063	17 063
Goods and services	2 444	-	-1 498	946	946	-	100.0%	2 431	1 327
Transfers and subsidies	-	-	38	38	38	-	100.0%	276	276
Households	-	-	38	38	38	-	100.0%	276	276
Payments for capital assets	9 500	-	-9 153	347	347	-	100.0%	13 800	902
Machinery and equipment	9 500	-	-9 153	347	347	-	100.0%	13 800	902
<b>Total</b>	<b>35 328</b>	<b>-</b>	<b>-13 002</b>	<b>22 326</b>	<b>22 326</b>	<b>-</b>	<b>100.0%</b>	<b>33 570</b>	<b>19 568</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 6.3: Bursaries

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	17 462	-	-9 348	8 114	8 114	-	100.0%	12 242	9 844
Goods and services	17 462	-	-9 348	8 114	8 114	-	100.0%	12 242	9 844
Transfers and subsidies	135 515	-	-69 500	66 015	66 015	-	100.0%	99 650	99 650
Households	135 515	-	-69 500	66 015	66 015	-	100.0%	99 650	99 650
Total	152 977	-	-78 848	74 129	74 129	-	100.0%	111 892	109 494



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 6.4: Primary Health Care Training

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	40 416	-	-7 490	32 926	32 926	-	100.0%	40 596	37 016
Compensation of employees	38 379	-	-6 323	32 056	32 056	-	100.0%	36 771	36 771
Goods and services	2 037	-	-1 167	870	870	-	100.0%	3 825	245
Transfers and subsidies	491	-	46	537	537	-	100.0%	737	737
Households	491	-	46	537	537	-	100.0%	737	737
Payments for capital assets	4 554	-	-4 512	42	42	-	100.0%	1 816	-
Machinery and equipment	4 554	-	-4 512	42	42	-	100.0%	1 816	-
<b>Total</b>	<b>45 461</b>	<b>-</b>	<b>-11 956</b>	<b>33 505</b>	<b>33 505</b>	<b>-</b>	<b>100.0%</b>	<b>43 149</b>	<b>37 753</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 6.5: Training Other

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	789 487	-	207 399	996 886	996 886	-	100.0%	824 262	854 151
Compensation of employees	772 538	-	211 078	983 616	983 616	-	100.0%	805 455	844 246
Goods and services	16 949	-	-3 679	13 270	13 270	-	100.0%	18 807	9 904
Interest and rent on land	-	-	-	-	-	-	-	-	1
Transfers and subsidies	23 483	-	-180	23 303	23 303	-	100.0%	23 435	23 435
Departmental agencies and accounts	23 248	-	-	23 248	23 248	-	100.0%	23 248	23 248
Households	235	-	-180	55	55	-	100.0%	187	187
Payment for financial assets	-	-	1	1	1	-	100.0%	-	-
<b>Total</b>	<b>812 970</b>	<b>-</b>	<b>207 220</b>	<b>1 020 190</b>	<b>1 020 190</b>	<b>-</b>	<b>100.0%</b>	<b>847 697</b>	<b>877 586</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 7: Health Care Support Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 MEDICINE TRADING ACCOUNT	71 719	-	-1 500	70 219	70 219	-	100.0%	113 122	200 379
2 LAUNDRY SERVICES	210 082	-3 772	-17 334	188 976	188 976	-	100.0%	261 456	182 588
3 ORTHOTIC AND PROSTHETIC SERVICES	67 929	-	-8 965	58 964	58 964	-	100.0%	55 936	47 547
Total	349 730	-3 772	-27 799	318 159	318 159	-	100.0%	430 514	430 514
Economic classification									
Current payments	340 672	-3 772	-27 061	309 839	309 839	-	100.0%	423 377	423 608
Compensation of employees	172 223	-	-10 488	161 735	161 735	-	100.0%	163 138	151 147
Salaries and wages	139 583	-	-5 560	134 023	134 023	-	100.0%	137 829	124 245
Social contributions	32 640	-	-4 928	27 712	27 712	-	100.0%	25 309	26 902
Goods and services	168 449	-3 772	-16 573	148 104	148 104	-	100.0%	260 239	272 461
Administrative fees	9	-	29	38	38	-	100.0%	24	24
Advertising	122	-	-90	32	32	-	100.0%	68	24

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 7: Health Care Support Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Minor assets	188	-	-160	28	28	-	100.0%	115	59
Communication (G&S)	1 242	-	-165	1 077	1 077	-	100.0%	969	969
Computer services	2 851	-	-390	2 461	2 461	-	100.0%	2 754	2 754
Contractors	154	-	47	201	201	-	100.0%	99	99
Agency and support / outsourced services	80	-	2 781	2 861	2 861	-	100.0%	97	97
Fleet services (including government motor transport)	5 111	-	249	5 360	5 360	-	100.0%	4 136	4 025
Inventory: Clothing material and accessories	1 423	-	-512	911	911	-	100.0%	2 415	1 160
Inventory: Fuel, oil and gas	33 996	-	4 477	38 473	38 473	-	100.0%	33 358	33 358
Inventory: Materials and supplies	463	-	-266	197	197	-	100.0%	332	316
Inventory: Medical supplies	16 692	-	-1 586	15 106	15 106	-	100.0%	14 618	9 230
Medsas inventory interface	-	-	-	-	-	-	-	47 134	138 969
Inventory: Other supplies	45 551	-1 534	-20 909	23 108	23 108	-	100.0%	96 220	28 688
Consumable supplies	3 027	-	-1 886	1 141	1 141	-	100.0%	2 896	1 626
Consumable: Stationery, printing and office supplies	826	-	137	963	963	-	100.0%	969	717

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 7: Health Care Support Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating leases	517	-	-14	503	503	-	100.0%	514	470
Property payments	30 054	-	3 786	33 840	33 840	-	100.0%	31 060	30 768
Travel and subsistence	393	-	72	465	465	-	100.0%	661	456
Operating payments	25 750	-2 238	-2 173	21 339	21 339	-	100.0%	21 798	18 650
Rental and hiring	-	-	-	-	-	-	-	2	2
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	866	-	-63	803	803	-	100.0%	1 001	1 001
Households	866	-	-63	803	803	-	100.0%	1 001	1 001
Social benefits	866	-	-63	803	803	-	100.0%	1 001	1 001
Payments for capital assets	8 192	-	-676	7 516	7 516	-	100.0%	6 136	5 905
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	8 192	-	-676	7 516	7 516	-	100.0%	6 136	5 905
Transport equipment	5 733	-	409	6 142	6 142	-	100.0%	5 090	5 090
Other machinery and equipment	2 459	-	-1 085	1 374	1 374	-	100.0%	1 046	815

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 7: Health Care Support Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payment for financial assets	-	-	1	1	1	-	100.0%	-	-
Total	349 730	-3 772	-27 799	318 159	318 159	-	100.0%	430 514	430 514

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 7.1: Medicine Trading Account

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	70 364	-	-1 636	68 728	68 728	-	100.0%	113 096	200 317
Compensation of employees	40 320	-	1 852	42 172	42 172	-	100.0%	36 851	36 851
Goods and services	30 044	-	-3 488	26 556	26 556	-	100.0%	76 245	163 466
Transfers and subsidies	-	-	257	257	257	-	100.0%	26	26
Households	-	-	257	257	257	-	100.0%	26	26
Payments for capital assets	1 355	-	-121	1 234	1 234	-	100.0%	-	36
Machinery and equipment	1 355	-	-121	1 234	1 234	-	100.0%	-	36
<b>Total</b>	<b>71 719</b>	<b>-</b>	<b>-1 500</b>	<b>70 219</b>	<b>70 219</b>	<b>-</b>	<b>100.0%</b>	<b>113 122</b>	<b>200 379</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 7.2: Laundry Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	202 902	-3 772	-16 566	182 564	182 564	-	100.0%	254 873	176 207
Compensation of employees	84 440	-	-5 735	78 705	78 705	-	100.0%	88 185	78 272
Goods and services	118 462	-3 772	-10 831	103 859	103 859	-	100.0%	166 688	97 935
Transfers and subsidies	763	-	-634	129	129	-	100.0%	936	936
Households	763	-	-634	129	129	-	100.0%	936	936
Payments for capital assets	6 417	-	-135	6 282	6 282	-	100.0%	5 647	5 445
Machinery and equipment	6 417	-	-135	6 282	6 282	-	100.0%	5 647	5 445
Payment for financial assets	-	-	1	1	1	-	100.0%	-	-
Total	210 082	-3 772	-17 334	188 976	188 976	-	100.0%	261 456	182 588



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 7.3: Orthotic and Prosthetic Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	67 406	-	-8 859	58 547	58 547	-	100.0%	55 408	47 084
Compensation of employees	47 463	-	-6 605	40 858	40 858	-	100.0%	38 102	36 024
Goods and services	19 943	-	-2 254	17 689	17 689	-	100.0%	17 306	11 060
Transfers and subsidies	103	-	314	417	417	-	100.0%	39	39
Households	103	-	314	417	417	-	100.0%	39	39
Payments for capital assets	420	-	-420	-	-	-	-	489	424
Machinery and equipment	420	-	-420	-	-	-	-	489	424
<b>Total</b>	<b>67 929</b>	<b>-</b>	<b>-8 965</b>	<b>58 964</b>	<b>58 964</b>	<b>-</b>	<b>100.0%</b>	<b>55 936</b>	<b>47 547</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Programme 8: Health Facilities Management

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 COMMUNITY HEALTH FACILITIES	345 183	-	-51 128	294 055	294 055	-	100.0%	209 326	209 326
2 DISTRICT HOSPITAL SERVICES	386 045	-	79 220	465 265	465 265	-	100.0%	774 047	808 108
3 EMERGENCY MEDICAL SERVICES	2 000	-	-2 000	-	-	-	-	-	-
4 PROVINCIAL HOSPITAL SERVICES	785 442	-	115 641	901 083	901 083	-	100.0%	1 709 166	1 723 875
5 CENTRAL HOSPITAL SERVICES	20 117	-	15 499	35 616	35 616	-	100.0%	76 072	76 072
6 OTHER FACILITIES	326 335	-	-80 272	246 063	246 063	-	100.0%	371 309	295 814
Total	1 865 122	-	76 960	1 942 082	1 942 082	-	100.0%	3 139 920	3 113 195

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	714 596	-	39 023	753 619	753 619	-	100.0%	614 018	712 973
Compensation of employees	87 689	-	9 042	96 731	96 731	-	100.0%	78 563	78 563
Salaries and wages	84 025	-	9 001	93 026	93 026	-	100.0%	75 290	75 290
Social contributions	3 664	-	41	3 705	3 705	-	100.0%	3 273	3 273
Goods and services	626 907	-	29 981	656 888	656 888	-	100.0%	535 455	634 410
Minor assets	362	-	2 078	2 440	2 440	-	100.0%	9 538	9 538
Communication (G&S)	11	-	10	21	21	-	100.0%	-	-
Computer services	-	-	970	970	970	-	100.0%	-	-
Consultants: Business and advisory services	4 376	-	-4 375	1	1	-	100.0%	2	2
Infrastructure and planning services	1 351	-	-1 351	-	-	-	-	-	-
Contractors	185	-	100	285	285	-	100.0%	2 902	2 902
Inventory: Fuel, oil and gas	-	-	53	53	53	-	100.0%	-	-
Inventory: Learner and teacher support material	-	-	8	8	8	-	100.0%	-	-
Inventory: Materials and supplies	134	-	346	480	480	-	100.0%	275	275

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medical supplies	96	-	420	516	516	-	100.0%	5 316	5 316
Inventory: Other supplies	1 293	-	-1 153	140	140	-	100.0%	5 912	5 912
Consumable supplies	19 725	-	2 731	22 456	22 456	-	100.0%	28 338	28 338
Consumable: Stationery, printing and office supplies	120	-	-113	7	7	-	100.0%	-	-
Operating leases	236 919	-	-119	236 800	236 800	-	100.0%	135 968	169 469
Property payments	360 586	-	30 073	390 659	390 659	-	100.0%	345 992	411 446
Travel and subsistence	1 658	-	293	1 951	1 951	-	100.0%	1 172	1 172
Operating payments	91	-	10	101	101	-	100.0%	40	40
Payments for capital assets	1 150 526	-	37 937	1 188 463	1 188 463	-	100.0%	2 525 902	2 400 222
Buildings and other fixed structures	927 182	-	80 915	1 008 097	1 008 097	-	100.0%	2 313 218	2 218 868
Buildings	879 846	-	66 890	946 736	946 736	-	100.0%	2 260 850	2 166 500
Other fixed structures	47 336	-	14 025	61 361	61 361	-	100.0%	52 368	52 368
Machinery and equipment	223 344	-	-42 978	180 366	180 366	-	100.0%	212 684	181 354
Transport equipment	-	-	-	-	-	-	-	31 011	31 011
Other machinery and equipment	223 344	-	-42 978	180 366	180 366	-	100.0%	181 673	150 343

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Total	1 865 122	-	76 960	1 942 082	1 942 082	-	100.0%	3 139 920	3 113 195

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 8.1: Community Health Facilities

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	77 872	-	12 493	90 365	90 365	-	100.0%	92 617	92 617
Goods and services	77 872	-	12 493	90 365	90 365	-	100.0%	92 617	92 617
Payments for capital assets	267 311	-	-63 621	203 690	203 690	-	100.0%	116 709	116 709
Buildings and other fixed structures	155 556	-	-52 280	103 276	103 276	-	100.0%	74 754	74 754
Machinery and equipment	111 755	-	-11 341	100 414	100 414	-	100.0%	41 955	41 955
Total	345 183	-	-51 128	294 055	294 055	-	100.0%	209 326	209 326
Buildings and other fixed structures	243 760	-	29 867	273 627	273 627	-	100.0%	646 236	646 236
Machinery and equipment	18 779	-	-7 521	11 258	11 258	-	100.0%	12 999	12 999
Total	386 045	-	79 220	465 265	465 265	-	100.0%	774 047	808 108

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Sub programme: 8.2: District Hospital Services

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	123 506	-	56 874	180 380	180 380	-	100.0%	114 812	148 873
Goods and services	123 506	-	56 874	180 380	180 380	-	100.0%	114 812	148 873
Payments for capital assets	262 539	-	22 346	284 885	284 885	-	100.0%	659 235	659 235
Buildings and other fixed structures	243 760	-	29 867	273 627	273 627	-	100.0%	646 236	646 236
Machinery and equipment	18 779	-	-7 521	11 258	11 258	-	100.0%	12 999	12 999
<b>Total</b>	<b>386 045</b>	<b>-</b>	<b>79 220</b>	<b>465 265</b>	<b>465 265</b>	<b>-</b>	<b>100.0%</b>	<b>774 047</b>	<b>808 108</b>

Subprogramme: 8.3: EMERGENCY MEDICAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	2 000	-	-2 000	-	-	-	-	-	-
Buildings and other fixed structures	2 000	-	-2 000	-	-	-	-	-	-
<b>Total</b>	<b>2 000</b>	<b>-</b>	<b>-2 000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Subprogramme: 8.4: PROVINCIAL HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	257 425	-	7 872	265 297	265 297	-	100.0%	213 500	259 539
Goods and services	257 425	-	7 872	265 297	265 297	-	100.0%	213 500	259 539
Payments for capital assets	528 017	-	107 769	635 786	635 786	-	100.0%	1 495 666	1 464 336
Buildings and other fixed structures	460 888	-	109 721	570 609	570 609	-	100.0%	1 390 156	1 390 156
Machinery and equipment	67 129	-	-1 952	65 177	65 177	-	100.0%	105 510	74 180
Total	785 442	-	115 641	901 083	901 083	-	100.0%	1 709 166	1 723 875



# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Subprogramme: 8.5: CENTRAL HOSPITAL SERVICES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	12 596	-	5 278	17 874	17 874	-	100.0%	21 939	21 939
Goods and services	12 596	-	5 278	17 874	17 874	-	100.0%	21 939	21 939
Payments for capital assets	7 521	-	10 221	17 742	17 742	-	100.0%	54 133	54 133
Buildings and other fixed structures	6 970	-	8 999	15 969	15 969	-	100.0%	46 571	46 571
Machinery and equipment	551	-	1 222	1 773	1 773	-	100.0%	7 562	7 562
Total	20 117	-	15 499	35 616	35 616	-	100.0%	76 072	76 072

# 2021/22 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2022

Subprogramme: 8.6: OTHER FACILITIES

	2021/22							2020/21	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	243 197	-	-43 494	199 703	199 703	-	100.0%	171 150	190 005
Compensation of employees	87 689	-	9 042	96 731	96 731	-	100.0%	78 563	78 563
Goods and services	155 508	-	-52 536	102 972	102 972	-	100.0%	92 587	111 442
Payments for capital assets	83 138	-	-36 778	46 360	46 360	-	100.0%	200 159	105 809
Buildings and other fixed structures	58 008	-	-13 392	44 616	44 616	-	100.0%	155 501	61 151
Machinery and equipment	25 130	-	-23 386	1 744	1 744	-	100.0%	44 658	44 658
Total	326 335	-	-80 272	246 063	246 063	-	100.0%	371 309	295 814

# 2021/22 ANNUAL REPORT

## NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2022

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in note on Transfers and subsidies and Annexure 1 (A-H) to the Annual Financial Statements.

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

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

3. Detail on payments for financial assets

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

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per Programme:

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	%
ADMINISTRATION	1 040 001	1 040 001	0	100%
Budget balanced after virements				
DISTRICT HEALTH SERVICES	27 269 871	27 269 871	0	100%
Budget balanced after virements				
EMERGENCY MEDICAL SERVICES	1 596 766	1 596 766	0	100%
Budget balanced after virements				
PROVINCIAL HOSPITAL SERVICES	11 745 756	11 745 756	-0.43	100%
Budget balanced after virements				
CENTRAL HOSPITAL SERVICES	5 355 155	5 355 155	0	100%
Budget balanced after virements				
HEALTH SCIENCES AND TRAINING	1 362 187	1 362 187	0	100%
Budget balanced after virements				
HEALTH CARE SUPPORT SERVICES	318 159	318 159	0	100%
Budget balanced after virements				
HEALTH FACILITIES MANAGEMENT	1 942 082	1 942 082	0	100%
Budget balanced after virements				

*Saving under other items was used to defray excess expenditure under Compensation of Employees due to Budget cuts.*

# 2021/22 ANNUAL REPORT

## NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2022

		Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.2	Per economic classification:	R'000	R'000	R'000	%
	Current expenditure				
	Compensation of employees	31 903 166	31983347	-80 181	100.25%
	Goods and services	15 909 210	15909210	0	100.00%
	Interest and rent on land	1 448	1448	0	100.00%
	Transfers and subsidies				
	Provinces and municipalities	258 771	257602	1 169	99.55%
	Departmental agencies and accounts	23 478	23478	0	100.00%
	Non-profit institutions	59 205	57478	1 727	97.08%
	Households	500 724	500724	0	100.00%
	Payments for capital assets				
	Buildings and other fixed structures	1 008 123	1008123	0	100.00%
	Machinery and equipment	965 191	887906	77 285	91.99%
	Payments for financial assets	661	661	0	100.00%

*Saving under other items was used to defray excess expenditure under Compensation of Employees due to Budget cuts.*

# 2021/22 ANNUAL REPORT

## NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2022

		Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.3	Per conditional grant	R'000	R'000	R'000	%
	National Tertiary Services Grant	1 955 628	1 955 628	0	100%
	HIV, TB Malaria, Comm, Outreach & HPV Vaccine	7 263 697	7 263 697	0	100%
	Health Facility Revitalisation Grant	1 247 730	1 247 730	0	100%
	Human Resource & Training	591 481	591 481	0	100%
	Social Sector EPWP Incentive Grant for Provinces	21 228	21 228	0	100%
	EPW Integrated Grant to Provinces	12 689	12 689	0	100%
	National Health Insurance	50 415	50 415	0	100%

*All conditional grants spent.*

# 2021/22 ANNUAL REPORT

## STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2022

	Note	2021/22 R'000	2020/21 R'000
<b>REVENUE</b>			
Annual appropriation	<u>1</u>	50 629 977	51 308 066
Department Revenue	<u>2</u>	253 300	216 618
<b>TOTAL REVENUE</b>		<b>50 883 277</b>	<b>51 524 684</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	<u>4</u>	31 983 349	29 536 991
Goods and services	<u>5</u>	15 909 215	16 148 661
Interest and Rent on land		1 448	715
<b>Total current expenditure</b>		<b>47 894 012</b>	<b>45 686 367</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	<u>8</u>	839 277	633 753
<b>Total transfers &amp; subsidies</b>		<b>839 277</b>	<b>633 753</b>
<b>Expenditure for capital assets</b>			
Tangible assets	<u>9</u>	1 896 030	3 045 953
<b>Total expenditure for capital assets</b>		<b>1 896 030</b>	<b>3 045 953</b>
Unauthorised expenditure approved without funding		-	-
Payments for Financial Assets	<u>7</u>	658	4 172

# 2021/22 ANNUAL REPORT

## STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2022

TOTAL EXPENDITURE		50 629 977	49 370 245
SURPLUS/ (DEFICIT) FOR THE YEAR		253 300	2 154 439
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		-	1 937 821
Annual Appropriation		-	1 815 539
Conditional grants		-	122 282
Departmental Revenue and NRF Receipts	<a href="#">15</a>	253 300	216 618
SURPLUS / DEFICIT FOR THE YEAR		253 300	2 154 439

# 2021/22 ANNUAL REPORT

## STATEMENT OF FINANCIAL POSITION for the year ended 31 March 2022

	Note	2021/22	2020/21
		R'000	R'000
<b>ASSETS</b>			
Current Assets		181 175	292 595
Unauthorised expenditure	<a href="#">10</a>	108 074	108 074
Cash and Cash Equivalent	<a href="#">11</a>	34 625	101 085
Prepayments and advances		-	20
Receivables	<a href="#">13</a>	38 476	83 436
Non-Current Assets		9 674	7 292
Receivables		9 674	7 292
<b>TOTAL ASSETS</b>		<b>190 849</b>	<b>299 887</b>
<b>LIABILITIES</b>			
Current Liabilities		179 596	289 555
Voted funds to be surrendered to the Revenue Fund	<a href="#">14</a>	71 191	210 733
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	<a href="#">15</a>	10 341	14 602
Bank overdraft	<a href="#">16</a>	64 692	30 157
Payables	<a href="#">17</a>	33 372	34 063
<b>TOTAL LIABILITIES</b>		<b>179 596</b>	<b>289 555</b>
<b>NET ASSETS</b>		<b>11 253</b>	<b>10 332</b>
Represented by:			
Recoverable revenue		11 253	10 332
<b>TOTAL</b>		<b>11 253</b>	<b>10 332</b>



# 2021/22 ANNUAL REPORT

## STATEMENT OF CHANGES IN NET ASSETS For the year ended 31 March 2022

	Note	2021/22	2020/21
		R'000	R'000
<b>Recoverable revenue</b>			
Opening balance		10 332	10 433
Transfers	<u>g</u>	921	-101
Debts revised		-1 001	488
Debts recovered (included in departmental receipts)		-5 128	-7 034
Debts raised		7 050	6 445
<b>Closing balance</b>		<b>11 253</b>	<b>10 332</b>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2022

		2021/22	2020/21
	Note	R'000	R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts		50 935 553	49 797 579
Annual appropriated funds received	<a href="#">11</a>	50 701 169	49 580 978
Departmental revenue received	<a href="#">2</a>	234 055	215 669
Interest received		329	932
Net (increase)/ decrease in working capital		44 269	-50 487
Surrendered to Revenue Fund		-468 295	-227 382
Current payments		-47 892 564	-45 685 652
Interest paid		-1 448	-715
Payments for Financial Assets		-658	-4 172
Transfers and subsidies paid		-839 277	-633 753
Net cash flow available from operating activities	<a href="#">18</a>	1 777 580	3 195 418
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	<a href="#">9</a>	-1 896 030	-3 045 953
Proceeds from sale of capital assets	<a href="#">24</a>	18 916	17
(Increase)/decrease in non-current receivables		-2 382	2 730
Net cash flows from investing activities		-1 879 496	-3 043 206
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Increase/ (decrease) in net assets		921	-101
Net cash flows from financing activities		921	-101
Net increase/ (decrease) in cash and cash equivalents		-100 995	152 111
Cash and cash equivalents at beginning of period		70 928	-81 183
Cash and cash equivalents at end of period	<a href="#">19</a>	-30 067	70 928

# 2021/22 ANNUAL REPORT

## ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2022

### 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.

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

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2022

<b>7</b>	<b>Revenue</b>
<b>7.1</b>	<p><b>Appropriated funds</b></p> <p>Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.</p> <p>The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
<b>7.2</b>	<p><b>Departmental revenue</b></p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
<b>7.3</b>	<p><b>Accrued departmental revenue</b></p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> <li>• it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and</li> <li>• the amount of revenue can be measured reliably.</li> </ul> <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy</p>
<b>8</b>	<b>Expenditure</b>
<b>8.1</b>	<b>Compensation of employees</b>
<b>8.1.1</b>	<p><b>Salaries and wages</b></p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
<b>8.1.2</b>	<p><b>Social contributions</b></p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>
<b>8.2</b>	<p><b>Other expenditure</b></p> <p>Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p>

# 2021/22 ANNUAL REPORT

## ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2022

<b>8.3</b>	<p><b>Accruals and payables not recognised</b></p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.</p>
<b>8.4</b>	<p><b>Leases</b></p>
<b>8.4.1</b>	<p><b>Operating leases</b></p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
<b>8.4.2</b>	<p><b>Finance leases</b></p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> <li>• cost, being the fair value of the asset; or</li> <li>• the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</li> </ul>
<b>9</b>	<p><b>Aid Assistance</b></p>
<b>9.1</b>	<p><b>Aid assistance received</b></p> <p>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.</p> <p>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.</p>
<b>9.2</b>	<p><b>Aid assistance paid</b></p> <p>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.</p>
<b>10</b>	<p><b>Cash and cash equivalents</b></p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>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.</p>

# 2021/22 ANNUAL REPORT

## ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2022

11	<p><b>Prepayments and advances</b></p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p>&lt;Indicate when prepayments are expensed and under what circumstances.&gt;</p>
12	<p><b>Payables</b></p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
13	<p><b>Capital Assets</b></p>
13.1	<p><b>Immovable capital assets</b></p> <p>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
13.2	<p><b>Movable capital assets</b></p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
13.3	<p><b>Intangible assets</b></p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>

# 2021/22 ANNUAL REPORT

## ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2022

13.4	<p><b>Project Costs: Work-in-progress</b></p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
14	<p><b>Provisions and Contingents</b></p>
14.1	<p><b>Provisions</b></p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
14.2	<p><b>Contingent liabilities</b></p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
14.3	<p><b>Contingent assets</b></p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
14.4	<p><b>Capital Commitments</b></p> <p>Capital Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
15	<p><b>Unauthorised expenditure</b></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"> <li>• approved by Parliament or the Provincial Legislature with funding and the related funds are received; or</li> <li>• approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or</li> <li>• Transferred to receivables for recovery.</li> </ul> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
16	<p><b>Fruitless and wasteful expenditure</b></p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>

# 2021/22 ANNUAL REPORT

## ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2022

<b>17</b>	<b>Irregular expenditure</b> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
<b>18</b>	<b>Changes in accounting policies, accounting estimates and errors</b> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
<b>19</b>	<b>Events after the reporting date</b> <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>
<b>20</b>	<b>Recoverable revenue</b> <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>



# 2021/22 ANNUAL REPORT

## ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2022

<b>21</b>	<b>Related party transactions</b>  A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.  Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.
<b>22</b>	<b>Inventories</b>  At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.  Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.
<b>23</b>	<b>Public-Private Partnerships</b>  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.
<b>24</b>	<b>Employee benefits</b>  The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.
<b>25</b>	<b>Best Estimate</b>  The amount disclosed as a provision and contingent shall be the best estimate of the funds required to settle the present obligation at the reporting date. The time value of money is ignored where the obligation will be settled sometime after the reporting date.

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2022

### 1. Annual Appropriation

#### 1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	2021/22		Funds not requested/ not received	Final		Funds not Requested/ not received
	Final Appropriation	Actual Funds received		Appropriation	2020/21 Appropriation received	
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	1 040 001	1 040 001	-	1 913 066	1 913 066	-
District Health Services	27 269 871	27 341 063	-71 192	25 381 414	23 654 326	1 727 088
Emergency Medical Services	1 596 766	1 596 766	-	1 664 211	1 664 211	-
Provincial Hospital Services	11 745 756	11 745 756	-	12 029 522	12 013 053	-
Central Hospital Services	5 355 155	5 355 155	-	5 500 691	5 500 691	-
Health Sciences and Training	1 362 187	1 362 187	-	1 265 197	1 265 197	-
Health Care Support Services	318 159	318 159	-	414 045	430 514	-
Health Facilities Management	1 942 082	1 942 082	-	3 139 920	3 139 920	-
<b>Total</b>	<b>50 629 977</b>	<b>50 701 169</b>	<b>-71 192</b>	<b>51 308 066</b>	<b>49 580 978</b>	<b>1 727 088</b>

#### 1.2 Conditional grants

	Note	2021/22	2020/21
		R'000	R'000
Total grants received	<a href="#">Annexure 1A</a>	11 214 060	10 954 135
Provincial Grants included in Total grants received		33 917	10 903

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

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### 2. Departmental Revenue

		2021/22	2020/21
		<b>R'000</b>	<b>R'000</b>
Sales of goods and services other than capital assets	<a href="#">2.1</a>	211 498	198 229
Fines, penalties and forfeits	<a href="#">2.2</a>	22	26
Interest, dividends and rent on land	<a href="#">2.3</a>	329	932
Sales of capital assets	<a href="#">2.4</a>	18 916	17
Transactions in financial assets and liabilities	<a href="#">2.5</a>	22 535	17 414
Total Revenue Collected		<u>253 300</u>	<u>216 618</u>
Departmental revenue collected		<u>253 300</u>	<u>216 618</u>
		2021/22	2020/21
		<b>R'000</b>	<b>R'000</b>
2.1 Sales of goods and services other than capital assets	<a href="#">2</a>		
Sales of goods and services produced by the department		210 789	196 735
Sales by market establishment		11 216	11 124
Administrative Fees		10 804	8 322
Other sales		188 769	177 289
Sales of scrap, waste and other used current goods		709	1 494
Total		<u>211 498</u>	<u>198 229</u>
2.2 Fines, penalties and forfeits	<a href="#">2</a>		
Penalties		22	26
Total		<u>22</u>	<u>26</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

2.3	Interest, dividends and rent on land	2		
	Interest		329	932
	Total		<u>329</u>	<u>932</u>
2.4	Sales of capital assets	2		
	Tangible Assets		18 916	17
	Machinery and Equipment		<u>18 916</u>	<u>17</u>
	Total		<u>18 916</u>	<u>17</u>
2.5	Transactions in Financial assets and liabilities	2		
	Receivables		22 524	17 400
	Other receipts including recoverable revenue		11	14
	Total		<u>22 535</u>	<u>17 414</u>
3.	Aid assistance		2021/22	2020/21
	Donations received in kind (not included in the main note)		<b>R'000</b>	<b>R'000</b>
3.1	Refer to Annexure 1H various medical supplies and Equipment		323 826	156 861
	Closing balance		<u>323 826</u>	<u>156 861</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	2021/22	2020/21
4. Compensation of employees	<b>R'000</b>	<b>R'000</b>
4.1 Salaries and wages		
Basic Salary	19 514 555	18 798 296
Performance award	5 819	5 346
Service Based	28 549	19 436
Compensative/circumstantial	3 174 766	2 930 575
Periodic payments	78 818	100 359
Other non-pensionable allowances	5 492 975	4 062 492
Total	<u>28 295 482</u>	<u>25 916 504</u>
4.2 Social contributions		
Employer contributions		
Pension	2 232 297	2 224 880
Medical	1 450 270	1 390 456
UIF	113	100
Bargaining council	5 187	5 051
Total	<u>3 687 867</u>	<u>3 620 487</u>
Total compensation of employees	<u>31 983 349</u>	<u>29 536 991</u>
Average number of employees	<u>81 143</u>	<u>80 453</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		2021/22	2020/21
		<b>R'000</b>	<b>R'000</b>
5.	Goods and services		
	Administrative fees	2 489	1 923
	Advertising	81 692	109 042
	Minor Assets	<a href="#">5.1</a> 35 324	41 892
	Bursaries (employees)	7 109	8 025
	Catering	994	16 114
	Communication	140 498	119 964
	Computer services	<a href="#">5.2</a> 132 949	130 813
	Laboratory services	2 845 855	2 422 587
	Legal services	72 218	79 409
	Contractors	200 129	160 807
	Agency and support / outsourced services	1 270 997	1 475 865
	Audit cost - External	<a href="#">5.3</a> 34 237	20 813
	Fleet services	384 177	362 060
	Inventory	<a href="#">5.4</a> 6 919 618	7 362 026
	Consumables	<a href="#">5.5</a> 325 227	660 204
	Operating leases	313 282	240 910
	Property payments	<a href="#">5.6</a> 2 999 033	2 744 645
	Transport provided as part of the departmental activities	27 677	52 952
	Travel and subsistence	<a href="#">5.7</a> 58 777	100 831
	Venues and facilities	3 964	-
	Training and development	16 598	5 550
	Other operating expenditure	<a href="#">5.8</a> 36 371	32 229
	Total	<u>15 909 215</u>	<u>16 148 661</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	Note	2021/22 R'000	2020/21 R'000
5.1	Minor Assets		
	Tangible assets	35 324	41 892
	Machinery and equipment	35 324	41 892
	Total	35 324	41 892
5.2	Computer services		
	SITA computer services	59 681	88 116
	External computer service providers	73 268	42 697
	Total	132 949	130 813
5.3	Audit cost – external		
	Regularity audits	34 237	20 813
	Total	34 237	20 813

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	Note	2021/22	2020/21
		R'000	R'000
5.4	Inventory		
	<a href="#">5</a>		
	Food and food supplies	123 068	111 049
	Fuel, oil and gas	127 115	92 725
	Materials and supplies	236 145	237 407
	Medical supplies	2 367 835	2 068 754
	Medicine	4 065 453	4 713 123
	Medsas inventory interface	2	138 968
	Total	<u>6 919 618</u>	<u>7 362 026</u>
	Note	2021/22	2020/21
		R'000	R'000
5.5	Consumables		
	<a href="#">5</a>		
	Consumable supplies	223 627	571 322
	Uniform and clothing	188 478	526 161
	Household supplies	8 324	9 858
	Building material and supplies	25 093	34 250
	IT consumables	1 194	494
	Other consumables	538	559
	Stationery, printing and office supplies	101 600	88 882
	Total	<u>325 227</u>	<u>660 204</u>



# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	<i>Note</i>	2021/22	2020/21
		R'000	R'000
5.6	Property Payment		
	<a href="#">5</a>		
	Municipal Services	837 636	748 960
	Property maintenance and repairs	397 683	421 060
	Other	1 763 714	1 574 625
	Total	<u>2 999 033</u>	<u>2 744 645</u>
	<i>Note</i>	2021/22	2020/21
		R'000	R'000
5.7	Travel and subsistence		
	<a href="#">5</a>		
	Local	57 823	99 508
	Foreign	954	1 323
	Total	<u>58 777</u>	<u>100 831</u>
	<i>Note</i>	2021/22	2020/21
		R'000	R'000
5.8	Other operating expenditure		
	<a href="#">5</a>		
	Professional bodies, membership and subscription fees	2 527	2 213
	Resettlement costs	7 991	9 739
	Other	25 853	20 277
	Total	<u>36 371</u>	<u>32 229</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		2021/22	2020/21
		R'000	R'000
6.	Interest and Rent on Land		
	Interest paid	1 448	715
	Total	<u>1 448</u>	<u>715</u>
		Note	2021/22
			2020/21
		R'000	R'000
7.	Payment for Financial Assets		
	Debts written off	<a href="#">7.1</a> 658	4 172
	Total	<u>658</u>	<u>4 172</u>
		2021/22	2020/21
		R'000	R'000
7.1	Debts written off	<a href="#">7</a>	
	Nature of debts written off		
	Other debt written off		
	Debts written Off	658	4 172
	Total	<u>658</u>	<u>4 172</u>
		Note	2021/22
			2020/21
		R'000	R'000
8.	Transfers and subsidies		
	Provinces and municipalities	<a href="#">Annexure 1B</a> 257 603	204 627
	Departmental agencies and accounts	<a href="#">Annexure 1C</a> 23 477	23 551
	Non-profit institution	<a href="#">Annexure 1D</a> 57 477	57 292

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

Households	<a href="#">Annexure 1E</a>	500 720	348 283
Total		<u>839 277</u>	<u>633 753</u>

	Note	2021/22	2020/21
		R'000	R'000
9. Expenditure for capital assets			
Tangible assets		1 896 030	3 045 953
Buildings and other fixed structures	<a href="#">32</a>	1 108 040	2 218 871
Machinery and equipment	<a href="#">31</a>	787 990	827 082
Intangible assets			
Software		-	-
Total		<u>1 896 030</u>	<u>3 045 953</u>

	2021/22		
	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	1 896 030	-	1 896 030
Buildings and other fixed structures	1 108 040	-	1 108 040
Machinery and equipment	787 990	-	787 990
Intangible assets	-	-	-
Software	-	-	-
Total	<u>1 896 030</u>	<u>-</u>	<u>1 896 030</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

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

	Note	2021/22 R'000	2020/21 R'000
10. Unauthorised expenditure			
10.1 Reconciliation of unauthorised expenditure			
Opening balance		108 074	108 074
Prior period error		-	-
As restated		108 074	108 074
Unauthorised expenditure- discovered in current year(as restated)		-	-
Less: Amount approved by parliament/ legislature with funding		-	-
<b>Closing balance</b>		<b>108 074</b>	<b>108 074</b>
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		108 074	108 074
<b>Total</b>		<b>108 074</b>	<b>108 074</b>

R14, 248 million for 2018/2019 year was approved on 31st March 2022, - funds will transferred in June 2022

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

10.2	Analysis of unauthorised expenditure awaiting authorisation per economic classification		
	Current	108 074	108 074
	Total	<u>108 074</u>	<u>108 074</u>
		2021/22	2020/21
		<b>R'000</b>	<b>R'000</b>
10.3	Analysis of unauthorised expenditure awaiting authorisation per type		
	Unauthorised expenditure relating to overspending of the vote or a main division within the vote	108 074	108 074
	Total	<u>108 074</u>	<u>108 074</u>
		2021/22	2020/21
		<b>R'000</b>	<b>R'000</b>
11.	Cash and cash equivalents		
	Consolidated Paymaster General Account	19 027	100 470
	Cash receipts	15 348	381
	Cash on hand	250	234
	Total	<u>34 625</u>	<u>101 085</u>
		2021/22	2020/21
		R'000	R'000
12.	Prepayments and advances		
	Staff advances	-	-
	Total	<u>-</u>	<u>-</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	Note	2021/22			2020/2021		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
13. Receivable							
Claims recoverable	<a href="#">13.1</a>	16 425	-	16 425	60 098	-	60 098
Recoverable Expenditure	<a href="#">13.2</a>	6 097	-	6 097	7 782	-	7 782
Staff debt	<a href="#">13.3</a>	13 218	9 674	22 892	12 774	7 292	20 066
Fruitless and wasteful	<a href="#">13.5</a>	-	-	-	46	-	46
Other receivables	<a href="#">13.4</a>	2 736	-	2 736	2 736	-	2 736
<b>Total</b>		<b>38 476</b>	<b>9 674</b>	<b>48 150</b>	<b>83 436</b>	<b>7 292</b>	<b>90 728</b>

	Note	2021/22	2020/21
		R'000	R'000
13.1 Claims recoverable	<a href="#">13</a>		
Provincial departments		4 583	3 395
Public entities		1 331	452
Private enterprises		10 511	56 251
<b>Total</b>		<b>16 425</b>	<b>60 098</b>

	Note	2021/22	2020/21
		R'000	R'000
13.2 Recoverable Expenditure ( disallowance accounts)	<a href="#">13</a>		
Medsas Clearing account		7	7
Salary Medical Aid		-	4
Salary Deduction Disallowance		32	-
Disallowances Damages and losses Recover :CA		-320 888	-192 927
Disallowances Damages and losses :CA		320 888	192 927
Salary Reversal Control		6 058	7 771
<b>Total</b>		<b>6 097</b>	<b>7 782</b>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	Note	2021/22	2020/21
		R'000	R'000
13.3	Staff debt		
	<a href="#">13</a>		
	Breach of Contract Employees and Non Employees	2 732	3 308
	Employee Debt Salary overpayment	17 550	13 796
	Fruitless and wasteful	27	-
	Government Accidents	30	58
	Fraud	140	346
	Supplier Debt	193	88
	Bursary Debt	55	-
	Medical Bursary Debt	4	4
	Tax Debt	2 131	2 395
	Losses and Damages Employees	30	71
	Total	<u>22 892</u>	<u>20 066</u>
	Note	2021/22	2020/21
		R'000	R'000
13.4	Other receivables		
	<a href="#">13</a>		
	Disall. Dishonoured Cheques	18	18
	National Claims Clearing Account	2 718	2 718
	Total	<u>2 736</u>	<u>2 736</u>
	Note	2021/22	2020/21
		R'000	R'000
13.5	Fruitless and wasteful expenditure		
	<a href="#">13</a>		
	Opening balance	46	-
	Less amounts recovered	-46	-
	Transfers from note 32 Fruitless and Wasteful expenditure	-	46

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		-	46
	<i>Note</i>	2021/22	2020/21
		R'000	R'000
13.6	Impairment of receivables	<a href="#">13</a>	
	Estimate of impairment of receivables	767	2 224
	Total	<u>767</u>	<u>2 224</u>
		<i>Note</i>	2021/22
			2020/21
		R'000	R'000
14.	Voted funds to be surrendered to the Revenue Fund		
	Opening balance	210 733	16 878
	Prior period error	<u>-</u>	<u>-</u>
	As restated	210 733	16 878
	Transfer from Statement of Financial Performance (as restated)	-	1 937 821
	Add: Unauthorised expenditure for current year	<a href="#">10</a>	-
	Voted funds not requested/not received	71 192	-1 727 088
	Paid during the year	-210 734	-16 878
	Closing balance	<u>71 191</u>	<u>210 733</u>
		2021/22	2020/21
		R'000	R'000
15.	Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund		
	Opening balance	14 602	8 488
	Prior period error	-	-
	As restated	<u>14 602</u>	<u>8 488</u>
	Transfer from Statement of Financial Performance (as restated)	253 300	216 618
	Paid during the year	-257 561	-210 504



# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		10 341	14 602
		2021/22	2020/21
		R'000	R'000
Closing balance		10 341	14 602
16. Bank overdraft			
Consolidated Paymaster General Account		64 692	30 157
Total		64 692	30 157
	<i>Note</i>	2021/22	2020/21
		R'000	R'000
17. Payables - current			
Clearing accounts	<a href="#">17.1</a>	33 372	34 063
Total		33 372	34 063
	<i>Note</i>	2021/22	2020/21
		R'000	R'000
17.1 Clearing account	<a href="#">17</a>		
Sal ACB Recalls		1 734	1 231
Sal Bargaining Council		13	50
Sal Garnishee Order		226	266
Sal Income Tax		5 875	10 920
Salary Medical Aid / Salary Pension Fund		575	756
Sal Disallowance Acc /Salary Official Unions / Salary Insurance Deduc		20	5
Adv: Dom/Prov KZN		18 227	14 844
Sal Recoverable / Salary Deduction Control		-	37
Sal Subscriptions and Prof Bodies		17	10
Sal: GEH Refund Control Account		6 685	5 944

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	33 372	34 063
	2021/22	2020/21
	R'000	R'000
Total		
18. Net cash flow available from operating activities		
Net surplus / (deficit) as per Statement of Financial Performance	253 300	2 154 439
Add back non-cash movements/ movements not deemed operating activities:	1 524 280	1 040 979
(Increase)/decrease in receivables	44 960	-62 837
(Increase)/decrease in prepayments and advances	-	20
Increase/(decrease) in payables – current	-691	12 330
Proceeds from sale of capital assets	-18 916	-17
Expenditure on capital assets	1 896 030	3 045 953
Surrenders to Revenue Fund	-468 295	-227 382
Voted funds not requested/not received	71 192	-1 727 088
Net cash flow generated by operating activities	1 777 580	3 195 418
19. Reconciliation of cash and cash equivalents for cash flow purposes		
Consolidated Paymaster General Account	-45 665	70 313
Cash receipts	15 348	381
Cash on hand	250	234
Total	-30 067	70 928

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

			2021/22	2020/21	
	Note		R'000	R'000	
20.	Contingent liabilities and Contingent Assets				
	Contingent liabilities				
20.1	Liable to	Nature			
	Housing loan guarantees	Employees	<a href="#">Annex 2A</a>	574	587
	Claims against the department		<a href="#">Annex 2B</a>	14 206 274	12 822 516
	Intergovernmental payables (unconfirm balance)		<a href="#">Annex 4</a>	158 418	89 777
	Other			2 649 353	2 615 049
	Total			<u>17 014 619</u>	<u>15 527 929</u>

*Contingents for Medical Legal claims were adjusted for the best estimate of the funds required to settle the possible obligation at the reporting date, as required by the Modified Cash Standards, thereby reducing the value from 2022: R27 050 543 478 (2021: R25 244 438 212) to 2022: R13 180 222 495 (2021: R11 836 377 637).*

			2021/22	2020/21
			R'000	R'000
20.2	Contingent assets			
	Nature of contingent asset			
	Possible claims in favour of the State			
			29 665	2 079
	Total		<u>29 665</u>	<u>2 079</u>

			2021/22	2020/21
			R'000	R'000
21.	Capital commitments			
	Buildings and other fixed structures		928 295	906 495
	Machinery and Equipment		765 112	132 648

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

Total	1 693 407	1 039 143
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			2021/22	2020/21
	30 Days	30+ Days	Total	Total
	R'000	R'000	R'000	R'000
22. Accruals, Payables not recognised				
22.1 Listed by economic classification				
Goods and services	401 018	67 361	468 379	503 066
Capital Assets	3 614	594	4 208	25 551
<b>Total</b>	<b>404 632</b>	<b>67 955</b>	<b>472 587</b>	<b>528 617</b>

	2021/22	2020/21
	R'000	R'000
Listed by programme level		
Administration	192 842	3 156
District Health Services	83 705	344 961
Emergency Medical Services	3 447	1 936
Provincial Hospital Services	110 627	97 154
Central Hospital Services	56 443	54 722
Health Service and Training	8 436	1 068
Health Care Support	237	4 901
Health Facilities Management	16 850	20 719
<b>Total</b>	<b>472 587</b>	<b>528 617</b>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	30 Days	30+ Days	Total	Total
	R'000	R'000	R'000	R'000
22.2 Payables not recognised				
Listed by economic classification				
Goods and services	695 960	51 980	747 940	793 411
Capital assets	262 025	2 493	264 518	205 522
<b>Total</b>	<b>957 985</b>	<b>54 473</b>	<b>1 012 458</b>	<b>998 933</b>
			2021/22	2020/21
			R'000	R'000
Listed by programme level				
Administration			112 733	16 900
District Health Services			256 292	241 389
Emergency Medical Services			33 551	27 846
Provincial Hospital Services			165 342	96 338
Central Hospital Services			81 928	29 989
Health Services and Training			7 489	8 043
Health Care Support			108 491	419 300
Health Facilities Management			246 632	159 128
<b>Total</b>			<b>1 012 458</b>	<b>998 933</b>
			2021/22	2020/21
			R'000	R'000
<i>Included in the above totals are the following:</i>				
Confirmed balances with other departments		<a href="#">Annex 4</a>	98 154	79 103
Confirmed balances with other government entities		<a href="#">Annex 4</a>	256 109	261 804

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

Total		354 263	340 907
		2021/22	2020/21
		R'000	R'000
23. Employee benefit			
Leave entitlement		1 230 710	1 009 642
Service Bonus		698 432	695 671
Capped leave		390 740	528 793
Other		36 088	43 453
Total		2 355 970	2 277 559

*Long Service awards amounts R32, 632 million included*

24. Lease commitments					
24.1 Operating leases expenditure					
2021/22	Specialised military assets	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	64 673	3 142	67 815
Later than 1 year and not later than 5 years	-	-	-	210	210
Total lease commitments	-	-	64 673	3 352	68 025

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

2020/21	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	35 809	19 754	55 563
Later than 1 year and not later than 5 years	-	-	8 601	2 484	11 085
Total lease commitments	-	-	44 410	22 238	66 648

### 24.2 Finance leases

2021/22	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	4 204	4 204
Later than 1 year and not later than 5 yrs.	-	-	-	666	666
Total lease commitments	-	-	-	4 870	4 870

2020/21	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	2 057	2 057
Later than 1 year and not later than 5 years	-	-	-	437	437
Total lease commitments	-	-	-	2 494	2 494

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

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	2021/22	2020/21
	R'000	R'000
25. Accrued Departmental Revenue		
Sales of goods and services other than capital assets	410 418	332 255
Sale of capital assets	-	9 225
Other	59 470	57 826
Total	<u>469 888</u>	<u>399 306</u>
	2021/22	2020/21
	R'000	R'000
25.1 Analysis of accrued departmental revenue		
Opening Balances	399 265	302 251
Less: Amounts received	84 486	71 213
Add: Amounts recognised	207 258	221 294
Less: Amounts written-off/reversed as irrecoverable	52 149	53 026
Closing balance	<u>469 888</u>	<u>399 306</u>
	2021/22	2020/21
	R'000	R'000
25.2 Accrued Department Revenue written off		
Nature of losses		
Write Off	5 470	9 941
Reduction of Fees based on re-assessment	46 679	43 085
Total	<u>52 149</u>	<u>53 026</u>



# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		2021/22	2020/21
		R'000	R'000
25.3	Impairment of accrued departmental revenue		
	Estimate of impairment of accrued departmental revenue	20 227	36 509
	Total	<u>20 227</u>	<u>36 509</u>
		2021/22	2020/21
		R'000	R'000
26.	Irregular Expenditure		
26.1	Reconciliation of irregular expenditure		
	Opening balance	12 200 387	9 925 793
	Prior period error	-	265 286
	As restated	<u>12 200 387</u>	<u>10 191 079</u>
	Add: Irregular expenditure - relating to prior year	<a href="#">26.2</a> 1 341 788	-
	Add: Irregular expenditure - relating to current year	<a href="#">26.2</a> 2 623 985	2 009 308
	Closing balance	<u>16 166 160</u>	<u>12 200 387</u>
	Analysis of closing balance		
	Current year	3 965 773	2 009 308
	Prior years	12 200 387	10 191 079
	Total	<u>16 166 160</u>	<u>12 200 387</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

26.2	Details of irregular expenditure - Incident	Current year Disciplinary steps taken/criminal proceedings	2021/22 R'000
IRREGULAR EXPENDITURE -RELATING TO PRIOR YEAR			
	portion of 2020/21 disclosed under	assessment was assessed & confirmed in 2022 FY	1 341 788
IRREGULAR EXPENDITURE			
CURRENT YEAR			
	Expired month to month contracts	none	1 927 560
	Variation granted in excess of approved limits	None	294 765
	Bid process continued - validity period expired	None	153 596
	Public bids advertised less than 21 days requirement	None	75 581
	Award of bid not published on eTender portal	None	93 489
	Prohibited Suppliers listed on National Treasury database	None	32 997
	PO does not detail the same G&S and payment exceed the quoted amt	None	14 893
	Official - no delegation to award bid	None	9 685
	Less than 3 Quotes	None	3 736
	Quotes/Bids did not specify local content threshold as prescribed NT Instruction notes	none	1 014
	Not in Possession of Original Tax certificates for bids exceeding R30,000.00 (Vat Inclusive)	none	1 665
	Competitive Bid process deviated without approval	none	2 998
	Other reasons	none	12 006
	Total		3 965 773
26.3	Details of irregular expenditure under assessment (not included in the main note)		2021/22
	Incident		R'000
	2020/21 Transactions not yet confirmed (Original amount was R1,722,470 billion)		1 137 830
	2021/22 transactions not yet confirmed		3 696 772
	2018//19 AG Findings 61&63 under Assessment (files being located) No Value stated in MR		-
	2019/20 AG findings 10,12,19,20,34,36,39,42 still under assessment (files being located)		65 489
	2020/21 AG Findings 9,27,29,31,32,34,35,40,41,42,43,57 still under assessment (files being located)		9 612

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

Total		4 909 703
26.4	Prior period error	2020/21
	Nature of prior period error	R'000
	Relating to 2018/19 & 2019/20 (affecting the opening balance)	265 286
	2018/19 - Duplications, new transactions identified the Dept & AG as per MR	52 038
	2019/20 - Duplications, new transactions identified the Dept & AG as per MR	213 248
	Relating to 2020/21	379 921
	New transactions identified by the Department & by the AG as per MR	379 921
Total		645 207
		2021/22
		2020/21
27	Fruitless and wasteful expenditure	R'000
27.1	Reconciliation of fruitless and wasteful expenditure	
	Opening balance	6 851
	Prior period error	-
	As restated	6 851
	Fruitless and wasteful expenditure – relating to prior year	-
	Fruitless and wasteful expenditure – relating to current year	443
	Less: Amounts written off	-3 143
Closing balance		4 151
		6 851

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		2021/22
		R'000
27.2	Details of current and prior year fruitless and wasteful expenditure – added current year (under determination and investigation)	
	Incident	Disciplinary steps taken/criminal proceedings
	Various Transactions	443
	Total	<u>443</u>
27.3	Details of fruitless and wasteful expenditure written off	2021/22
	Incident	R'000
	Expired Stock and others	-
	Total	<u>-</u>
27.4	Prior period error	2020/21
	Nature of prior period error	R'000
	Prior Period	648
	Reversal of amount transferred to Recovery 2019/2020 HR Related	200
	Reversal of write Off not signed by the AO 2018/2019	448
	Relating to 2020/21	1 433
	Reversal Of write Off not signed by AO	1 433
	Total	<u>2 081</u>
27.5	Details of fruitless and wasteful expenditure under investigation (not in the main note)	2021/22
	Incident	R'000
	Various Transactions	728
	Total	<u>728</u>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

		2021/22	2020/21
	<i>No of</i>	R'000	R'000
28. Key management personnel	<i>Individuals</i>		
Political office bearers	1	1 978	1 978
Officials:			
EXCO	5	8 493	7 523
MANCO	14	17 641	19 272
Family members of key management personnel	9	5 276	5 050
Total		<u>33 388</u>	<u>33 823</u>

### 29. Public Private Partnership

#### Inkosi Albert Luthuli Central Hospital PPP

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. The Department is satisfied that the performance of the PPP partners was adequately monitored in terms of the provisions of the agreement.

The Department has the right to the full use of the assets and the consortium may not pledge the assets as security against any borrowings for the duration of the agreement.

The Impilo Consortium is responsible for the provision of the following goods and services:

- supply of Equipment and Information Management and Technology (IM&T) Systems that are State of the Art and replace the Equipment and IM&T Systems so as to ensure that they remain State of the Art;
- supply and replacement of Non-Medical Equipment;
- provision of all Services necessary to manage the Project Assets in accordance with Best Industry Practice;
- maintenance and replacement of the Departmental Assets in terms of the replacement schedules;
- provision or procurement of Utilities and Consumables and Surgical Instruments; and
- Provision of Facilities Management Services.

# 2021/22 ANNUAL REPORT

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## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care.

The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, Commission, manage, maintain and repair (as the case may be) Project Assets and Department Assets (or part thereof), including the renewal or replacement of Project Assets and Department Assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications; as to ensure that the Department is, at **all times, able to provide Clinical Services that fulfil Hospital's Output Specifications using State of the Art Equipment and IM&T Systems**; as would be required having regard to Best Industry Practice; and as required by Law.

The replacement of assets over the period of the contract is based on the Replacement Programme which operates on a rolling basis. To that end, at least 1 (one) month prior to the start of each Contract Year thereafter, Impilo Consortium is required to furnish to the Asset Replacement Committee for approval a revised Replacement Programme.

The assets will only transfer to the Department at the end of the period of the agreement.

The Impilo Consortium has to ensure that, at the end of the Project Term the Project Assets and Department Assets comply with the requirements of the Agreement and are in a state of repair which is sound and operationally safe, fair wear and tear excepted and the items comprising each level of Project Assets specified in the agreement between them have an average remaining useful life not less than one third of the original useful life.

Amendment 2 to the PPP agreement was concluded during December 2005. The main aim thereof was to consolidate various amendments agreed upon since the inception date of the contract and no additional financial implications were incurred as a result of the amendments.

The commencement date of the contract was 4 February 2002, with a final commissioning date for the hospital functions being 31 August 2003. The contract is for a period of 15 years from the commencement date. The Department has the option to renew the agreement only for a further year after 15 years.

The agreement requires the Department to pay a monthly service fee as stipulated in the schedule of payments to cover the monthly operational costs for facilities management, provision of information technology services, maintenance of equipment and the supply of equipment related consumables which the consortium is responsible for. The service fee is adjusted monthly for applicable performance penalties in accordance with the provisions of the penalty regime. The Department is also responsible for the payment of a quarterly fee towards the asset replacement reserve.

### Amendment

The PPP agreement contract was extended for a further 18 months. The commitment / obligation are as follows:

2022/2023	R982, 852 million
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# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

	2021/22	2020/21
	R'000	R'000
Unitary fee paid	728 703	799 515
Indexed component	728 703	799 515
Analysis of indexed component	728 703	799 515
Goods and Services(excluding lease payments)	728 703	799 515
Capital/(Liabilities)	693 401	719 925
Plant and equipment	693 401	719 925
Other	982 852	729 438
Other obligations	982 852	729 438

***Any guarantees issued by the department are disclosed in Note 25.1***

	2021/22	2020/21
	R'000	R'000
30. Provisions		
Infrastructure	43 664	63 389
Medical Legal	691 839	681 644
	735 503	745 033

*Provision for Medical Legal claims were adjusted for the best estimate of the funds required to settle the possible obligation at the reporting date, as required by the Modified Cash Standards, thereby reducing the value from 2022: R1 053 812 587 (2021: R1 044 489 733) to 2022: R691 839 606 (2021: R681 644 000).*

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### 30.1 Reconciliation of movement in provisions - 2021/22

	Provision 1	Provision 2	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	68 664	1 601 083	-	-	1 669 747
Increase in provision	16 578	-12 720	-	-	3 858
Settlement of provision	-41 578	-534 550	-	-	-576 128
Change in provision due to change in estimation of inputs	-	-361 974	-	-	-361 974
Closing balance	43 664	691 839	-	-	735 503

### Reconciliation of movement in provisions - 2020/21

	Provision 1	Provision 2	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	6 028	1 077 365	-	-	1 083 393
Increase in provision	63 389	20 400	-	-	83 789
Settlement of provision	-6 028	-53 276	-	-	-59 304
Change in provision due to change in estimation of inputs	-	-362 845	-	-	-362 845
Closing balance	63 389	681 644	-	-	745 033



# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### 31. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2022

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	Cost	Cost	Cost	Cost	Cost
	R'000	R'000	R'000	R'000	R'000
Machinery and Equipment	4 907 670	-	721 370	121 573	5 507 467
Transport Assets	1 358 411	-	241 913	95 935	1 504 389
Computer equipment	197 578	-	50 478	-	248 056
Furniture and Office equipment	71 235	-	9 398	1 093	79 540
Other machinery & Equipment	3 280 446	-	419 581	24 545	3 675 482
<b>Total movable tangible assets</b>	<b>4 907 670</b>	<b>-</b>	<b>721 370</b>	<b>121 573</b>	<b>5 507 467</b>

#### Movable Tangible Capital Assets under investigation

Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:

	Number	Value
		R'000
Machinery and equipment	8 943	299 083

Movement for 2020/21

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### 31.1 Movement In Movable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2021

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	Cost	Fair Value	Cost	Cost	Cost
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	5 504 481	-1 199 946	755 203	152 068	4 907 670
Transport assets	1 327 678	-193 110	302 727	78 884	1 358 411
Computer equipment	493 611	-306 304	25 515	15 244	197 578
Furniture and Office equipment	101 080	-37 801	9 777	1 821	71 235
Other machinery and equipment	3 582 112	-662 731	417 184	56 119	3 280 446
<b>Total additional to movable</b>	<b>5 504 481</b>	<b>-1 199 946</b>	<b>755 203</b>	<b>152 068</b>	<b>4 907 670</b>

#### 31.1.1 Prior period error

	2021/22
	R'000
AFS Classification - valuation adjustment made across all assets	-1 199 946
Relating to 2020/21	29 775
<b>Total</b>	<b>-1 170 171</b>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### 31.2 Minor assets

Movement In Minor Asset Per The Asset Register For The Year Ended 31 March 2022

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	-	-	575 596	-	575 596
Additions	-	-	-	24 169	-	24 169
Disposals	-	-	-	4 506	-	4 506
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>595 259</b>	<b>-</b>	<b>595 259</b>

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Number of R1 minor assets						
Number of minor assets at cost	-	-	-	506 452	-	506 452
<b>TOTAL NUMBER OF MINOR ASSETS</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>506 452</b>	<b>-</b>	<b>506 452</b>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### Minor Capital Assets Under Investigation

Included in the above total of the minor capital assets per the asset register are assets that are under investigation:

Machinery and equipment

Numbers	Values R'000
24 430	31 898

### Minor assets

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

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Opening balance	-	-	-	841 251	-	841 251
Prior period error	-	-	-	-279 058	-	-279 058
Additions	-	-	-	25 338	-	25 338
Disposals	-	-	-	11 935	-	11 935
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>575 596</b>	<b>-</b>	<b>575 596</b>

	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
Number of R1 minor assets	-	-	-	52 449	-	52 449
Number of minor assets at cost	-	-	-	52 449	-	52 449
<b>TOTAL NUMBER OF MINOR ASSETS</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>52 449</b>	<b>-</b>	<b>52 449</b>

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

31.2.1	Prior period error	2020/21
		R'000
	Nature of prior period error	
	Relating to 2020/21 (affecting the opening balance)	-279 058
		-279 058
	Total	-279 058

### 32. Immovable Tangible Capital Assets

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2022

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings And Other Fixed Structures	2 471 214	-	4 508 924	-	6 980 138
Non-residential buildings	1 884 808	-	4 123 354	-	6 008 162
Other fixed structures	586 406	-	385 570	-	971 976
TOTAL	2 471 214	-	4 508 924	-	6 980 138

### 32.1 Movement for 2020/21

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2021

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings And Other Fixed Structures	1 459 066	-	1 066 036	53 888	2 471 214
Non-residential buildings	997 248	-	931 160	43 600	1 884 808
Other fixed structures	461 818	-	134 876	10 288	586 406

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

TOTAL	1 459 066	-	1 066 036	53 888	2 471 214
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### 33. CAPITAL WORK-IN-PROGRESS

#### 33.1 Capital Work-In-Progress As At 31 March 2022

		Opening Balance 1 April 2021	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	" Closing Balance 31 March 2022 "
		R'000	R'000	R'000	R'000
Buildings and other fixed structures	<a href="#">Annex 6</a>	4 785 627	1 077 599	4 508 924	1 354 302
Total		4 785 627	1 077 599	4 508 924	1 354 302

#### Capital Work-In-Progress As At 31 March 2021

		Opening Balance	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	" Closing Balance 31 March 2021 "
		R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	<a href="#">Annex 6</a>	3 630 529	-	2 182 676	1 027 578	4 785 627
Total		3 630 529	-	2 182 676	1 027 578	4 785 627

# 2021/22 ANNUAL REPORT

## NOTES TO ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### 34. Prior period errors

Other: (e.g. Irregular expenditure, fruitless and wasteful expenditure, etc.)

	Note	2020/21		Restated amount R'000
		Amount bef error correction	Prior period error	
		R'000	R'000	
Accruals	<a href="#">22.1</a>	686 739	-158 122	528 617
Payables Not Recognised	<a href="#">22.2</a>	1 096 376	-97 443	998 933
Contingent Liabilities (medical legal cases)	<a href="#">Annexure 2B</a>	25 244 438	-13 408 060	11 836 378
Irregular Expenditure 2018/2019 & 2019/2020	<a href="#">26.4 Prior Period Error</a>	-	265 286	265 286
Irregular Expenditure 2020/2021	<a href="#">26</a>	1 629 387	379 921	2 009 308
Fruitless and Wasteful 2018/2019 reversal	<a href="#">27</a>	-200	200	-
Fruitless and Wasteful 2019/20 Write Off Reversal	<a href="#">27.2</a>	-448	448	-
Fruitless and Wasteful 2020/21 Write Off Reversal	<a href="#">27.2</a>	-1 443	1 443	-
Movement in Tangible Asset Note value adjustment of note	<a href="#">31.1</a>	5 622 514	-654 907	4 967 607
Total		34 277 363	-13 671 234	20 606 129
	Note	2021/22 R'000	2020/21 R'000	
35. COVID - 19 Response Expenditure	<a href="#">Annex Z</a>			
Compensation of employees		2 540 792	1 435 664	
Goods and services		951 839	1 276 006	
Transfers and subsidies		2 677	886	
Expenditure for capital assets		231 900	1 237 800	
Other		8	-	
Total		3 727 216	3 950 356	

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1 A

#### STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2020/21	
	Division of Revenue Act/Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept.	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	1 955 628	-	-	-	1 955 628	1 955 628	1 955 628	-	100%	2 015 775	2 015 775
HIV, TB Malaria, Comm, Outreach & HPV Vaccine	7 160 537	97 115	-	6 045	7 263 697	7 328 935	7 263 697	-	0%	6 898 890	6 801 774
Health Facility Revitalisation Grant	1 247 730	-	-	-	1 247 730	1 247 730	1 247 730	-	100%	1 271 414	1 271 414
Human Resource & Training	562 959	-	-	28 522	591 481	597 435	591 481	-	0%	634 378	634 378
Social Sector EPWP Incentive Grant for Provinces	21 228	-	-	-	21 228	21 228	21 228	-	100%	-	-
EPW Integrated Grant to Provinces	12 689	-	-	-	12 689	12 689	12 689	-	100%	10 903	10 903
National Health Insurance	50 415	-	-	-	50 415	50 415	50 415	-	100%	60 945	58 073
COVID - 19 Response Grant	-	-	-	-	-	-	-	-	-	138 918	116 363
	11 011 186	97 115	-	34 567	11 142 868	11 214 060	11 142 868	-		11 031 223	10 908 680

*Funds for the 2020/2021 for HIV, TB Malaria, Comm, Outreach & HPV Vaccine R65, 288 million was received in 2021/2022 financial year*

*Funds for the 2020/2021 for Human Resource & Training R5, 954million was received in 2021/2022 financial year*



# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1 B

#### STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	2021/22							2020/21	
	GRANT ALLOCATION				TRANSFER			Division of Revenue Act	Actual Transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department		
R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000		
eThekwini : Conditional Grant	135 224	-	-	135 224	135 224	-	-	128 174	108 063
eThekwini : Equitable Share	109 619	-	-	109 619	114 079	-	-	109 619	91 289
PD Vehicle Licences	7 452	-	-	7 452	8 300	-	-	6 814	5 274
Rounding	-	-	-	-	-	-	-	-	1
<b>TOTAL</b>	<b>252 295</b>	<b>-</b>	<b>-</b>	<b>252 295</b>	<b>257 603</b>	<b>-</b>	<b>-</b>	<b>244 607</b>	<b>204 627</b>

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1C

#### STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2020/21
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Skills Development Levy	23 248	-	-	23 248	23 248	100%	23 248
Com: SABC TV Licences	232	-	-	232	229	99%	221
<b>TOTAL</b>	<b>23 480</b>	<b>-</b>	<b>-</b>	<b>23 480</b>	<b>23 477</b>		<b>23 469</b>

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1D

#### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Subsidies							
Austerville Halfway House	656	-	-	656	546	83%	730
Azalea House	604	-	-	604	503	83%	673
The Bekimpilo Trust	7 662	-	-	7 662	7 662	100%	11 383
Budget Control Holding Funds	348	-	-	348	-	0%	(2 807)
Claremont Day Care Centre	468	-	-	468	468	100%	514
CREATE	500	-	-	500	500	100%	-
DPSA-Comm Based Rehab Project	1 074	-	-	1 074	1 074	100%	1 225
DPSA - Wheelchair repair & maint	987	-	-	987	987	100%	1 125

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1D

#### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Duduza Care Centre	737	-	-	737	597	81%	498
Ekukhanyeni Clinic	1 186	-	-	1 186	1 297	109%	1 215
Enkumane Clinic	314	-	-	314	314	100%	367
Estcourt Hospice	609	-	-	609	609	100%	695
Ethembeni Stepdown Centre	5 334	-	-	5 334	5 687	107%	5 464
Genesis care Centre	447	-	-	447	273	61%	3 109
Happy Hour Amaoti	655	-	-	655	546	83%	687

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Happy Hour Durban North	546	-	-	546	455	83%	602
Happy Hour Kwaximba	468	-	-	468	390	83%	550
Happy Hour Mpumalanga	499	-	-	499	416	83%	550
Happy Hour Ninikhona	164	-	-	164	272	166%	343
Happy Hour Nyangwini	101	-	-	101	135	134%	361
Happy Hour Phoenix	312	-	-	312	260	83%	343
Highway Hospice	821	-	-	821	821	100%	936
Hillcrest Aids Centre Trust	800	-	-	800	800	100%	-
Hlanganani Ngothando DCC	421	-	-	421	421	100%	492
Howick Hospice	674	-	-	674	674	100%	768
Holy Cross Hospice	800	-	-	800	800	100%	-
Ikhwezi Cripple Care	1 823	-	-	1 823	1 823	100%	1 593
Ikhayaletu Health and Edu Centre	500	-	-	500	500	100%	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Indulu Youkuphephela Skills Training	478	-	-	478	478	100%	-
John Peattie House	1 750	-	-	1 750	1 750	100%	1 611
Jona Vaughn Centre	3 063	-	-	3 063	2 553	83%	3 197
KZN Blind and Deaf Society	955	-	-	955	955	100%	1 089
Kwahilda Ongcwele	150	-	-	150	150	100%	-
Lynn House	1 647	-	-	1 647	1 088	66%	809
Ladysmith Hospice	500	-	-	500	500	100%	-
Madeline Manor	1 058	-	-	1 058	882	83%	1 178
Magaye School for the Blind	597	-	-	597	597	100%	681

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Matikwe Oblate Clinic	558	-	-	558	558	100%	653
Mountain View Special Hospital	3 989	-	-	3 989	3 989	100%	5 643
Othandweni Cerebral Palsy Org	277	-	-	277	277	100%	-
Philanjolo Hospice	2 822	-	-	2 822	3 075	109%	2 890
Power of God	1 314	-	-	1 314	1 314	100%	1 537
Rainbow Haven	604	-	-	604	604	100%	540
Ramakrishna Umzamo Home	729	-	-	729	729	100%	-
Scadifa Centre	1 458	-	-	1 458	1 458	100%	1 259
South Coast Hospice	2 028	-	-	2 028	2 028	100%	238
Solid Found for Rural development	745	-	-	745	745	100%	850
Sparks Estate	1 677	-	-	1 677	1 677	100%	1 495
St. Lukes Home	604	-	-	604	604	100%	603
Tender Loving Care	268	-	-	268	268	100%	292

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Thembaletu Care Org	214	-	-	214	214	100%	-
Sunfield Home	277	-	-	277	277	100%	356
Still A Time	206	-	-	206	206	100%	-
Umlazi Halfway House	327	-	-	327	272	83%	364
Unsunuzi Hospice	1 100	-	-	1 100	1 100	100%	1 807
Woza Moya Org	300	-	-	300	300	100%	-
Rounding	-	-	-	-	(1)		-
	59 205	-	-	59 205	57 477		58 508
Total	59 205	-	-	59 205	57 477		58 508



# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1E

#### STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2020/21
	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Employee Social Benefits - Injury on Duty	11	-	-	11	902	8200%	852
Employee Social Benefits - Leave Gratuity	142 890	-	-	142 890	140 152	98%	117 758
Bursaries : Non Employee	135 515	-	-	135 515	66 015	49%	101 662
Claims Against the State	119 325	-	-	119 325	293 589	246%	118 358
Pmt / Refunds % Remi - Act / Grace	-	-	-	-	63	-	1
Donations & Gifts	-	-	-	-	-	-	27
Rounding	-	-	-	-	(1)	-	-
Total	397 741	-	-	397 741	500 720		338 658

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Received in cash			
Prior year balance		-	-
Subtotal		-	-
Received in kind			
Prior year balance			156 861
National Department of Health	Donation of 49768 units of Tenofovir & Emtricitabine tablets	3 120	-
World Health Organisation (WHO)	Donation of 20 laptops and 20 laptops bags	284	-
The Solidarity Fund	Donation of 2259 T-shirts	178	-
National Department of Health	Donation of 262 864 units of Tenofovir & Emtricitabine tablets	16 560	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 624 Nivea Crème	49	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 1368 Nivea Crème	108	-
Dr V Jubu	Donation of 20L paint	2	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 1608 Nivea Crème	127	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Gift of the Givers Foundation	Donation of PPE and CPAP machines	83	-
Dr S Arbee	Donation of Clinical instrument, toothbrushes and toothpaste	24	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 600 Nivea Crème	47	-
Sanofi/Clinigen	Donation of Alemtuzumab/Campath x1 vial for PP Tembe	7	-
Alms for Humanity	Donation of various equipment and masks	9	-
Conlog (Pty) Ltd	Donation of 200 Samsung Galaxy Tablets Devices	500	-
Old Mutual Life	Donation of 3 pull up banners	5	-
National Department of Health	Donation of 11 laptops & 33 mobile phones	112	-
Umgeni Water Board	Gift of Power banker, Wireless charging stand & Earbud tech	1	-
Thought NPO	Donation of various Personal Protective Equipment (PPE)	1 575	-
Government Employee Medical Scheme (GEMS)	Donation of various Personal Protective Equipment (PPE)	175	-
USAID TB South Africa Project	Donation of 20 ECG machines	1 137	-
Bhambayi Settlement Project	Donation of various Personal Protective Equipment (PPE)	180	-
Bhambayi Settlement Project	Donation of various Personal Protective Equipment (PPE)	25	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
SAPREF	Donation of various PPE, gazebos and table and chairs	140	-
Gift of the Givers Foundation	Donation of various Personal Protective Equipment (PPE)	64	-
KKAP Medical Supplies (Pty) Ltd	Donation of safety needles	7	-
Smith & Nephew (Pty) Ltd	Donation of 25 care bags	1	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 1248 Nivea Crème	99	-
Prime Surgical (Pty) Ltd	Donation of Avascular Peripheral stent graphs	71	-
Smith & Nephew (Pty) Ltd	Donation of 20 care bags	1	-
Investec Bank Limited	Donation of 30 Kangaroo Mother Care wraps	3	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 1680 Nivea Crème	133	-
Reach for a Dream Foundation	Donation for renovation of Children's Ward	300	-
South African Haemophilia Foundation	Donation of various IT equipment	16	-
Sanlam Connect	Donation of 400 KN95 masks & 200 disposable masks	6	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Beiersdorf Customer Products (Pty) Ltd	Donation of 672 Nivea Crème	53	-
Ms Thabisile Mkhize	Donation of new-born clothes	2	-
Dr A August	Donation of various Labour Ward equipment	47	-
Frontline Friends	Donation of goodie bags	3	-
TB HIV Care	Donation of Nebulizer and ECG machine	27	-
Highflats Ixopo Farmers Association	Donation of 648 1L of Long Life milk	8	-
Sanlam Connect	Donation of various Personal Protective Equipment (PPE)	5	-
The Church of Latter Day Saints in South Africa	Donation of Mobility Aids	1 824	-
Africa Health Research Institute (AHRI)	Donation of various IT equipment	45	-
Schindler Lifts SA (Pty) Ltd	Donation of 10 000 FFP 2 masks	130	-
Clinton Health Access Initiative (CHAI)	Donation of 600 Infrared temperature & 500 KN95 Respirators	1 015	-
Broadreach Health Care (Pty) Ltd	Donation of 50 utility boxes	18	-
African Habitat Conservancy Foundation	Donation of 10 Samsung Tablets with sim cards	62	-
National Department of Health	Donation of 384 770 packs of TLD tablet and 29 484 packs of DTG tablet	36 291	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Amberglen Retirement Village	Donation of 24 shopping vouchers	4	-
Reddam House Ballito	Donation of 205 care packages	20	-
Life Tree Medical Supplies	Donation of 12 Oxygen Concentrators	108	-
The Bodasing Charitable Trust	Donation of High Flow Oxygen machine	50	-
The Rotary Club of Zimbali	Donation of 50 adjustable walking sticks	10	-
Gidion Bibles Organisation	Donation of bibles	6	-
Robin Hood Foundation	Donation of 20 boxes of biscuits	7	-
Dr D Swart	Donation of bottled water	2	-
The Childrens Cardiac Foundation	Donation of 6 Infant Oxygenators	25	-
Boehringer Ingelheim (Proprietary) Limited	Honorarium for Dr VB Patel	1	-
KwaCare NPC	Donation of 40 comfort bags	6	-
Solidarity Fund	Donation of various medical equipment	737	-
Sri Sathya Sai Intrnational Orgaarnization	Donation of 35 new-born baby hampers	8	-
Solidarity Fund	Donation of various medical equipment	13 326	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Phoenix Child and Family Welfare Society	Donation of 200 blankets	40	-
Crossroads International	Donation of an air hockey table	1	-
USA Office of Defence Co-operation	Donation of the construction of the Outpatients Unit at Montebello Hospital	7 402	-
National Department of Health	Donation of 3865 SARS COVID2 test kits	7 949	-
The Church of Jesus Christ of Latter-Day Saints	Donation of an air compressor and six set of cubicle curtains	86	-
DG Murray Trust (DGMT)	Donation of various ICT equipment	283	-
National Department of Health	Donation of 180 Fridge-Tag2 continuous temperature monitoring devices	145	-
National Department of Health	Donation of various Cold Chain equipment	4 898	-
National Department of Health	Donation of 51 000 packs of 90 table of TLD	16 000	-
Buddhist Compassion Relief Tzu Chi Foundation	Donation of various Personal Protective Equipment (PPE)	54	-
Gift of the Givers Foundation	Donation of 150 hampers	60	-
Positive Switch (Pty) Ltd	Donation of 25 packs for Maternity Ward	5	-
The Silver lake Group (Pty) Ltd	Donation of KFC food vouchers	15	-
Gift of the Givers Foundation	Donation of 2 High Flow Nasal Oxygen Machines	140	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Embo Community Church	Donation of a portable toilet	3	-
Pink Drive NPC	Donation of 200 disposable masks	9	-
Phodzo Medical (Pty) Ltd	Donation of various medical equipment	2 256	-
Beiersdorf Customer Products (Pty) Ltd	Donation of 3096 Nivea Crème	245	-
Defy Appliances (Pty) Ltd	Donation of 3 fridges & 3 microwaves	21	-
Oxygen for Life Foundation	Donation of refreshment for staff	3	-
The Heal Foundation	Donation of 150 winter baby beanies	3	-
Hope Family Church	Donation of 150 pillow with pillow cases	15	-
Afro India Recyclers Outreach (AIR Outreach)	Donation of 48x R 100 vouchers	5	-
Think TB & HIV Investigative Network (NPC)	Donation of a laptop	5	-
Consulens Medical Healthcare	Donation of various medical equipment	1 000	-
Mandini Rotary Club	Donation of 10 unit of folding walking sticks and 2 rural wheelchair	14	-
National Department of Health	Donation of 800 Pulse Oximeter devices	88	-
Health Information Systems Program SA (HISP)	Donation of 101 Lenovo tablets	699	-



# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Siza Water Company	Donation of patient shelter for two clinics	461	-
Innovata Pharmaceutical	Donation of medication	7	-
The Heal Foundation South Africa	Donation of 120 winter baby beans	2	-
Health Systems Trust (HTS)	Donation of park homes to Clinics	201	-
Toyota South Africa (Pty) Ltd	Donation of the refurbishment of Hospital Pharmacy	6 000	-
The Heal Foundation	Donation of 150 winter baby beanies	3	-
Africa Muslims Agency	Donation of 10 baby essential packs	3	-
Solidarity Fund (Pty) Ltd	Donation of medical equipment	212	-
Solidarity Fund (Pty) Ltd	Donation of medical equipment	68	-
Solidarity Fund (Pty) Ltd	Donation of 8 Hospital beds	601	-
SA Khawaja Youth Foundation	Donation of baby nappies	4	-
National Department of Health	Donation of various Personal Protective Equipment (PPE)	54	-
Sasol	Donation of medical equipment and ITC equipment	1 189	-
National Department of Health	Donation of tablets and TB medicines	126 296	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Solidarity Fund	Donation of various medical equipment	23	-
Johnson & Johnson Medical Devices Companies	Sponsorship for 3 doctor to attend course: 14 - 15 September 2021	65	-
Medecins Sans Frontieres (MSF)	Donation of various medical equipment	167	-
Buddhist Compassion Relief Tzu Chi Foundation	Donation of various Personal Protective Equipment (PPE)	54	-
Shanese's Vision	Donation of Christmas gifts	9	-
Mancosa	Donation of 600 packs of medical supplies	18	-
Londocor Event Management (Pty) Ltd	Sponsorship for Dr L Moodley to attend Congress: 20 - 24 October 2021	6	-
Ortho-Xact (Pty) Ltd	Sponsorship for Dr JP Arnold to attend meeting: 21 - 23 October 2021	8	-
Medical Research Council (MRC)	Donation of various Personal Protective Equipment (PPE)	76	-
National Department of Health	Donation of 180 Log-Tag -16 temperature monitor	109	-
TB & HIV Investigative Network (THINK)	Sponsorship for Mrs Ngozo to attend Conference	2	-
Zimmer Biomet South Africa (Pty) Ltd	Sponsorship for 3 Doctors to attend course	17	-
Mr M Ngcingane	Donation for a kettle and a microwave	1	-
Yenza Izinto Zenzeke NPC	Donation of TV and Open View Decoder	6	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Various Donors	Donation of 4 Concrete tables and 12 concrete benches	8	-
Crosible Filtration	Donation of IV Fluids and maize meal	7	-
Sanlam Connect	Donation of various Personal Protective Equipment	5	-
Volunteer Medical Corps	Donation of TV and Decoder	8	-
Verulam Child and Welfare Society	Donation of 200 blankets	11	-
Takeda (Pty) Ltd	Sponsorship for Dr S Parasnath to attend tutorial	10	-
Fondazione Akusia Onlus	Donation of 2 Cochlear implant	460	-
The Solidarity Fund (Pty) Ltd	Donation of medical equipment	124	-
Umlazi Discount Hardware	Donation of 5x Desktop Computers	50	-
Sanlam Connect	Donation of various Personal Protective Equipment (PPE)	29	-
Respiratory Care Africa (Pty) Ltd	Invitation for 2 officials to attend the Arab Health	59	-
National Department of Health	Donation of various IT equipment	293	-
Unilever South Africa (Pty) Ltd	Donation of various items for the Global Handwashing Day	31	-
Compass Medical Waste Services (Pty) Ltd	Donation of 63 calendars	4	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Gresham Media	Donation of 12 500 Carpool spoons & education material	25	-
National Department of Health	Donation of Bedaquiline and Delamanid tablets	30 276	-
National Department of Health	Donation of 1 500 BP machines, chargers and bags	3 225	-
CAPRISA	Sponsorship for catering towards the Technical Committee meeting	7	-
Broadreach Health Care	Donation of Truvada tablets	703	-
Karl Storz Endoscopy SA (Pty) Ltd	Donation of surgical equipment	3 131	-
Richards Bay Sai Centre	Donation of various items for bathing to the Paediatric Ward	3	-
College of Health Sciences (UKZN)	Donation of 2TV and kids toys	11	-
Hospital staff	Donation for <b>the National Children's Day</b>	4	-
Boston Scientific (Pty) Ltd	Donation of 300 comfort packs	21	-
Crowd Funding	Donation of Nivolumab Stock for patient Akshay Maharaj	140	-
Gift of the Givers Foundation	Donation of 3 Syringe Drivers	36	-
The Seed Fund	Donation of various items for kids	9	-
The HaBa HaBa	Donation of 100 Medical Scrub tops	33	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Altomundo Trade and Investment (PTY) Ltd	Donation of 3 desktop computers, 3 table tennis, 2 pool table and 4 soccer table	47	-
Childline South Africa	Donation of park home Unit	607	-
The Spar Group Ltd	Donation of groceries to 9 Thuthuzela Care Centres in KZN	1 200	-
Sasol	Donation of vaccine carriers & refrigerators	299	-
TB&HIV Investigative Network (THINK)	Sponsorship for catering toward the meeting	6	-
Mondi Forest Organisation	Donation of two smart phones	6	-
AIDS Foundation South Africa	Donation of one step Anti-HIV (1&2) test kits	11	-
SAME Foundation	Donation of Oxygen Respiratory aid	15	-
SAME Foundation	Donation of Oxygen Respiratory aid	179	-
Mafiswane Cleaning and Construction	Donation of soccer jersey's	2	-
Marriot Asset Management	Donation of 2 benches and carwash cleaner for wheelchairs	2	-
Rainbows and Smiles	Donation of Christmas gifts for children with cancer	11	-
Shanese's Vision	Donation of 40 Christmas gift packs	8	-
The Exceptional Nurse Campaign	Donation of 800 water bottles	8	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Aurora Hands of Hope	Donation of medical toys and lunch for Paediatric Wards	3	-
Various donors	Donation of various items towards the Quality Day	7	-
National Department of Health	Donation of 240 Lenovo Tablets	522	-
National Department of Health	Donation of various cold chain equipment and IT equipment	4 898	-
Ikhwezi Waste Solutions	Donation of Ikhwezi Waste Solutions Channels	5	-
Deborah Khan	Donation of Santa boxes to children	5	-
University of KwaZulu-Natal (UKZN)	Sponsorship for Dr Z Farina to attend the course	30	-
Respiratory Care Africa	Donation of THRIVE	137	-
Pinnacle Innovations (Pty) Ltd	Donation of renovation of the Doctors meeting room	60	-
Various donors	Donation of various items towards the Cerebral Palsy Awareness	5	-
Crowd Funding	Donation of Nivolumab stock for patient Akshay Maharaj	140	-
Care by Sister Sue	Donation of catheter pants	5	-
Tekeda (Pty) Ltd	Donation of Brentuximab Vedotin for patient Rudo Chikukwa	275	-
Tekeda (Pty) Ltd	Donation of Brentuximab Vedotin for patient Akshay Maharaj	440	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Various sponsors	Sponsorship for R Dooki to attend training	29	-
Sanofi/Clinigen	Donation of Alemtuzumab/ Campath x1 vial for Amanda Vilakazi	7	-
Gabler Medical (Pty) Ltd	Donation of 75 Oxygen Respiratory Aid	119	-
Bata South Africa (Pty) Ltd	498 Pair of nurses shoes	80	-
Doctors Without Borders SA Mission NPC	Donation of a park home	434	-
Promed Technologies & Polyflor SA	Sponsorship towards the IPC Workshop	12	-
National Department of Health	Donation of various cold chain equipment	5 799	-
National Department of Health	Donation of a malaria billboard with COVID-19 messages	100	-
Clinton Health Access Initiative SA (CHAI)	Donation of six Colposcopy machines	143	-
Richards Bay Minerals (RBM)	Donation of 7 TV screens & 14 tablets	88	-
Bravosat 402 cc	Donation of 6 calendar feeding trolleys	21	-
Dr M Bizaare	Donation of 2 examination beds	4	-
South African Orthopaedic Association	Sponsorship for Dr S Mbatha to attend congress	6	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr K Sondovana to attend course	15	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
We-Evolve (Pty) LTD	Donation of 380 lunch packs	13	-
Fresenius Kabi South Africa (Pty) Ltd	Sponsorship for Dr AM Levey to attend conference	1	-
SAME Foundation	Donation of low temperature vaccine freezer	100	-
Zero2Five Trust	Donation of 50 baby bags	8	-
South African Society of Anaesthesiologist	Sponsorship for Dr Z Moyce to attend course	50	-
Marriott Asset Management	Donation of various treats and juice for patients	2	-
Marriott Asset Management	Donation of various items	10	-
Takeda (Pty) Ltd	Donation of Brentuximab Vedotin for patient Ketselsetso Kamohelo	113	-
Reach for a Dream Foundation	Donation of a dream room at Inkosi Albert Luthuli Central Hospital (IALCH)	500	-
Rotary E-Club of South Africa One	Donation of active packs	4	-
Crowd Funding	Donation of Nivolumab stock for patient Akshay Maharaj	140	-
Andrenergy Research Innovations	Donation of 2 computers sets	10	-
City Logistics (Pty) Ltd	Donation of 2 sets of printer and scanners	2	-
Promed Technologies	Donation of HGT and HBA1C monitoring devices	19	-



# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
ANC Youth League Harry Gwala Region	Donation of 45 Roses	1	-
Tongat Hullet Limited	Donation of 5 pedestal fans	6	-
Dynamed Pharmaceuticals	Donation of 10 water bottles and 10 ball pes	1	-
Health Systems Trust	Donation of 8 Laptops and 2 tablets	70	-
Africa Health Research Institution (AHRI)	Donation of IT equipment for the KZN Data Warehouse project	1 545	-
National Department of Health	Donation of Mebendazole tablets	8 599	-
Shonaquip (Pty) Ltd	Donation of posture mobility devices	821	-
Aids Foundation of South Africa (AFSA)	Donation of PREP drugs	883	-
The Colleges of Medicine of South Africa NPC	Sponsorship for 4 doctors to attend workshop	23	-
Smith & Nephew (Pty) Ltd	Sponsorship for Dr Mbabo to attend course	9	-
The South African Lymphatic and Venous Society	Sponsorship for 3 doctors to attend workshop	21	-
Doctors Without Borders South Africa Mission NPC	Donation of various medical equipment	33	-
Respiratory Care Africa (Pty) Ltd	Donation of Thrive machine	79	-
Dr J Naicker	Donation of TV	10	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 1F

#### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2021/22	2020/21
		R'000	R'000
Volunteer Medical Corps (VMC)	Donation of TV's & decoders	19	-
Novartis South Africa (Pty) Ltd	Honorarium for Dr S Parasnath	5	-
Bright Space Innovative Solutions (Pty) Ltd	Donation of a new roof for the Gateway Clinic	87	-
University of KwaZulu-Natal	Donation of various furniture	24	-
Upper South Coast Circuit 0718	Donation of data projectors & screen	10	-
		<hr/>	<hr/>
		323 826	156 861
		<hr/>	<hr/>
TOTAL		<hr/>	<hr/>
		323 826	156 861
		<hr/>	<hr/>

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 2A

#### STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2022 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2021	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2022	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2022
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	Housing	12 692	-	-	-	-	-	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
FirstRand Bank Ltd	Housing	14 264	345	-	-	-	345	-	-
Green Start Home Loans	Housing	45	6	-	-	-	6	-	-
ITHALA Limited	Housing	1 973	-	-	-	-	-	-	-
Nedbank Ltd (and NBS)	Housing	3 269	85	-	13	-	72	-	-
Old Mutual Bank	Housing	12 898	52	-	-	-	52	-	-
Peoples Bank Ltd	Housing	446	71	-	-	-	71	-	-
SA Home Loans	Housing	51	-	-	-	-	-	-	-
Standard Bank	Housing	7 092	12	-	-	-	12	-	-
Unique Finance	Housing	102	16	-	-	-	16	-	-
		52 878	587	-	13	-	574	-	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 2A

#### STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2022 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2021	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2022	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2022
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000

TOTAL		52 878	587	-	13	-	574	-	-
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# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 2B

#### STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2022

Nature of liability	Opening balance	Liabilities incurred during the	Liabilities paid/ cancelled/	Liabilities recoverable	Closing balance
	1 April 2021	year	reduced during the year	(Provide details hereunder)	31 March 2022
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico Legal	11 836 378	2 596 941	1 253 097	-	13 180 222
Civil Claims	967 923	60 160	14 590	-	1 013 493
Transport Claims	17 408	1 879	9 431	-	9 856
Labour Claims	807	2 144	248	-	2 703
Subtotal	12 822 516	2 661 124	1 277 366	-	14 206 274
Other					
<b>McCord's Hospital (Medical Legal Malpractice Claims)</b>	75 000	-	-	-	75 000
National Health Laboratory Service	2 540 049	34 304	-	-	2 574 353
Subtotal	2 615 049	34 304	-	-	2 649 353
<b>TOTAL</b>	<b>15 437 565</b>	<b>2 695 428</b>	<b>1 277 366</b>	<b>-</b>	<b>16 855 627</b>

Contingents for Medical Legal claims were adjusted for the best estimate of the funds required to settle the possible obligation at the reporting date, as required by the Modified Cash Standards, thereby reducing the value from 2022: R27 050 543 478 (2021: R25 244 438 212) to 2022: R13 180 222 495 (2021: R11 836 377 637)

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 3

#### CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22*	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Economic Development	-	2	-	-	-	2	-	-
Department of Education KZN	-	-	93	-	93	-	-	-
Corporate Governance and Traditional Affairs	2 271	1 177	-	922	2 271	2 099	-	-
Office of the Premier KZN	104	-	-	-	104	-	-	-
Provincial Treasury	33	-	-	-	33	-	-	-
Department of Transport KZN	3	4	-	-	3	4	-	-
Department of Public Works KZN	-	-	12	-	12	-	-	-
Social Development	-	29	7	7	7	36	-	-
Sports & Recreation	275	227	-	-	275	227	-	-
Department of Correctional Services	-	-	92	30	92	30	-	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 3

#### CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22*	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
North West - Health	64	-	-	-	64	-	-	-
International Relations & Cooperation	-	1	-	-	-	1	-	-
Gauteng - Health	318	331	600	273	918	604	-	-
Eastern Cape - Health	321	158	112	143	433	301	-	-
Mpumalanga - Health	103	289	200	130	303	419	-	-
Western Cape - Health	-	-	20	174	20	174	-	-
National Department of Health	-	-	26 941	15 386	26 941	15 386	-	-
Free State Health	52	-	114	116	166	116	-	-
<b>TOTAL</b>	<b>3 544</b>	<b>2 218</b>	<b>28 191</b>	<b>17 181</b>	<b>31 735</b>	<b>19 399</b>		<b>-</b>

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### CLAIMS RECOVERABLE - CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021
	R'000	R'000	R'000	R'000	R'000	R'000
OTHER GOVERNMENT ENTITIES						
University of KwaZulu-Natal (UKZN)	-	-	4 723	900	4 723	900
SITA	1 331	452	-	-	1 331	452
Ithala Limited	5 078	4 794	-	-	5 078	4 794
Other Entity : Payment returned	10 500	56 251	-	-	10 500	56 251
Senzile Food and Catering	11	-	-	-	11	-
Subtotal	16 920	61 497	4 723	900	21 643	62 397
Total	20 464	63 715	32 914	18 081	53 378	81 796



# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 4

#### INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22*	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000

#### DEPARTMENTS

##### Current

Department of Health & Social Development Limpopo	61	-	-	-	61	-	-	-
Department of Health: Eastern Cape	149	519	-	-	149	519	-	-
Department of Art & Culture KwaZulu-Natal	4	-	-	-	4	-	-	-
Department of Justice and Constitutional Develop	-	10 561	-	-	-	10 561	-	-
Department of Transport: KwaZulu-Natal	53 281	12 746	26 394	-	79 675	12 746	-	-
Departments of Public Works: KwaZulu-Natal	42 520	54 816	7 349	7 619	49 869	62 435	-	-
Department of Health: Gauteng	333	118	-	-	333	118	-	-
Department of Health: Northern Cape	287	-	-	-	287	-	-	-
Department of Health: Free State	126	-	-	-	126	-	-	-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 4

#### INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22*	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	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
South African Police Services	-	40	-	-	-	40	-	-
Department of Health: North West	145	135	-	-	145	135	-	-
Kwa-Zulu Natal Provincial Treasury	925	168	-	7 487	925	7 655	-	-
Secretary of Defence	-	-	-	74	-	74	-	-
Department of Health Western Cape	265	-	-	-	265	-	-	-
Department of Correctional Services	58	-	-	-	58	-	-	-
<b>Subtotal</b>	<b>98 154</b>	<b>79 103</b>	<b>33 743</b>	<b>15 180</b>	<b>131 897</b>	<b>94 283</b>		<b>-</b>

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### INTER-GOVERNMENT PAYABLES - CONTINUE

GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22*	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
CURRENT								
University of Kwa-Zulu Natal	-	6 183	124 675	74 597	124 675	80 780		-
National Health Laboratory Services	215 952	227 483	-	-	215 952	227 483		-
South African National Blood Services	29 877	23 453	-	-	29 877	23 453		-
Auditor General - South Africa	2 743	94	-	-	2 743	94		-
SITA	7 537	4 591	-	-	7 537	4 591		-
Subtotal	256 109	261 804	124 675	74 597	380 784	336 401		-
Total Departments	256 109	261 804	124 675	74 597	380 784	336 401		-

### OTHER GOVERNMENT ENTITY

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### INTER-GOVERNMENT PAYABLES - CONTINUE

GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2021/22*	
	31/03/2022	31/03/2021	31/03/2022	31/03/2021	31/03/2022	31/03/2021	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
NON-CURRENT	-	-	-	-	-	-		-
Subtotal	-	-	-	-	-	-		-
Total Other Government Entities	256 109	261 804	124 675	74 597	380 784	336 401		-
TOTAL INTERGOVERNMENTAL	354 263	340 907	158 418	89 777	512 681	430 684		-

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 5

### INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2022		Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	Note	R'000	R'000	R'000	R'000	R'000
Opening balance		898 131	674 820	-	-	1 572 951
Add: Additions/Purchases - Cash		4 630 981	2 288 637	-	-	6 919 618
(Less): Issues		(4 720 124)	(2 251 305)	-	-	(6 971 429)
Closing balance		808 988	712 152	-	-	1 521 140

End Users

38351

Clinics

111612

Notes:

1. End Users comprises of the Wards and NSI Sections.

2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 5

#### INVENTORY - CONTINUE

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2022		Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	TOTAL
	Note	R'000	R'000	R'000	R'000	R'000
Opening balance		609 471	424 227	-	-	1 033 698
Add: Additions/Purchases - Cash		4 049 114	3 312 912	-	-	7 362 026
(Less): Issues		(3 760 454)	(3 062 319)	-	-	(6 822 773)
Closing balance		898 131	674 820	-	-	1 572 951

End Users

29804

Clinics

121943

Notes:

1. End Users comprises of the Wards and NSI Sections.

2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 6

#### MOVEMENT IN CAPITAL WORK-IN-PROGRESS

#### MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2022

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	4 785 627	1 077 599	4 508 924	1 354 302
Non-residential buildings	4 471 902	747 251	4 131 176	1 087 977
Other fixed structures	313 725	330 348	377 748	266 325
TOTAL	4 785 627	1 077 599	4 508 924	1 354 302

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 6 - CONTINUE

#### MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2021

	Opening balance	Prior period errors	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3 630 529	-	2 182 676	1 027 578	4 785 627
Dwellings	-	-	-	-	-
Non-residential buildings	3 474 495	2746	1 894 035	896 628	4 471 902
Other fixed structures	156 034	(2 746)	288 641	130 950	313 725
TOTAL	3 630 529	-	2 182 676	1 027 578	4 785 627



# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 7

#### COVID - 19 RESPONSE EXPENDITURE

Per quarter and in total

Expenditure per economic classification	APRIL	MAY	JUN	Subtotal	JUL	AUG	SEPT	Subtotal	OCT	NOV	DEC	Subtotal	JAN	FEB	MAR	Subtotal	2021/22	2020/21
	2021	2021	2021	Q1	2021	2021	2021	Q2	2021	2021	2021	Q3	2022	2022	2022	Q4	TOTAL	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
Compensation of employees	175 660	168 254	187 264	531 178	190 293	198 764	275 951	665 008	211 890	238 773	226 268	676 931	223 610	221 105	222 960	667 675	2 540 792	1 435 664
Goods services	33 316	139 648	28 810	201 774	79 655	75 035	141 013	295 703	73 121	135 243	32 598	240 962	50 505	71 149	91 746	213 400	951 839	1 276 006
Please list all the applicable SCOA level 4 items:																		
ADVERTISING & ADMIN FEES	10 442	1 192	2 191	13 825	12 648	4 209	2 367	19 224	2 392	3 644	2 313	8 349	2 227	2 454	261	4 942	46 340	82 814
AGENCY&SUPRT/OUTSOURCED SERV	1 024	1 335	596	2 955	1 500	771	1 746	4 017	3 981	1 848	689	6 518	998	1 145	2 621	4 764	18 254	21 735
CATERING:DEPARTML ACTIVITIES	-	-	-	-	11	-	-	11	-	1	-	1	-	-	-	-	12	14 979
COMMUNICATION	18	17	35	70	30	18	21	69	189	2 867	36	3 092	24	25	2 995	3 044	6 275	659
CONS SUPPLIES	292	14 673	904	15 869	912	340	789	2 041	901	536	505	1 942	258	222	248	728	20 580	12 152
CONS:STA,PRINT&OFF SUP	39	463	97	599	323	64	185	572	60	102	335	497	101	98	53	252	1 920	1 162
CONTRACTORS CONSULT BUSS.& ADV	3	96	569	668	24	24	45	93	-	160	66	226	512	52	32	596	1 583	402
FLEET SERVICES(F/SER)	15	30	9	54	12	121	15	148	85	39	-	124	44	36	33	113	439	578

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 7

#### COVID - 19 RESPONSE EXPENDITURE

Per quarter and in total

Expenditure per economic classification	APRIL	MAY	JUN	Subtotal	JUL	AUG	SEPT	Subtotal	OCT	NOV	DEC	Subtotal	JAN	FEB	MAR	Subtotal	2021/22	2020/21
	2021	2021	2021	Q1	2021	2021	2021	Q2	2021	2021	2021	Q3	2022	2022	2022	Q4	TOTAL	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
INV: MEDICINE	174	106	123	403	1 468	1 109	949	3 526	272	341	677	1 290	693	(105)	267	855	6 074	22 797
INV:CLOTH MAT&ACCESS, FUEL ,OIL,	561	9 458	3 376	13 395	1 297	365	1 937	3 599	2 572	1 005	205	3 782	932	1 356	48	2 336	23 112	337 670
INV:FOOD & FOOD SUPPLIES	23	134	56	213	181	230	372	783	339	310	147	796	344	336	179	859	2 651	4 234
INV:MATERIALS & SUPPLIES	581	426	292	1 299	97	515	595	1 207	951	192	107	1 250	207	55	76	338	4 094	2 297
INV:MEDICAL SUPPLIES	11 068	11 916	10 448	33 432	11 511	17 439	23 337	52 287	22 790	14 240	10 447	47 477	7 576	7 479	10 013	25 068	158 264	171 836
INV:OTHER SUPPLIES	1 677	1 701	3 611	6 989	917	1 291	1 943	4 151	2 705	1 712	790	5 207	15	2 383	2 158	4 556	20 903	28 950
LABORATORY SERVICES	-	63 905	8	63 913	26 502	32 154	87 243	145 899	83	93 341	-	93 424	28 217	50 945	49 102	128 264	431 500	357 656
MINOR ASSETS	310	1 738	291	2 339	296	415	146	857	194	287	(100)	381	-	-	34	34	3 611	12 167
OPERATING LEASES	13	22 981	61	23 055	15 853	11 672	14 215	41 740	27 313	10 778	10 688	48 779	(310)	(142)	37	(415)	113 159	84 286

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 7 - CONTINUE

#### COVID - 19 RESPONSE EXPENDITURE

Expenditure per economic classification	APRIL	MAY	JUN	Subtotal	JUL	AUG	SEPT	Subtotal	OCT	NOV	DEC	Subtotal	JAN	FEB	MAR	Subtotal	2021/22	2020/21
	2021	2021	2021	Q1	2021	2021	2021	Q2	2021	2021	2021	Q3	2022	2022	2022	Q4	TOTAL	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
PROPERTY, OPERATING & RENTAL	7 020	6 628	6 125	19 773	5 977	4 272	5 080	15 329	8 265	3 820	5 667	17 752	8 663	4 806	23 583	37 052	89 906	62 392
TRANSPORT PROVIDED DEPT ACTIVITY	11	1	2	14	-	-	5	5	3	-	-	3	4	4	4	12	34	19
TRAVEL AND SUBSISTENCE	45	2 848	16	2 909	96	26	23	145	26	20	26	72	-	-	2	2	3 128	57 221
Transfers and subsidies	134	81	196	411	612	529	54	1 195	219	304	206	729	85	101	156	342	2 677	886
Please list all the applicable SCOA level 4 items:																		
H/H:EMPLOYEE SOCIAL BENEFITS	98	81	196	375	624	538	54	1 216	219	304	201	724	85	101	148	334	2 649	-
NPI:OTH NON PROFIT INSTITUTIONS	36	-	-	36	(12)	(9)	-	(21)	-	-	-	-	-	-	-	-	15	-
TRNSF&SUB:DEPARTMENTAL AGENCIES	-	-	-	-	-	-	-	-	-	-	5	5	-	-	8	8	13	886
Expenditure for capital assets	22 266	60 167	18 359	100 792	6 866	28 487	8 371	43 724	39 225	11 478	19 634	70 337	7 509	2 509	7 029	17 047	231 900	1 237 800
Please list all the applicable SCOA level 4 items:																		
BUILDINGS & OTHER FIXED STRUCTURES	10 783	40 354	6 197	57 334	-	20 220	2 333	22 553	33 548	7 050	18 618	59 216	6 529	1 067	5 923	13 519	152 622	1 150 983
MACHINERY AND EQUIPMENT	11 483	19 813	12 162	43 458	-	-	-	-	5 677	4 428	1 016	11 121	-	-	-	-	54 579	86 817
TRANSPORT EQUIPMENT	-	-	-	-	6 866	8 267	6 038	21 171	-	-	-	-	980	1 442	1 106	3 528	24 699	-
Other expenditure not listed above	-	-	-	-	-	6	-	6	-	-	-	-	-	-	2	2	8	-
Please list all the applicable SCOA level 4 items:																		

# 2021/22 ANNUAL REPORT

## ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2022

### ANNEXURE 7 - CONTINUE

#### COVID - 19 RESPONSE EXPENDITURE

Expenditure per economic classification	APRIL 2021 R'000	MAY 2021 R'000	JUN 2021 R'000	Subtotal Q1 R'000	JUL 2021 R'000	AUG 2021 R'000	SEPT 2021 R'000	Subtotal Q2 R'000	OCT 2021 R'000	NOV 2021 R'000	DEC 2021 R'000	Subtotal Q3 R'000	JAN 2022 R'000	FEB 2022 R'000	MAR 2022 R'000	Subtotal Q4 R'000	2021/22 TOTAL R'000	2020/21 TOTAL R'000
Interest Rent on Land	-	-	-	-	-	6	-	6	-	-	-	-	-	-	2	2	8	-
<b>TOTAL COVID 19 RESPONSE EXPENDITURE</b>	231 376	368 150	234 629	834 155	277 426	302 821	425 389	1 005 636	324 455	385 798	278 706	988 959	281 709	294 864	321 893	898 466	3 727 216	3 950 356



**KWAZULU-NATAL PROVINCE**

**HEALTH**  
REPUBLIC OF SOUTH AFRICA

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