



ANNUAL REPORT

2016/17



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and healthy life for all South Africans





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NATIONAL DEPARTMENT OF HEALTH

**Annual Report
2016/17**

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**GENERAL
INFORMATION
PART A**



1.1 Department's General Information

National Department of Health

PHYSICAL ADDRESS: Civitas Building
Corner Thabo Sehume (previously Andries Street) and Struben Streets
Pretoria

POSTAL ADDRESS: Private Bag X828
PRETORIA
0001

TELEPHONE NUMBER: 012 395 8086

FAX NUMBER: 012 395 9165

WEBSITE ADDRESS : www.health.gov.za

Twitter: @HealthZA

Facebook: www.facebook.com/health_ZA

Instagram: health_ZA



1.2 List of abbreviations and acronyms

AAHA	Alliance Against HIV/AIDS
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AO	Accounting Officer
APP	Annual Performance Plan
ARECs	Animal Research Ethics Committees
ART	Antiretroviral Therapy
ARV	Antiretroviral drug
AU	African Union
AUC	African Union Commission
BAS	Basic Accounting System
BCP	Business Continuity Plan
BRICS	Brazil-Russia-India-China- South Africa
BSEC	Bid Specifications and Evaluation Committee
CAMS	Complementary and Alternative Medicines
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CCM	Country Coordinating Mechanism
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CCOD	Compensation Commissioner for Occupational Diseases
CD4	Cluster of Differentiation 4 (in T helper cells)
CDC	Centres for Disease Prevention and Control
CEO	Chief executive officer
CFO	Chief financial officer
CHC	Community health centre
CHW	Community health worker
COO	Chief Operating Officer
CORE	Code of Remuneration
CPC	Centre for Positive Care
CPR	Community Responsiveness Programme
CSIR	Council for Scientific and Industrial Research
DALYs	Disability Adjusted Life Years
DBE	Department of Basic Education
DBS	Dried blood spots
DDG	Deputy Director-General
DFID	Department for International Development
DG	Director-General
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHMO	District Health Management Office
DHMT	District Health Management Team
DHS	District Health System
DHP	District Health Plan
DIRCO	Department of International Relations and Cooperation
DIP	District Implementation Plans
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DRG	Diagnostic Related Grouper
DR-TB	Drug-resistant tuberculosis
DSD	Department of Social Development
DS-TB	Drug-sensitive tuberculosis
EA	Executive Authority
ECAP	ESSA Christian AIDS Programme
ECD	Early Childhood Development
EDR	Electronic Drug Resistance register [EDRWeb]
EMS	Emergency Medical Services
EPR	Epidemic Preparedness and Response
ESMOE	Essential Steps in Managing Obstetric Emergency
ESMS	Electronic Stock Management System
ESST	Educational Support Services Trust
ETR	Electronic TB Register [ETR.Net]
EU	European Union
FBI	Food borne illnesses

FFC	Financial and Fiscal Commission
GF	Global Fund
HEAPS	Highveld East AIDS Projects Support
HCT	HIV counselling and testing
HIE	Health Information Exchange
HIRME	Health Information Research Monitoring and Evaluation
HIV	Human Immunodeficiency Virus
HNSF	Health Normative Standards Framework
HoD	Head of department
HPCSA	Health Professions Council of South Africa
HPV	Human papillomavirus
HR	Human resources
HRH	Human Resources for Health
HPRS	Health Patient Registration System
IBSA	India-Brazil-South Africa
IC	Ideal Clinic
ICDRA	International Conference of Drug of Regulatory Authorities
ICT	Information and Communications technology
IESBA	International Ethics Standards Board for Accountants
IHR	International Health Regulations
IPT	Isoniazid preventive therapy
ISA	International Standards on Auditing
ISAE	International Standard on Assurance Engagement
ISHP	Integrated School Health Programme
IT	Information technology
ITHPC	Interim Traditional Health Practitioners Council
IYM	In-year monitoring
KfW	Kreditanstalt für Wiederaufbau
LFA	Local Funding
MAP	Muslim AIDS Programme
MBOD	Medical Bureau for Occupational Diseases
MCC	Medicines Control Council
MCWH	Maternal, child and women's health
MDR-TB	Multidrug-resistant tuberculosis
MEC	Members of the Executive Council
M&E	Monitoring and evaluation
MMC	Medical male circumcision
MMR	Maternal mortality ratio
MoHCC	Ministry of Health and Child Care
MOU	Memorandum of Understanding
MOSASWA	Mozambique, South Africa and Swaziland
MRC	Medical Research Council [South African]
MTEF	Medium-term Expenditure Framework
MTSF	Medium-term Strategic Framework
NACOSA	Networking AIDS Community of South Africa
NAPHISA	National Public Health Institutes of South Africa
NCEMS	National Committee of Emergency Medical services
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NCDs	Non-communicable diseases
NDoH	National Department of Health
NDP	National Development Plan
NFPSC	National Forensic Pathology Services Committee
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NGO	Non-government organisation
NHRD	National Health Research Database
NHREC	National Health Research Ethics Committee
NHRC	National Health Research Committee
NHRO	National Health Research Observatory
NHSP	National Health Scholars Programme
NICD	National Institute for Communicable Diseases

NICDAM	National Institute Community Development and Management
NIDS	National Indicator Data Set
NIOH	National Institute for Occupational Health
NLGBTHI	National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health
NMC	Notifiable medical conditions
NSP	National Strategic Plan
NTDs	Neglected Tropical Diseases
OHSA	Occupational Health and Safety Act
OHSC	Office of Health Standards Compliance
OIG	Office of the Inspector-General
OSD	Occupation-specific Dispensation
PA	Performance Agreement
PAA	Public Audit Act
PEPFAR	President's Emergency Plan for AIDS Relief [US]
PERSAL	Personnel Salary System
PFMA	Public Finance Management Act
PHC	Primary health care
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PMDS	Performance Management Development System
PMIS	Project Monitoring Information System
PMPU	Provincial Medicine Procurement Unit
PMTCT	Prevention of mother-to-child transmission of HIV
PoA	Programme of Action's
ROR	Rationalisation of Registers
RRM	Revenue retention model
RTC	Regional Training Centre
SA	South Africa
SACENDU	South African Community Epidemiology Network on Drug Abuse
SADC	Southern African Development Community
SADHS	South Africa Demographic Health Survey
SAHPRA	South African Health Products Regulatory Authority
SAMAG	South African Men's Action Group
SAHPRA	South African Health Products Regulatory Authority
SANAC	South African National AIDS Council
SAPS	South African Police Services
SAOPHA	South African Organisation for the Prevention of HIV/AIDS
SEPA	Single Exit Price Adjustments
SCM	Supply chain management
SCOPA	Standing Committee on Public Accounts
SDIP	Service delivery improvement plan
SDS	Sustainable Development Goals
SMS	Senior management service
SLA	Service-level agreement
SOPs	Standard operating procedures
Stats SA	Statistics South Africa
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TECH-NHC	Technical Advisory Committee of the National Health Council
TIPHC	Educational Support Services Trust
TPCA	Tobacco Products Control Act
TROA	Total clients remaining on ART
TT	Test and Treat
UN	United Nations
UPFS	Uniform Patient Fee Schedule
USAID	United States Agency for International Development
WBOTs	Ward-based Outreach Teams
WBPHCOT	Ward-based Primary Health Care Outreach Team
WHO	World Health Organization
WHO-AFRO	World Health Organization – Africa Region
WHO EB	World Health Organization – Executive Board
WISN	Workplace Indicators of Staffing Need

1.3 Foreword by the Minister



This report highlights key achievements of the Ministry of Health in the 2016/17 financial year towards attainment of the National Development Plan 2030 target, namely, to deliver cost-efficient services to all South Africans.

Several interventions have been introduced to address the challenges facing us in ensuring a long and healthy life for all South Africans.

Our MomConnect programme which was launched in August 2014 as part of a suite of interventions to address the relatively high maternal mortality ratio (MMR), child mortality rate and perinatal mortality rate (PNMR) in South Africa has grown substantially. By 31 March 2017, a total of 917 053 pregnant women had registered for our MomConnect programme designed to improve access to early antenatal services and to empower pregnant women. The Department has received 753 complaints and 4 746 compliments on the programme to date.

In a country with a high HIV and AIDS prevalence among young women and girls, South Africans are now taking charge of the fight against the pandemic through the “She Conquers” campaign which was launched by the Honourable Deputy President Cyril Ramaphosa in June 2016. She Conquers is a three-year campaign that focuses on HIV infections, unwanted pregnancies, keeping girls at school, sexual and gender-based violence, and economic empowerment. Some of the interventions are broadcasted through the Shuga TV series; DSTV channel’s MTV Base, Rise TV talk shows on SABC 1 and CHOMA interactive digital mobile magazine.

Since the launch of the campaign, adolescent girls and young women have received HIV testing and care services, post violence care, life skills and sexuality education in 22 priority districts

The National Department has also continued to facilitate the development of District Implementation Plans (DIPs) using the UNAIDS 90-90-90 targets. This process ensures that districts and health facilities identify relevant problems and challenges, analyse root causes and then formulate solutions and targets for HIV and AIDs and TB indicators.

We are pleased to note that the country has surpassed the annual target of 1.4% for the prevention of mother-to-child transmission of HIV (as measured by infant PCR testing).

In the 2016/17 financial year, a national TB treatment success rate of 85.6% and TB death rate of 4.5% was achieved against the targets of 84% and 6% respectively. Access to bedaquiline and Delamanid for drug-resistant TB was accelerated and the 9 month short MDR-TB treatment regimen was also implemented. Preliminary results from some sites are already showing treatment success rates of about 60% for XDR-TB patients.

In preparation for the implementation of NHI, the National Department of Health in partnership with the Department of Science and Technology and the Council for Scientific and Industrial Research (CSIR), developed the Health Patient Registration System (HPRS), which commenced in July 2013. The first phase of the operational implementation of HPRS was completed in 657 PHC facilities in the NHI pilot districts. In the 2016/17 financial year, the system was implemented outside the NHI pilot districts, resulting in a cumulative total of 1 849 PHC facilities using the system to register patients. By 31 March 2017, 6 355 759 South Africans were registered in the system. A key component in the development of this system has been the roll-out of a standardised Electronic Patient Filing System and the use of the new standardised Patient Files.

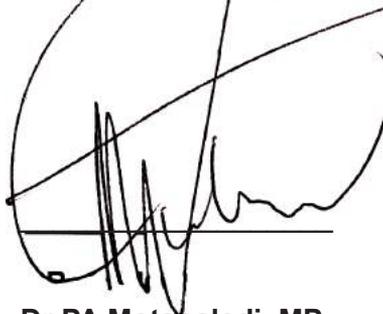
By the end of March 2017, 1 252 000 patients were receiving their prescribed medicines through the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) programme. In addition, national surveillance systems were established whereby information on medicine availability at clinics and hospitals is received and analysed to manage stock challenges. The Stock Visibility System (SVS) was implemented in 3 121 clinics, and an electronic stock management system was implemented in hospitals at the different levels of care. The number of hospitals using the electronic stock management system to strengthen demand-

planning and governance increased from 52 in 2015/16 to 123 in 2016/17. The SVS enables the code on the back of the package or bottle to be scanned using a specially supplied cell phone and application. When a nurse scans at the clinic, the stock level is reported automatically and in real time to an electronic map at the central tower in Pretoria. Successful implementation of SVS has resulted in improved drug availability as follows: antiretrovirals (ARVs) from 69.5% to 92.5%; tuberculosis (TB) medication from 65.7% to 88.5%; and vaccines from 64.5% to 94.5%. The 'Ideal Clinic' (IC) initiative was designed to improve primary health care (PHC); thus far, a total of 786 facilities have been renovated and qualified as ready for National Health Insurance (NHI) implementation.

South Africa is pursuing Universal Health Coverage (UHC) through the implementation of National Health Insurance (NHI) alongside 100 other countries globally. At its core, UHC aims to provide access to essential health services (prevention, screening, treatment, rehabilitation and palliative care) to the greatest number of people without them having to experience undue burden when paying for these services. Every year, an estimated 150 million people worldwide experience extreme financial hardship and 100 million individuals and families fall below the poverty line after paying high out-of-pocket costs for health care.

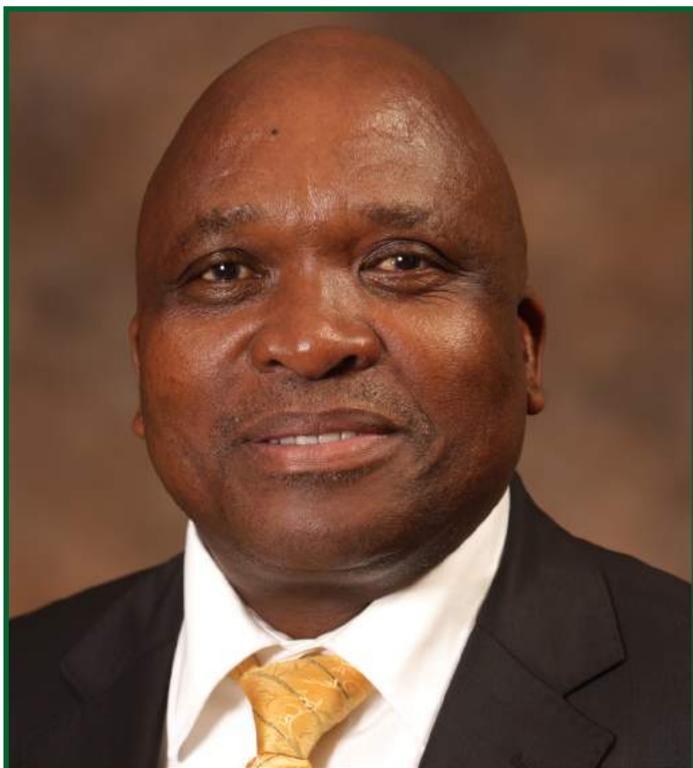
UHC was described by the outgoing director-general of the WHO, Dr Margaret Chan, as an 'equaliser' between the rich and poor. In the immediate future, we need to work harder as a country to ensure an integrated and functional health system responsive to the health needs of all people regardless of their social status. The system should provide a strategic approach to the prevention of ill health, and it should reduce inequalities and support health service re-design and transformation.

It is now widely recognised that good health reduces poverty, improves educational performance, increases productivity, and as a result, stimulates economic growth. Under NHI, poverty should no longer mean poor health, nor should ill health lead to poverty. This is the promise we make.



Dr PA Motsobedi, MP
Minister of Health
Date: 25 August 2017

1.4 Statement by the Deputy Minister



The lessons learnt in confronting the deadly HIV and TB epidemics are useful in planning our approaching challenge of non-communicable diseases (NCDs), such as diabetes, hypertension, heart disease and various cancers. We have certainly learnt that treatment is never enough – prevention must be the centrepiece in our strategies. We have also discovered that prevention is complicated and requires a blend of methods. And while we have found that partnerships are vital, we have also learned that there is no substitute for government leadership.

In tackling NCDs, the government is utilising its regulatory powers. There is evidence that imposing a tax on all sugar-sweetened beverages will act as a deterrent to purchasing these drinks and will reduce obesity which is a major risk factor for most NCDs. The tax may also serve as a flashing light in the public mind, reminding people that they pour a toxic substance into their systems every time they crack a can of sugar-sweetened cola. Far from dictating to the public, we will enable them to make more conscious dietary choices. We cannot hope to match the seductive sugar-coated advertising of multinational beverage companies. But regulation is our exclusive weapon and, if well directed, it can be extremely cost-effective.

The HIV epidemic taught us the bitter truth that disease makes people and countries poorer. Non-communicable diseases have the same effect, claiming the lives of breadwinners, making people unfit for work, increasing absenteeism, undermining productivity and diverting family savings into payment of medical bills. The latest data on causes

of death showed that diabetes, hypertension and cerebrovascular disease (which includes stroke) claimed 67 392 lives in our country in 2015.

The beverage industry makes inflated claims about the job losses that could result from a tax on sugary drinks. HIV prevention programmes also convinced us that sustaining a mixture of imperfect methods of protection can significantly reduce disease despite the limitations of individual methods. Just as there is no silver bullet to provide 100% protection against HIV infection, the prevention of NCDs is also complicated and requires a combination of interventions.

The prevention of illness and early diagnosis does not just increase the likelihood of successful medical intervention; it significantly reduces healthcare costs. When cancer is caught earlier, it is cheaper to treat. With our NCD efforts focussed on the reduction of risk factors, improvement of health systems and services for early detection and improvement of service delivery at the PHC level, the Department has been able to make effective interventions with regard to eye-care, oral health care of the elderly, rehabilitation, disability and mental health in 2016/17 reporting period. The interventions have been implemented in collaboration with other sectors to increase public awareness, reduce stigma and discrimination associated with mental illness and scale up decentralisation of integrated primary mental health services.

As efforts to roll out Universal Health Coverage gain momentum, the NDoH will expand the school health programme to cover the restoration of sight to the blind as an immediate intervention. A comprehensive school health programme allows children to access health promotion and education during early years of learning, thus maximising learning potential. Restoring sight to the blind will ensure independence and afford them the opportunity to participate in the social and economic activities of the country meaningfully.

In the 2016/17 financial year, the NDoH continued to implement the Integrated School Health Programme (ISHP), which contributes to the health and wellbeing of learners by screening them for health barriers to learning. The ISHP exceeded its target to screen 28% of Grade 1 and 12% of Grade 8 learners. A total number of 3 330 926 learners as having been screened through this programme since inception, and 352 766 learners were identified with health problems, and referred for intervention.

A total of 8 075 392 clients were screened for diabetes, and 9 366 331 clients were screened for hypertension at health facilities. In addition, 6 163 475 clients attending PHC facilities were also screened for mental health disorders.

The human papilloma virus (HPV) vaccine targeting girls in Grade 4 was introduced to protect them against cervical cancer – a major cause of death especially among black women. The programme has been largely successful, reaching 420 356 targeted girls for the 1st dose HPV immunisation, and 327 460 for the 2nd dose HPV immunisation coverage.

Our country is now firmly on a path towards NHI implementation. We need it. While individual benefits of UHC are well known, what is less spoken about is the community spirit, and social cohesion that are forged: shared goals trust in one's neighbours,

reliability, and a sense of community obligation. In other words lack of health insurance is bad not only for one's health but also for community life.



Dr J Fhaahla, MP
Deputy Minister of Health
Date: 24 August 2017

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



1.5.1 Overview of the operations of the Department

1.5.1.1 Strategic issues facing the Department

- a) Post 1994, the health sector in South Africa invested in progressive policies to transform the health system into an integrated, comprehensive national health system; however, the sector still faces challenges, inclusive of the following:
- A complex, quadruple burden of disease, which consists of communicable diseases such as HIV and AIDS and TB; escalating incidence of NCDs; high maternal and child mortality rates; and high incidence of violence, injuries and trauma.
 - Serious concerns about the quality of public health care.
 - Spiralling private healthcare costs.
- b) Chapter 10 of the National Development Plan (NDP) 2030 sets out the vision for the South African health system, namely, to achieve “A long and healthy life for all South Africans”. The NDP envisaged the following by 2030: a life expectancy rate of at least 70 years for men and women; a generation of under-20s largely free from HIV; a reduced quadruple burden of disease; an infant mortality rate of less than 20 deaths per 1 000 live births; an under-five mortality rate of less than 30 deaths per 1 000 live births; a significant shift in equity, efficiency, effectiveness and quality of health care provision; UHC; and significant reduction in social determinants of disease and adverse ecological factors.
- c) The NDP commitments are encapsulated in the Medium-Term Strategic Framework (MTSF) 2014–2019 Sub-outcomes, which are aligned with the Strategic Plan and the Annual Performance Plan of the Department. The MTSF outcomes are: UHC progressively achieved through implementation of NHI; improved quality of health care; implementation of the re-engineering of PHC; reduced healthcare costs; improved human resources for health; improved health management and leadership; improved health facility planning and infrastructure delivery; HIV and AIDS and TB prevented and managed successfully; maternal, infant and child mortality reduced; and efficient health-management information system developed and implemented for improved decision making.
- d) According to the Rapid Mortality Surveillance Report 2016, total life expectancy in South Africa increased from 62.2 years in 2013 to 63.0 years in 2015. South Africa is also experiencing downward mortality trends; this could be attributed to continued expansion of the government ARV programme, with an increased number of HIV-positive persons who are taking ARV drugs living longer.
- e) Under-five mortality rates declined from 41 child deaths per 1 000 live births in 2013 to 37 child deaths per 1 000 live births in 2015. Infant mortality rates also declined slightly, from 28 infant deaths per 1 000 live births in 2013 to 27 infant deaths per 1 000 live births in 2015.
- f) The maternal mortality ratio (MMR) decreased from an estimated 165 deaths among pregnant women per 100 000 live births in 2012 to 154 deaths per 100 000 live births in 2016. The MMR decreased significantly by 42.8% compared with the MTSF baseline of 269 deaths per 100 000 live births in 2009.
- g) Since 2009, the current Ministry of Health has embarked on a massive reform focused on strengthening health system effectiveness; this has been achieved by addressing health management and personnel challenges, financing challenges, and quality of care concerns.
- h) The effectiveness of the health system must be strengthened as this forms the foundation for successful health interventions. Furthermore, decreasing the burden of disease requires a well-functioning health system that is based on the principles of accessible, equitable, efficient, affordable, appropriate and quality health service provision.

- i) The Department continues to build NHI as a vehicle to deliver UHC to all South Africans. National Health Insurance is defined as a health-financing system that pools funds to provide access to quality health services for all South Africans, based on their health needs and irrespective of their socio-economic status. The goal of NHI is to ensure that all South African citizens and residents, irrespective of their socio-economic status, have access to good-quality health services provided by both the public and private sectors. National Health Insurance seeks to eradicate financial barriers limiting access to health care. The NHI White Paper was prepared for submission to Cabinet during the 2016/17 financial year.
- j) The Department continues to strengthen PHC re-engineering in South Africa through four identified streams, namely:
- District Clinical Specialist Teams (DCSTs);
 - Ward-based Primary Health Care Outreach Teams (WBPHCOTs);
 - The School-based Health programme; and
 - Contracting of general practitioners (GPs) and other providers to work in PHC facilities.
- k) Implementation of the four streams of PHC re-engineering included contracting of GPs and other private PHC health professionals into public health facilities. Substantial progress has been made in this regard despite challenges when the programme started. The introduction of an independent service provider for recruitment and placement of GPs has significantly increased the number of GPs contracted. In order to address the challenge of poor uptake of GPs in the NHI pilot districts, the Department engaged GPs and addressed concerns, which attracted more GPs. There are currently more than 672 health professionals (342 GPs and 330 Pharmacist Assistants) on the contract. The national contract has brought much stability to the issue of access to doctors at PHC level, boosting the morale of facility staff and bringing about patient satisfaction.
- l) Recruitment of the DCSTs started in 2011 to improve quality of care for mothers, newborns and children. The goal was to provide direct specialist support to districts. Teams have been implemented with varied success in different districts. At the end of March 2017, 45 of 52 districts in nine provinces had functional DCSTs with at least three members per team. Two hundred specialised doctors and nurses are currently providing support to PHC and district hospital services, with most districts in the country now having at least one specialised doctor. They have made a significant contribution in prioritising clinical care for critical target groups and in improving the skills level of staff.
- m) The municipal WBPHCOT programme expanded during the 2016/17 financial year. At the end of March 2017, there were 3 275 functional WBPHCOTs, an increase of 1 527 teams from a baseline of 1 748 in 2014/15.
- n) The Department performed well on TB. The new client treatment success rate reached 84.7%, and a client death rate of 3.9% was achieved against the set target of 4% for 2016/17.
- o) With regard to the massive TB screening campaign, specific annual targets have been set for TB screening in correctional services and controlled mines. These services are implemented through a service-level agreement (SLA) by sub sub-recipients (SSRs) of global funding. 47.1% of inmates were screened for TB on admission to correctional services. SSRs performed poorly due to uncertainty resulting from delays in disbursement of funds experienced during previous quarters. One hundred per cent (100%) of controlled mines provided routine TB screening.
- p) The human papillomavirus (HPV) vaccine targeting girls in Grade 4 was introduced to protect them against cervical cancer – a major cause of death, especially among African women. The programme was largely successful, reaching 420 356 targeted girls for the 1st dose HPV immunisation, and 327 460 for the 2nd dose.
- q) Prevention is the mainstay of efforts to combat HIV and AIDS. Since the HIV Counselling and Testing (HCT) campaign was introduced in 2010, over 44 million people have been tested. A total of 14 233 123 people were tested for HIV, exceeding the annual target of 10 million for the 2016/17 financial year.
- r) Voluntary medical male circumcision (VMMC) is one of the Department's combination HIV prevention interventions. During 2016/17, a total of 491 859 VMMCs were conducted (this included VMMC data obtained from partners).
- s) At the end of March 2017, the total number of clients remaining on antiretroviral therapy (TROA) was 3 831 730. The Department revised the HIV guidelines to align with the WHO HIV Guidelines.

1.5. 1.2 Significant events during the year

- a) The Lancet National Commission on Quality Health Systems was launched on 11 May 2017. The commission is tasked with reviewing

the quality of the South African healthcare delivery system and make recommendations for improvement.

- b) South Africa has successfully mobilised resources for implementation of the Elimination Eight (E8) (Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) malaria initiative, and the MOSASWA (Mozambique, South Africa and Swaziland) malaria initiative. The enhanced surveillance activities of these collaborations will bring the region closer to its goal of zero local malaria transmission. A 24-hour mobile reporting system was fully implemented, with malaria-endemic provinces now reporting malaria cases within 24 hours of diagnosis.
- c) The Department continues to participate in the development and implementation of various regional health initiatives to combat cross-border spread of diseases. These initiatives include Malaria Elimination 8 (E8); the Southern African Development Community (SADC) HIV/AIDS Cross-Border Initiative; the SADC TB in the Mines Initiative, and the ZAZIBONA Initiative for strengthening medicine regulation. South Africa participated in the SADC Health Ministers meeting and commemoration of Malaria Day in Swaziland, November 2016, which resulted in strengthening of regional health governance mechanisms.
- d) In 2016/17, blood-alcohol backlogs were eliminated in the Pretoria Forensic Chemical Laboratory (FCL), and less than a 90-day turnaround was maintained in the Durban FCL. A Criminal Justice System Reform Committee national audit of the South African Police Services (SAPS) and FPS mortuaries was undertaken to determine the number of backlogged cases with SAPS CAS numbers that would still need to be analysed. The audit was finalised in March 2017, and a list of cases with CAS numbers where analysis was still required, was provided to the FCL. The FCLs have identified equipment to use in the non-blue sky approach, and they have validated analysis methods on this equipment in the Pretoria FCL. These methods will now be implemented in the other FCLs.
- e) The Compensation Commissioner for Occupational Diseases (CCOD) and the Occupational Health sub-programme is responsible for the payment of compensation to active and ex-workers in controlled mines and workers who have been certified to be suffering from cardiopulmonary-related diseases as a result of workplace exposures in the controlled mines or works. During the 2016/17 financial year, an electronic database of 600 000 claimant files was developed; 18 145 benefit medical examinations and 20 149 certifications were provided, and 5 296 claims amounting to R204 million were paid, inclusive of R76 million in neighbouring countries.
- f) South Africa participated in the negotiations and influenced the outcomes of various global health meetings to ensure the strengthening of global health governance. These included WHO technical meetings on the implementation of the Framework Convention on Tobacco Control; the WHO-AFRO Regional Committee 66 Session; the 69th session of the World Health Assembly and its Executive Board in May 2016; the UN High-Level Commission on Health Employment and Economic Growth; the UN High-Level meeting on Antimicrobial Resistance; the UN High-Level Panel on Access to Medicines on the side of the 77th Session of the UN General Assembly in September 2016; and the 2nd Global Consultation on Migrant Health: Resetting the Agenda, jointly Organised by the International Organization of Migration (IOM), the WHO, and the Government of the Democratic Socialist Republic of Sri Lanka in February 2017.
- g) As of April 2017, the South African Health Products Regulatory Authority (SAHPRA) was established as a schedule 3A public entity responsible for the regulation of medicines, medical devices and radiation control. These functions are currently performed by the Medicines Control Council (MCC), which will transition into SAHPRA during the course of 2017. The transition will allow SAHPRA to operate more independently and retain the revenue collected from the pharmaceutical industry. Over time, SAHPRA aims to absorb some of the external evaluators as full-time employees to enhance its capacity, which will reduce the current backlog of applications, and gradually improve turnaround times for applications and priority products to 75% within three months. Once regulations for medical and diagnostic devices have been developed and gazetted in 2017/18, SAHPRA will also regulate these products and control certain non-medical products for hazardous radiation.

1.5.1.3 Major projects undertaken or completed during the year

- a) The 'Ideal Clinic' (IC) initiative was started in July 2013 as a way of systematically reducing the deficiencies in PHC facilities in the public sector. As at the end of March 2017, a cumulative total of 786 facilities qualified as ICs. The main challenge in clinics achieving IC status has been in the

area of supply-chain management, especially of equipment, essential supplies and infrastructure. Technical assistants for IC Realisation and Maintenance (ICRM) worked with the National Treasury and provinces to procure required items. In terms of infrastructure, a total of 228 new and replacement clinics were built in the 10 pilot districts, and 346 clinics were refurbished; outside the pilot districts, 3 clinics were built out of a planned 82 new and replacement clinics.

- b) Health delivery in South Africa is through a district health system using a PHC approach, which was adopted at Alma Ata in 1978. It is a nurse-based healthcare system. In the PHC Re-engineering Programme alone, nurses are already making a much greater contribution as part of the family health team. As a Department, there is a strong emphasis on quality of health care. The role of the nurse is paramount in this regard, and the voice of nurses is represented by the office of the Chief Nursing Officer.
- c) In an effort to reduce the quadruple burden of disease, Cabinet approved the National Public Health Institute of South Africa (NAPHISA) Bill for comment in 2015. The Bill will assist with disease and injury surveillance; with the provision of specialised public health services and interventions; and with training and research directed towards the major health challenges affecting the people of South Africa. The Bill will also strengthen co-ordination and enhance the country's capacity for surveillance.
- d) In order to improve environmental health services, 35 municipalities were audited against environmental health norms and standards in executing their environmental health functions, and the National Hand Hygiene Strategy was approved, with hand-hygiene strategy workshops held in all nine provinces and a report produced. Nine provincial implementation plans were developed by provinces on the healthcare risk waste-management regulations, and 45 points of entry were audited on compliance with norms and standards and international health regulation (IHR) requirements.
- e) The Department is implementing interventions focused on clinical nutrition, public health nutrition, and food-service management. Clinical guidelines on Adult Parenteral and Enteral Nutrition and Paediatric Parenteral Nutrition were developed in the 2016/17 financial year. Guidelines for healthy eating in Early Childhood Development (ECD) centres were also developed, with the aim to improve the quality of food served in these centres. A total of 45 national government departments and three public entities and professional associations were oriented on provisioning of healthy meals in the workplace, with the aim to help employees adopt healthy eating habits.
- f) Development of the Health Patient Registration System (HPRS) commenced in July 2013, through a partnership between the NDoH, the Department of Science and Technology, and the CSIR. The first phase of the operational implementation of the HPRS was completed in 657 PHC facilities in the NHI Pilot districts. In the 2016/17 financial year, roll-out of the HPRS commenced outside the NHI pilot districts, resulting in a cumulative total of 1 849 PHC facilities using the system to register patients. By the end of the reporting period, 6 355 759 South Africans had been registered in the system in preparation for NHI. A key component in the development of this system has been the roll-out of a standardised Electronic Patient Filing System and use of the new standardised Patient Files. Between 80 000 and 100 000 people are being registered in these 1 859 facilities per day.
- g) The 2016 South Africa Demographic and Health Survey (SADHS) targeted a nationally representative sample of over 15 000 households across the nine provinces. Data collection was done between June and October 2016. Trained teams of interviewers collected data in face-to-face interviews with adults from over 11 000 households. In a subset of households, nurses took measurements including blood pressure and height and weight, and did tests for anaemia. Dried blood spots (DBSs) were prepared for anonymous testing for HIV and HbA1c (a test for diabetes). For the first time, SADHS data collection was undertaken using tablet computers rather than paper-based questionnaires.
- h) The National Health Scholars Programme (NHSP) aims to provide scholarships for Master's and Doctoral degrees in order to develop a new cadre of young health researchers in South

Africa. The NHSP is a collaborative initiative of the NDoH and the chief executive officers of 40 companies funded through the Public Health Enhancement Fund. Since the Health Minister's launch of the NHSP in 2013, a total of 88 students have been enrolled and 15 NHSP students have graduated (11 with PhDs and four with Master's degrees). In 2016/17, 17 new students were enrolled in the NHSP.

- i) In the 2016/17 financial year, the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) programme continued to enrol new patients. The number of patients who received their prescribed medicines from over 1 000 pick-up points and who adhered to the programme increased from 396 567 in 2015/16 to 1 252 000 patients in 2016/17. In addition, national surveillance systems were established whereby information on medicine availability from clinics and hospitals was received and analysed in order to manage stock challenges. The stock visibility system (SVS) was implemented in 3 121 clinics, and an electronic stock-management system was implemented in hospitals at the different levels of care. The number of hospitals using the electronic stock-management system to strengthen demand-planning and governance increased from 52 hospitals in 2015/16 to 123 hospitals in 2016/17. The SVS, an electronic way of measuring stock at the clinic, allows the code at the back of the package or bottle to be scanned using a specially supplied cell phone and application. When the nurse scans at the clinic, the stock level is reported automatically and in real time to an electronic map of all health facilities at the central tower in Pretoria. Successful implementation of the SVS has resulted in improved drug availability as follows: ARVs from 69.5% to 92.5%; TB medication from 65.7% to 88.5%, and vaccines from 64.5% to 94.5%.
- j) The promotion of health literacy intensified through 2016/17 via health information and education and behaviour-change communication interventions. This was done in collaboration with partners and the provinces, with a special focus on the national health calendar events and programmes such as World No Tobacco Day, World Health Day, and Healthy Lifestyles month. The process to amend the Tobacco Products Control Act (TPCA) was completed with the creation of a draft bill for presentation to the National Health Council and for onward submission to Cabinet.
- k) The three forms of malnutrition, namely under-nutrition, over-nutrition and micronutrient deficiencies continue to be a challenge in South Africa. The Department is implementing interventions focused on clinical nutrition, public health nutrition, and food-service management to address these challenges. Clinical guidelines on Adult Parenteral and Enteral Nutrition and Paediatric Parenteral Nutrition were developed during the 2016/17 financial year. As part of overcoming the high prevalence of overweight and obesity, the Department has provided orientation workshops on healthy meals in the workplace to all national government departments. These workshops aim to help employees adopt healthy eating habits. Guidelines for healthy eating in ECD centres were also developed, with the aim to improve the quality of food served.
- l) The NCD sub-programme focused on the reduction of risk factors, the improvement of health systems and services for early detection, and improvement of the service-delivery platform for PHC-focused eye care, oral health, care of the elderly, rehabilitation, disability and mental health. The interventions have been implemented in collaboration with other sectors to increase public awareness of health, to reduce stigma and discrimination associated with mental illness, and to scale up decentralisation of integrated primary mental health services.
- m) The communicable disease sub-programme continues to strengthen capacity for Epidemic Preparedness and Response (EPR) in line with international health regulations (IHR 2005). Provincial outbreak response teams were capacitated to respond to food-borne illnesses (FBI) in line with IHR. The sub-programme managed to protect 896 019 vulnerable individuals against seasonal influenza using the seasonal influenza vaccination, exceeding the target by 12%.

1.5.2. Overview of the financial results of the department:

1.5.2.1 Departmental receipts

Departmental receipts	2016/17			2015/16		
	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	63 867	54 298	9 569	31 560	46 096	(14 536)
Interest, dividends and rent on land	3 718	3 627	91	300	6 536	(6 536)
Financial transactions in assets and liabilities	1 540	1 309	232	912	1 253	(341)
Total	69 125	59 233	9 892	32 772	53 885	(21 113)

- a) The main source of revenue was generated from registration fees of medicines which yielded an increase of 15.1% in 2016/17 as compared to 2015/16 and the inspection fees charged from Port Health Services. The tariffs charged by the Department in this regard are in terms of the provisions of the Medicines and Related Substances Act 101 of 1965 as published in the Government Gazette on 7 November 2012. These will be revised in line with the amendments to the Medicines Act, which will widen the regulatory scope.
- b) Most of the revenue collected by the NDoH is derived from regulatory functions performed by the Medicines Control Council (MCC). The balance originates from laboratory tests conducted by the three forensic laboratories in Pretoria, Johannesburg and Cape Town which are under the control of the Department. These fees are reviewed regularly to recover costs.

1.5.2.2 Programme expenditure

Programme Name	2016/17			2015/16		
	Final appropriation	Actual expenditure	(Over)/under expenditure	Final appropriation	Actual expenditure	(Over)/under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	448 820	442 877	5 943	443 416	438 501	4 915
NHI Health Planning and Systems Enablement	690 593	679 170	11 423	611 213	553 053	58 160
HIV & AIDS, TB and Maternal, Child and Women's Health	16 006 567	15 965 182	41 385	14 324 860	14 179 001	145 859
Primary Health Care Services	238 055	225 731	12 324	215 239	212 571	2 668
Hospitals, Tertiary Services and Workforce Development	19 496 416	19 468 716	27 700	19 057 465	19 056 279	1 021
Health Regulation and Compliance Management	1 716 965	1 714 510	2 455	1 601 732	1 599 420	2 312
Total	38 597 416	38 496 186	101 230	36 253 925	36 038 825	214 935

- a) From a total allocation for the year under review amounting to R38, 597 billion, the Department spent R38,496 billion, which is 99.7% of the available budget.
- b) Underspending was mainly on Goods and Services as budget earmarked for GP Contracting and Department of International Relations and Co-operation (DIRCO) was not fully utilised by the end of the year, and condoms were ordered but not delivered due to the specification requested. Underspending also occurred under Compensation of Employees due to vacant positions in Port Health Services not filled during the financial year. With regard to transfers and subsidies, payments to non-profit organisations (NPOs) were not made due to SLAs not concluded before the financial year end.

1.5.2.3 Reasons for under/(over) expenditure

Programme 2: National Health Insurance, Health Planning and Systems Enablement

The programme shows an expenditure amounting to R679 170 million (98.3%), with an under expenditure of R11 423 million (1.7%), against a budget of R690 593 million.

Budgets earmarked for GP Contracting and DIRCO were not fully utilised by year end. DRG project was not implemented during the period under review.

Programme 4: Primary Health Care Services

The programme has a spend R225 731 million with the spending rate of 94.8% from the allocation of R238 055 million, showing an under expenditure of R12 324 million (5.2%).

Various positions in Port Health Services were not filled during the financial year. Transfer payments to NPOs could not be made due to SLAs not concluded before the end of the financial year.

1.5.2.4 Virements

During the 2016/17 financial year, a total amount of R176 065 million was approved for virements.

The Director-General granted approval to effect the following virements:

- R30,808 million within Compensation of Employees (COE)
- R0,169 million from COE to Transfer and Subsidies (Households)
- R28,414 million within Goods and Services
- R0,200 million from Goods and Services to Capital expenditure
- R0,114 million from Goods and Services to Financial Assets
- R4,747 million within Capital expenditure
- R0,015 million from Goods and services to Transfers and Subsidies

National Treasury approved the following virements after the Adjustments Budget:

- R96 million to National Health Insurance In-kind grant
- R1,2 million to Soul City
- R2,104 million to multi-prolonged mass media campaign
- R7,968 million from Purchase of Capital Assets to Goods and Services for Human Papilloma Virus Vaccines in-kind grant
- R1,646 million for International Hospital Federation World Conference
- R2,680 million to South African Medical Research Council.

1.5.2.5 Roll overs

Programme 2: National Health Insurance, Health Planning and Systems Enablement

The Department received rollover of R18.858 million for the South Africa Demographic and Health Survey.

1.5.2.6 Unauthorised expenditure

None

1.5.2.7 Fruitless and wasteful expenditure

The amount of R402 000 fruitless and wasteful expenditure is as result of late payment.

1.5.2.8 Irregular Expenditure

An amount of R1,4 million irregular expenditure is as the result of procurement processes not followed

1.5.2.9 Public-private partnerships

There are currently no other public-private partnerships (PPPs) as regulated by the National Treasury, Regulation 16, registered at the NDoH.

1.5.2.10 Discontinued activities / activities to be discontinued

No activities were discontinued during the year under review.

1.5.2.11 New or proposed activities

None

1.5.2.12 Supply chain management (SCM)

No unsolicited bid proposals were concluded by the Department during the year under review.

Processes and controls are in place to curb the occurrence of irregular expenditure as can be seen in its reduction over the last few financial years.

Contract management is being strengthened in the Department. Capacity for this purpose, with critical competencies and skills, is being developed within the Department. This will become more important as the Infrastructure implementation matures and gains momentum over the Medium-term Expenditure Framework (MTEF).

To increase the effectiveness of and adherence to the procurement plan, standard operating procedures were developed to guide end-users through the SCM processes and to enhance compliance with prescripts.

Redundant, unserviceable and obsolete assets and items were identified and disposed of for the year under review. Some assets were sold as scrap and those remaining were donated to schools Processes

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In order to increase the effectiveness of and adherence to the procurement plan, standard operating procedures were developed to guide end-users through the supply chain management (SCM) processes and to enhance compliance with prescripts.

Redundant, unserviceable and obsolete assets and items were identified and disposed of for the year under review. Some assets were sold as scrap and those remaining were donated to schools.

1.5.2.13 Gifts and donations received in kind from non related parties

In-kind goods and services amounting to R6,1 million were received during the 2016/17 financial year, details of which are disclosed in Annexure 1F of the Annual Financial Statements.

1.5.2.14 Exemptions and deviations received from the National Treasury

None received

1.5.2.15 Events after the reporting date

None to report

Acknowledgements

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

Approval

The Annual Financial Statements are approved by the Accounting Officer.



Ms M P Matsoso
Director-General
Date: 21 August 2017

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

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

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

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

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

The Accounting Officer is responsible for preparation of the annual financial statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing and implementing a system of internal control designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information, and the annual financial statements.

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

In my opinion, the Annual Report fairly reflects the operations, performance information, human resources information, and the financial affairs of the Department for the financial year ended 31 March 2017.

Yours faithfully



Ms M P Matsoso
Director-General
Date: 25 August 2017

1.7 Strategic overview

Vision

A long and healthy life for all South Africans

Mission

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

1.8 Legislative and other mandates

The Legislative mandate of the NDoH derives from the Constitution, the National Health Act (No. 61 of 2003), and several pieces of legislation passed by Parliament and guided by Sections 9, 12 and 27 of the Constitution.

Legislation falling under the portfolio of the Minister of Health

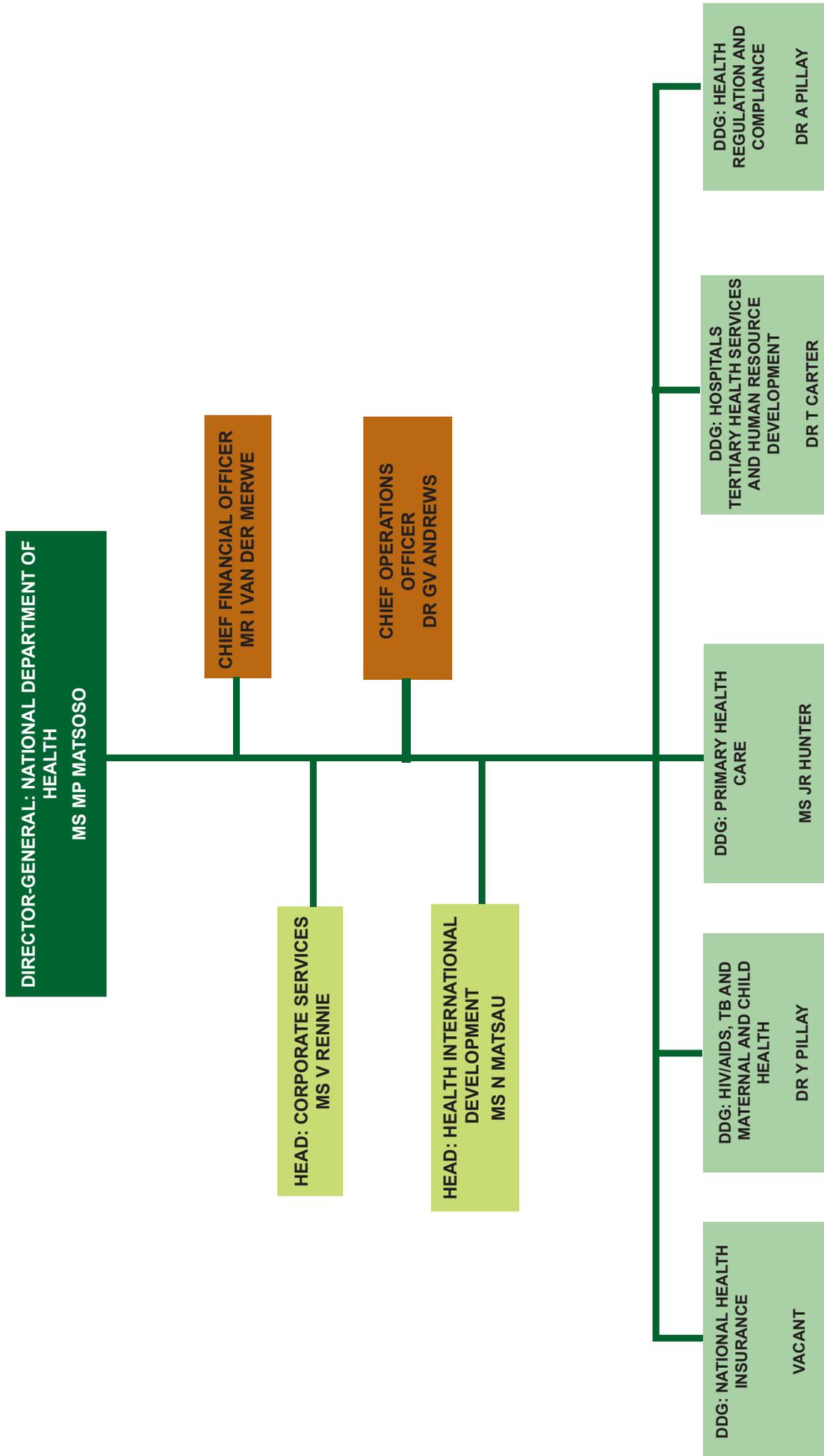
- Allied Health Professions Act, 1982 (Act No. 63 of 1982)
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
- Council for Medical Schemes Levies Act, 2000 (Act No. 58 of 2000)
- Dental Technicians Act, 1979 (Act No. 19 of 1979)
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act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

- Sterilisation Act, 1998 (Act No. 44 of 1998)
- Tobacco Products Control Act, 1993 (Act No. 83 of 1993)
- Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007)

Other legislation that the NDoH must comply with

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

1.9 Organisational structure



1.10 Entities Reporting to the Minister

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Council for Medical Schemes	Medical Schemes Act, 1998 (Act No. 131 of 1998)	Transfer payment	Regulates the private medical scheme industry
South African Medical Research Council	South African Medical Research Council Act, 1991 (Act No. 58 of 1991)	Transfer payment	The objectives of the Council is to promote the improvement of health and quality of life through research, development and technology transfer
National Health Laboratory Service	National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)	Transfer payment	The service supports the NDoH by providing cost-effective laboratory services to all public clinics and hospitals
Compensation Commissioner for Occupational Diseases	Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)	Transfer payment	The Commissioner is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures
Health Professions Council of South Africa	Health Professions Act, 1974 (Act No. 65 of 1974)	Not applicable	Regulates the medical, dental and related professions
South African Nursing Council	Nursing Council Act, 2005 (Act No. 33 of 2005)	Not applicable	Regulates the nursing profession
South African Pharmacy Council	Pharmacy Act, 1974 (Act No. 53 of 1974)	Not applicable	Regulates the pharmacy profession
Dental Technicians Council	Dental Technicians Act, 1979 (Act No. 19 of 1979)	Not applicable	Regulates the dental technicians professions
Allied Health Professions Council	Allied Health Professions Act, 1982 (Act No 63 of 1982)	Not applicable	Regulates all allied health professions falling within the mandate of council
Interim Traditional Health Practitioners Council	Traditional Health Practitioners Act, 2007 (Act No 22 of 2007)	Funds Meetings of Interim Council	Regulates traditional health practice and traditional health practitioners including students engaged in or learning traditional health practice in South Africa
Medicines Control Council	Medicines and Related Substances Act, 1965 (Act No 101 of 1965)	Not applicable	Regulates the registration of medicines and medical devices
Office of Health Standards Compliance	Office of Health Standards Compliance, 2013 (Act No 22 of 2007)	Transfer payment	Assesses and monitors compliance by health facilities with core standards of care



**PERFORMANCE
INFORMATION
PART B**

2.1 Auditor-General's Report: 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 on the section of the auditor's report on other legal and regulatory requirements.

Refer to page 92 of the Report of the AGSA, published in Part E: Financial Information.

2.2 Overview of Departmental performance

Service Delivery Improvement Plan

Provision of health services in South Africa is the joint responsibility of national, provincial and local government. The NDoH is responsible for issuing and promoting adherence to norms and standards and for the development of guidelines on health policies approved by the National Health Council (NHC). The NDoH has to implement aspects of national health policy that relate to the national Department.

A few health services are in the direct control of the national Department. These include health services provided by the Forensic Chemistry Laboratories, and health services provided at all 44 ports of entry into South Africa. The five-year Service Delivery Improvement Plan 2017–2020 (SDIP) of the NDoH focuses on these services. This SDIP was approved on 9 October 2016 and implemented from 1 April 2017.

The following tables reflect progress made in 2016/17:

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Standard of service	Actual achievement against standards
Support and provide policy guidance and technical guidelines to provinces	All Provincial Departments of Health	Several national policies and clinical guidelines have been issued	Care, management and treatment protocols and guidelines that are evidence-based and used	Care, management and treatment protocols/guidelines issued
Assess and monitor compliance with standards of care	All health facilities, patients	Several hospitals have been assessed by the Office of Health Standards Compliance or through peer reviewed	Eight core standards of care	Unannounced assessment visits to public health facilities
Determine PHC facilities that meet standards for Ideal Clinics	PHC facilities	Status determination has been implemented	10 components (standards covering Administration; Integrated Clinical Services Management; Pharmaceutical and Laboratory Services; Human Resources for Health Support Services; Infrastructure and Support Services; Health Information Management; Communication; District Health Systems Support; Partners and Stakeholders), 32 subcomponents and 186 elements that must be present and functional in PHC facilities	More than 1 450 PHC facilities were assessed against the standards in 2016/17
Registration of medicines by the Medicines Control Council	Pharmaceutical industry, distributors and wholesalers, retail pharmacies, research institutions and health professionals	Timely processing of applications for registration of medicines and medical devices in South Africa	Processing of applications for registration of medicines and medical devices in South Africa	Safe, effective and efficacious medicines registered
Provision of diagnostic pathology services	Public health facilities	The NHLS is providing this service to public health facilities	High-quality services by benchmarking against international standards through accreditations of laboratories and conducting external quality assessment and internal quality control	Diagnostic laboratory results provided

Main services	Beneficiaries	Current/actual standard of service	Standard of service	Actual achievement against standards
Provision of forensic laboratory services	South African Police Services, National Prosecuting Authority, Forensic Pathology Services, mortuaries, municipalities (forensic food services)	Cape Town, Johannesburg and Pretoria Forensic Laboratories continue to provide the services	High-quality services by benchmarking against international standards through accreditation of laboratories and conducting external quality assessment and internal quality control	Analytical test results provided for legal purposes
Compensations for occupational lung disease in miners and ex-miners	Miners and ex-miners	Processing of claims for benefit medical examination of miners and ex-miners	Processing of claims for benefit medical examination of miners and ex-miners	Claims for medical benefits processed and finalised
Provision of HR advice and directives	Employees of the NDoH	Sound HR advice and directives	Sound HR advice and directives	HR advice and directives are continuously provided in line with the regulatory framework
Ensure ongoing consultation with stakeholders on matters of mutual interest	Organised labour organisations	Functional bargaining structures in place	Functional bargaining structures in place	Regular engagement with stakeholders takes place in the Bargaining Chamber
Facilitate improved administration of the performance management and development system	Employees of the NDoH	A functional performance management and development system	A functional performance management and development system	A performance management and development system has been reviewed in line with the strategic direction of the Department

Batho Pele arrangements with beneficiaries (consultations access, etc)

Current arrangements	Desired arrangement	Actual achievements
Consultative fora	Key stakeholders in the health sector including public, private, non-government sectors and development partners	A National Consultative Forum on NHI was held on 26 March 2017. The focus was measures and strategies on quality of health
Access to all HR services and information	All employees in the National Department of Health	Information is accessible on request, and on a regularly updated departmental intranet site and circulars. On-line Rihanyo mail disseminates internal and external circulars to all staff members on a daily basis. These circulars include instructions of the DG, financial delegations, supply chain management and procurement, National Treasury and Department of Public Service and Administration (DPSA) notices, leave policy, performance management development, performance agreement and any other important notices and announcements. Further, a weekly on-line newsletter Supatsela gives information snippets on key health events and policy decisions as well as educational materials on health and diseases
Active engagement with affected employees and organised labour in the Public Health and Social Development Sectoral Bargaining Council (PHSDSBC) on matters of mutual interest	Organised labour organisations	Regular engagement with stakeholders takes place in the Bargaining Chamber. These consultations have, for example, contributed towards signed resolutions and/or discussions on various policies such as resettlement policy; operational security uniform; special leave policy; dress code policy; performance management development system policy

Service delivery Information tool

Current/actual tools	Desired information tool	Actual achievements
Quarterly reporting against the Government Programme of Action :Outcome Two, the Annual Performance Plan and Operational Plans	N/A	In 2016/17, three quarterly progress reports on the Programme of Action: Outcome Two were prepared, approved and submitted to Cabinet. The Annual Performance Plan was monitored through the Quarterly Progress Reports which were submitted to Department of Planning, Monitoring and Evaluation (DPME) and National Treasury. The Department was also invited by Parliamentary Portfolio Committees on Health and the Appropriations Committee to present quarterly progress reports on the 2016/17 Annual Performance Plan
Placement of circulars on the intranet	N/A	Regular updates on directives done

Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievement
Complaints/compliment procedures for clients	Improved response time to received complaints and resolved complaints	Complaint and compliment procedures for clients exist in clinics, community health centres and hospitals throughout the country. These procedures state that complaints can be lodged or compliments can be made verbally or in writing by clients and/or their family members and friends. Each complaint should be acknowledged within five working days and clients should be informed of the outcome within 25 working days
MomConnect for pregnant women and mothers	Improved response time to received complaints and resolved complaints	Pregnant women and mothers subscribed to the MomConnect system can lodge complaints and compliments via the system. The complaints and compliments are immediately referred to district offices for resolution

Organisational environment

The organisational structure of the NDoH has been reviewed to maximise achievement of the Department's strategic priorities. Successful implementation thereof is highly dependent on alignment with the allocated available budget. The current approved organisational structure takes into consideration the change in organisational culture, improved productivity, development of leadership capability, and repositioning of the NDoH as an employer of choice, such that only candidates meeting the profile of the desired NDoH cadre of employees are considered for appointment.

Key policy developments and legislative changes

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

2.3 Strategic outcome oriented goals

Strategic approach

The WHO and NDP 2030 recognise that a well-functioning and effective health system is the bedrock for attaining the health outcomes envisaged in NDP 2030. The trajectory for the 2030 vision, therefore, commences with strengthening of the health system to ensure that it is efficient and responsive, and offers financial risk protection.

In the 2016/17 financial year, the NHC (the Implementation Forum for MTSF Outcome 2, namely "A long and healthy life for all South Africans") directed and managed implementation of the strategic priorities steering the health sector towards Vision 2030. This Implementation Forum includes the Minister of Health and the nine provincial Members of the Executive Council (MECs) for Health. The Technical Committee of the NHC (Tech-NHC) functions as the Technical

Implementation Forum. The Tech-NHC includes the Director-General of the NDoH and the Provincial Heads of Department (HoDs) of Health in the nine provinces.

During 2016, MTSF 2014–2019 was revised for Outcome 2. Certain MTSF Sub-Outcomes, Actions and Indicators were reviewed and revised. The revision process involved receiving comments and inputs from provincial DoHs. The final revised MTSF version was discussed by the Tech-NHC, which made recommendations, and the final version was presented to the NHC for approval.

In 2016/17, the strategic objectives, performance indicators and planned targets of the health sector were informed by MTSF 2014–2019. The Department ensured greater alignment between its Annual Performance Plan and MTSF 2014–2019, which is regarded as the five-year implementation framework of the NDP. In 2016/17, four quarterly Programme of Action (PoA) reports were prepared, tracking the progress being made and resolution of challenges against the MTSF. These reports were submitted to Cabinet by the Minister.

The National Development Plan ('Vision 2030')

The Annual Performance Plan 2016/17 was the vehicle through which the nine long-term health goals for South Africa set out in the NDP were implemented during the year under review. Five of these goals relate to improving the health and well-being of the population, and the other four deal with aspects of health system strengthening.

Priorities to achieve Vision 2030

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

- Address the social determinants that affect health and diseases.
- Strengthen the health system.
- Improve health information systems.
- Prevent and reduce the disease burden and promote health.
- Finance universal healthcare coverage.
- Improve human resources in the health sector.

- g) Review management positions and appointments, and strengthen accountability mechanisms.
- h) Improve quality by using evidence.
- i) Establish meaningful public–private partnerships.

There have been significant achievements during the previous and current MTSF periods, amidst a number of implementation challenges. These achievements and challenges are well articulated in the Minister's Foreword, the Deputy Minister's Statement, and the Accounting Officer's Report in the present Annual Report. Suffice to say that life expectancy at birth is increasing among South Africans, as estimated by the Medical Research Council and Statistics South Africa, and reflected in infant and under-five mortality rates recorded in SADHS 2016, while the MMR is decreasing, as reported in the Saving Mothers Report and the Rapid Mortality Surveillance Report.

2.4 Performance information by programme

2.4.1 Programme 1: Administration

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

This programme consists of four sub-programmes:

- Ministry
- Management
- Financial Management
- Corporate Services

Human resources management sub-programmes

The Department maintained a vacancy rate below 10%, as prescribed by the Department of Public Service and Administration (DPSA), by achieving an 8.1% vacancy rate as at 31 March 2017. The NDoH set a target of four-month turnaround time for filling of vacancies and conclusion of the recruitment process, and achieved this, against the DPSA's government target of six months. The achievement could be attributed to increased awareness of the roles and responsibility of different stakeholders in the recruitment and selection value chain, and improved communication. Ninety-seven per cent (97%) of senior managers successfully entered into performance agreements with their supervisors for the year under review.

Legal services sub-programme

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

In the 2016/17 financial year, the sub-programme attended to 77 regulations, two proclamations, 109 contracts, 67 legal opinions, 17 litigation cases, and eight appeals, all in support of implementing various Department programmes.

The department participated in the three South African Law Reform Commission Projects (one of which is for the Department). Two stakeholder consultations have been attended regarding review of the Traditional Health Practitioners Act (No. 22 of 2007).

The sub-programme also attended to 12 Bills, namely the following: National Public Health Institute of South Africa Bill; National Health Laboratories Amendment Bill; International Health Regulations Bill; National Health Amendment Bill; Tobacco Products Amendment Bill; Council for Medical Schemes Amendment Bill; Control of the Marketing of Alcohol Beverages Bill; Occupational Diseases in Mines and Works Amendment Bill; Traditional Health Practitioners Amendment Bill; Nursing Amendment Bill; Health Professions Amendment Bill; and Hazardous Substances Amendment Bill.

Members of the sub-programme facilitated and attended seven provincial meetings with members of the Ministerial Advisory Committee on Medico-Legal Litigation, regarding implementation of the Declaration Medico-Legal Summit. These meetings have assisted the provinces with implementing the resolutions of the Summit.

Communications sub-programme

In implementing the Integrated Department Corporate Communication Strategy, among others, the Department developed and implemented a Corporate Communication Strategy. This comprised an ideal communication delivery model for the NDoH; a corporate identity and branding policy; development and distribution of a communication strategy planning guide (event-specific); and development and distribution of a guide on writing a communication strategy for public health campaigns. The implementation plan of the approved integrated communication strategy, and the implementation plan of the five-year communication strategy, guided the communication and stakeholder engagement activities of the sub-programme.

In the 2016/17 financial year, a multi-pronged communication campaign was implemented in earnest. This was visible at the International AIDS Conference (AIDS 2016), the 40th World Hospital Congress (Durban, IHF 2016), World AIDS Day, the 17th International Conference of Drug Regulatory Authorities (ICDRA), and World TB Day in terms of how both internal and external communications were managed. Heightened publicity around these events was the result of robust face-to-face engagement with media houses.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic objective	Performance indicator	Actual achievement 2015/2016	Planned target 2016/2017	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Ensure effective financial management and accountability by improving audit outcomes	Audit opinion from Auditor General	Unqualified audit opinion	Unqualified audit opinion	Unqualified audit opinion	None	None
	Number of Provincial DoH that demonstrate improvements in Audit Outcomes or Opinions	New indicator	4	4	None	None
Ensure efficient and responsive Human Resource Services through the implementation of efficient recruitment processes and responsive Human Resource support programmes	Average Turnaround times for recruitment processes	Average turnaround time for recruitment processes was within five months	6 months	4 months	+2 months	Increased awareness on the roles and responsibility of different stakeholders in the recruitment and selection value chain and improved communication
	Percentage of Employees accessing the Health and wellness programmes	New Indicator	30% of 1962 employees	95.8 % of 1993 cumulative	+ 65.8%	Target exceeded due to several health and wellness activities throughout the year
	NDoH vacancy rate	3.5%	<10 %	8.1%	+1.9%	Improved recruitment through set service standards
	Percentage of senior managers that have entered into Performance agreements with their supervisors	95%	98%	97%	-1%	3 signed after the deadline due to various reasons including employees on foreign mission and clarification of job function for one SMS employee
Provide support for effective communication by developing an integrated communication strategy and implementation plan	Number of communication interventions implemented	New indicator	52 communication interventions implemented	94 Communication interventions implemented	+42	More communication interventions were implemented due to increased demand for communication support by programmes and She-Conquer health activations
Coordinate the development and implementation of the Departmental Business Continuity Plan by the 31st of March 2020	Departmental Business Continuity Plan (BCP) developed	Tested the ability to access for domain services from the disaster recovery site	Phase 1 of the BCP developed and disseminated	New project approach for the BCP developed, approved and disseminated to Management Committee and Executive Management Committee and supported by the Audit Committee	Project Approach changed to address BCP holistically for the entire Department and not ICT, HR as per initially planned target of Phase 1 of the BCP development and disseminated	Various deliverables to develop BCP have been accomplished. The outstanding BCP documents are approved Business Impact Analysis (BIA) Report, Recovery Strategies, Memorandum of understanding for alternate facilities and BCP Test plans

Strategy to overcome areas of under performance

All three outstanding Performance Agreements were signed and filed with the DPSA in 2016/17. The new project approach for the Business Continuity Plan was 74% complete at the end of March 2017, the remaining project activities will be completed by the end of December 2017.

Changes to planned targets

None.

Linking performance with budgets

Programme 1: Administration

	2016/17			2015/16	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Sub programme					
1. Ministry	30 076	29 041	1 035	29 952	29 952
2. Management	22 121	22 121	-	19 846	19 846
3. Corporate Services	203 732	199 225	4 507	199 996	199 693
4. Office Accommodation	142 962	142 962	-	147 624	147 624
5. Financial Management	49 929	49 528	401	45 998	41 386
Total for sub programmes	448 820	442 877	5 943	443 416	438 501

2.4.2 Programme 2: National Health Insurance, Health Planning and Systems Enablement

Purpose: Improve access to quality health services through the development and implementation of policies to achieve universal health coverage, health financing reform, integrated health systems planning, reporting, monitoring and evaluation and research.

There are five budget sub-programmes:

- Technical Policy and Planning;
- Health Information Management, Research, Monitoring and Evaluation;
- Sector- Wide Procurement;
- Health Financing and National Health Insurance; and
- International Health and Development.

The **Technical Policy and Planning sub-programme:** provides strategic technical assistance on quality improvement and policy and planning, and supports quality improvement, policy analysis, planning and implementation of health services. During 2016/17, the sub-programme strengthened planning in the sector, and produced several outputs. These include: (i) Development of an integrated planning framework that led to a process being implemented to determine MTEF 2017/18–2019/20 targets at provincial and country level; (ii) revision and refinement of MTEF 2014–2019 Outcome Two; (iii) development of the NDoH Annual Performance Plan (APP), and review of Provincial DoH APPs for the 2017/18 financial year; (iv) preparation and finalisation of district-level population data for use in health planning and monitoring nationally and provincially, in partnership with Statistics South Africa.

The **Health Information Management, Research, Monitoring and Evaluation sub programme:**

develops and maintains a national health information system, commissions and co-ordinates and strengthens the national health research system and monitors and evaluates strategic health programmes.

Development of the Health Patient Registration System (HPRS) commenced in July 2013 as part of eHealth Strategy implementation, through a partnership between the NDoH, the Department of Science and Technology, and the CSIR. The system provides a Patient Registry and Master Patient Index using the South African identification number and other forms of legal identification such as passports. Phased implementation of the HPRS was maintained and expanded from 657 PHC facilities in 2015/16 to 1 854 PHC facilities in 2016/17. Standardisation of the IT hardware and equipment is a prerequisite for operational implementation of the HPRS. During the 2016/17 financial year, the Department purchased the required IT hardware for an additional 1 200 PHC facilities in 21 health districts. This included the purchase of 6 232 computers and 1 196 printers. Finalisation of the delivery and installation of the IT hardware will be continued in 2017/18, paving the way for the operational implementation of the HPRS in an additional 1 400 facilities. Furthermore, a standardised patient administration system for PHC facilities has been piloted in the NHI pilot districts; this includes a PHC Electronic Patient Filing System and a standardised patient file.

The Department has rationalised the data-collection tools used in PHC facilities from 54 registers to six standardised registers. During 2016/17, the Rationalisation of Registers (RoR) initiative was implemented in all PHC facilities in the Eastern Cape, Free State, Limpopo, Northern Cape, Gauteng, North West, and Mpumalanga provinces. It has been observed that this initiative has had a positive impact

on the quality of routine data and has dramatically decreased the administrative burden on staff at PHC facilities.

Over the past decade the Department has successfully implemented the District Health Information Software (DHIS), which is used routinely to monitor healthcare services using the National Indicator Data Set. The DHIS serves as a primary source for most routine health data and indicators required to monitor and report health system performance. During 2016/17, the Department embarked on a transition process, moving from the stand-alone DHIS 1.4 to Web-DHIS, also known as DHIS 2. Web-DHIS has brought about an integrated data platform, enhanced data quality, and improved turn-around time for availability of data.

In 2016/17, the Main Phase Web-DHIS Transition was implemented, with seven provinces capturing their data into Web-DHIS, except the Western Cape and Limpopo, which will migrate later. The Main Web-DHIS Phase training on Web-DHIS Foundation and Master Trainer courses was completed in eight provinces, comprising 46 districts and 215 sub-districts. Two hundred and ten managers were also trained in the 'Use of Information' course in all provinces during 2017.

Data collection for the 2016 South Africa Demographic and Health Survey (SADHS) was done between June and October 2016. A nationally representative sample of over 15 000 households units was selected. Trained teams of interviewers collected data in face-to-face interviews with adults from over 11 000 households, from among approximately 13 000 occupied households. In a subset of households, nurses took measurements including blood pressure, height and weight, and tested for anaemia. Dried blood spots (DBSs) were prepared for anonymous testing for HIV and HbA1c (a test for diabetes). For the first time, SADHS data collection was undertaken using tablet computers rather than paper-based questionnaires. The SADHS Key Indicator Report was released on 15 May 2017.

Development of the Integrated National Strategic Framework and Plan for Health Research was a collaborative effort between the NDoH and the National Health Research Committee. It was informed by global, regional and national dialogue and aligned with the NDoH strategic priorities. The Strategy Framework and Plan is built on four key pillars that will underpin development of a functional National Health Research System: (1) Sustainable financing of health research, with total investment and South African government investment in health research reaching 0.4% and 0.15% of GDP respectively by 2030; (2) Strengthened human resource and infrastructure capacity for health research at all levels of the National Health System; (3) Increased funding for priority health research programmes; and (4) Effective monitoring, evaluation, co-ordination and translation of research findings into policy, programmes, practice and products, enabled by a

National Health Research Observatory.

The National Health Scholars Programme (NHSP) aims to provide scholarships for Master's and Doctoral degrees in order to develop a new cadre of young health researchers in South Africa. The NHSP is a collaborative initiative between the NDoH and the chief executive officers of 40 companies funded through the Public Health Enhancement Fund. Since launch of the NHSP by the Health Minister, Dr Motsoaledi, in 2013, a total of 88 students have been enrolled and 15 NHSP students have graduated (11 with PhDs and four with Master's degrees). In 2016/17, 17 new students were enrolled in the NHSP.

The National Health Research Ethics Council (NHREC) is mandated to establish research ethics guidelines, as well as norms and standards for those who conduct health research involving humans; the mandate includes clinical trials, as well as research using animals. During 2016/17, the NHREC conducted audit assessment of Animal Research Ethics Committees (ARECs), and revised the 2006 South African Good Clinical Practice.

The **Sector-wide Procurement sub-programme** is responsible for developing systems to ensure access to essential pharmaceutical commodities. This is achieved through the selection of essential medicines, development of standard treatment guidelines, administration of health tenders, licensing of persons and premises that deliver pharmaceutical services, and development of innovative medicine supply chain interventions.

In the 2016/17 financial year, the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) programme continued to enrol new patients. The number of patients receiving their prescribed medicines from over 1 000 pick-up points (including adherence clubs, occupational health sites, general practitioners and private pharmacies) increased from 396 567 patients in 2015/16 to 1 252 000 patients in 2016/17. During the 2016/17 financial year, 60% of pharmaceutical contracts were renewed at least eight weeks before their expiry dates. This is attributed to improved bid-acquisition mechanisms. In addition, a national surveillance system was established, whereby information on medicine availability from clinics and hospitals was received and analysed in order to manage stock challenges. The stock visibility system was implemented in 3 121 clinics, and an electronic stock management system was implemented in hospitals at the different levels of care. The number of hospitals using the electronic stock management system in order to strengthen demand-planning and governance increased from 52 hospitals in 2015/16 to 123 hospitals in 2016/17.

Essential Medicines Review outcomes were achieved by the National Essential Medicines List Committee, supported by its expert technical committees. The Standard Treatment Guidelines and Essential Medicines List (EML) for the various

levels of care have been consolidated into a single application called the 'EML Clinical Guide', which is now accessible on smart phones in the play store. In addition, the app includes features useful to clinicians in health facilities, such as guidance on paediatric dosing based on weight, adverse drug reaction reporting, and information on medicine costs. The app also has a mechanism to report medicine stock-outs.

The term of office of the interim Traditional Health Practitioners Council (ITHPC) develops and implements policies, legislation and frameworks for the achievement of universal health coverage (UHC) through the phased implementation of National Health Insurance (NHI). It also commissions health-financing research (inter alia, on alternative healthcare financing mechanisms to achieve UHC); develops policy for the medical schemes industry and provides technical oversight of the Council for Medical Schemes; and provides technical and implementation oversight of the two NHI conditional grants. The sub-programme also implements the Single Exit Price Regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees.

In 2016/17, comments received on the NHI White Paper as part of the public comments process, were reviewed, and the final White Paper was submitted for Cabinet consideration. The Ministerial established six NHI work-streams and continued to support the work on the phased implementation of NHI.

The **International Health and Development sub-programme** develops and implements bilateral and multilateral agreements and treaties with strategic partners such as the Southern African Development Community (SADC), the African Union (AU), United Nations (UN) agencies, the European Union (EU), as well as other developing countries and emerging economic groupings such as Brazil-Russia-India-China-South Africa (BRICS) and India-Brazil-South Africa (IBSA) in order to strengthen the health system and co-ordinate international development support.

In the 2016/2017 financial year, this sub-programme co-ordinated South Africa's participation in various continental and global fora for the implementation of treaties. The sub-programme has implemented the following five international treaties: International Health Regulations (2005); Framework Convention on Tobacco Control; the SADC Protocol on Health; the Trade Facilitation Agreement; and the Treaty on African Medicines Agency. Furthermore, the sub-programme conducted an audit on ratification of the Trade Facilitation Agreement.

The sub-programme also co-ordinated participation in the implementation and review of multilateral frameworks to address global, continental, regional and national health challenges. Chief among these were WHO meetings (such as the World Health Assembly and Executive Board); the WHO-AFRO Regional Committee; African Union (such

as the Specialised Technical Committee on Health Population and Drug Control, and the Africa Centres for Disease Control (CDC)); SADC health initiatives (such as the Health Ministers' meeting; Malaria Elimination 8; SADC HIV and AIDS Cross-Border Initiatives; and SADC TB in the Mines); the United Nations General Assembly (UN High-Level Commission on Health Employment and Economic Growth; the High-Level Meeting on Antimicrobial Resistance; and the UN High-Level Panel on Access to Medicines); the European Union; the G20 Health Ministers' Meeting; BRICS (such as the Sixth BRICS Health Ministers' Meeting, and the BRICS workshop on HIV and Tuberculosis); the China-Africa Health Forum; and the Tokyo International Conference on Africa's Development (TICAD VI). In addition, three multilateral frameworks were reviewed, namely the Africa Health Strategy; and the Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights.

This sub-programme co-ordinates bilateral projects with Africa and the Middle East, and implemented South-South and North-South partnerships. South-South relations were implemented with China (such as signing of the twinning agreement between South Africa's National Institute for Communicable Diseases (NICD) and Medical Research Council (MRC) and their Chinese counterparts). In addition, agreements were implemented with countries such as Zimbabwe, Swaziland, Mozambique and Botswana (such as cross-border malaria, HIV and AIDS, and TB control; and prevention of mother-to-child transmission of the HIV core indicator dashboard). Other bilateral projects were with: Lesotho, Mozambique, Swaziland and Botswana (co-ordinating modalities to track and trace ex-miners with the view to compensating eligible ex-miners); Democratic Republic of Congo (dispatching of GeneXpert machines for better management of TB); Sierra Leone and Liberia (post-Ebola reconstruction and development); and Iran and Tunisia (managing of recruited medical doctors). With regard to North-South partnerships, activities were pursued with the following countries: Germany (HIV and AIDS prevention); Japan (National Health Insurance); UK (antimicrobial resistance surveillance and antimicrobial use); the European Commission (management of SAHPRA transformation and patient-unique identifying programme); and the USA (HIV and AIDS, TB and maternal and child health) collaboration. The sub-programme has facilitated the Official Development Assistance (ODA) Planning Forum towards implementation of the ODA Aid Effectiveness Framework.

The sub-programme has also been involved in reviewing the implementation of bilateral agreements; participation was co-ordinated with Botswana, Namibia, Zimbabwe and Zambia in various bilateral meetings with the Department of International Relations and Co-operation.

Strategic objectives, performance indicators planned targets and actual achievements

Strategic objective	Performance indicator	Actual achievement 2015/2016	Planned target 2016/2017	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Achieve Universal Health Coverage through the phased implementation of the National Health Insurance(NHI)	White Paper on NHI	The White Paper on NHI was published for public comments on 11 December 2015	Review public comments and revise and publish final White Paper on NHI	Public comments were reviewed and White Paper on NHI revised. Final White Paper prepared for submission to Cabinet for consideration	Final White paper revised but not published	The White Paper's public comment period was extended to a 5 month period between 14 December 2015 to 31 May 2016) White Paper must be approved by cabinet before publication
	Legislation for NHI	The White Paper on NHI was published for public comments on 11 December 2015 (Gaz No.39506).The draft legislation will be prepared once the White Paper is finalised	NHI Bill drafted	NHI Bill has been drafted	None	None
	Establishment of National Health Insurance Fund	The White Paper on NHI outlines the alternative funding options	Funding Modality for the NHI Fund including Budget reallocation for the district primary health Care updated	Draft document on Funding Modality for the NHI Fund including Budget reallocation for the district primary health Care has been updated	None	None
Establish a national stock management surveillance centre to improve medicine availability	Number of hospitals implementing an electronic stock management system (ESMS) for the detection of stock outs of medicines	Electronic stock Management system implemented and functional at 10 central hospitals, 17 tertiary hospitals and 25 regional hospitals	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 50 district hospitals and 46 regional hospitals	ESMS implemented at 10 central hospitals, 17 tertiary hospitals, 159 district hospitals and 42 regional hospitals	+109 district hospitals and -4 regional hospitals	Roll out accelerated in July 2016 due to increased donor-budget allocation
	Number of PHC facilities implementing an electronic system for the early detection of stock outs of medicines	1 849 PHC facilities	1800 PHC facilities (additional 600)	3121 PHC facilities	+1331 PHC facilities	Roll out accelerated in July 2016 due to increased donor-budget allocation
	Number of facilities reporting stock availability at national surveillance centre to monitor medicine availability	National surveillance centre functional and reporting stock availability at 10 central hospitals, and 1200 PHC facilities	10 central hospitals, 17 tertiary hospitals, 50 district hospitals, 46 regional hospitals and 1800 PHC clinics	10 central hospitals, 17 tertiary hospitals, 159 district hospitals, 42 regional hospitals and 3121 PHC clinics	+109 district hospitals, -4 regional hospitals, +1331 PHC facilities	Roll out accelerated in July 2016 due to increased donor-budget allocation
Improve contracting and supply of medicines	Number of patients receiving medicines through the centralised chronic medicine dispensing and distribution system	396 567 patients	650 000 patients	1 252 000 patients	+ 602 000 patients	Rollout was accelerated to include all districts with additional donor funding

Strategic objective	Performance indicator	Actual achievement 2015/2016	Planned target 2016/2017	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
	Number of Provincial Medicine Procurement Unit (PMPU) for the management of direct delivery of medicines established	New Indicator	2 PMPUs established (North-West and KZN DoH).	2 PMPUs established (North-West and KZN DoH)	None	None
	Percentage of Pharmaceutical Contracts awarded at least 8 weeks prior to expiration of outgoing contract	All pharmaceutical contracts were in place 8 weeks prior to expiration of the outgoing contract	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing contract	60 % pharmaceutical tenders awarded 8 weeks prior to expiry of outgoing contract	40% (2/5) tenders were not awarded 8 weeks prior to expiry of outgoing contract	Queries from a bidder delayed approval of contracts
Implement the Strategy to address antimicrobial resistance (AMR)	National AMR Strategy Implemented	MAC appointed AMR strategy developed	Antimicrobial stewardship guideline as identified in the AMR strategy developed	Antimicrobial stewardship guideline as identified in the AMR strategy was developed	None	None
Regulate African Traditional Practitioners	Council for Traditional Practitioners Established	Term of Office of the interim Traditional Healer Practitioners Council and processes for recruitment of the Registrar in progress	Staff for Interim Council for Traditional Practitioners appointed	The Interim Registrar of the Interim Traditional Health Practitioners Council appointed	None	None
Strengthen revenue collection by incentivising hospitals to maximise revenue generation	A Revenue Retention Model (RRM) at central hospitals	A discussion paper on revenue retention models was developed and presented to NHC and Financial and Fiscal Commission (FFC)	A discussion paper on revenue retention models developed and approved by NHC and National Treasury	A discussion paper on revenue retention models developed	NHC approval was granted after end of financial year, no approval from National Treasury	Delays in FFC recommendations resulted in the document not reaching National Treasury on time
Implement eHealth Strategy of South Africa through the development of the system design of patient information systems and implantation	Develop a System design for a National Integrated Patient based information system	The Basic Health Information Exchange has been developed .PIX and PDQ services for third party applications were developed. A reference implementation of eHealth interoperability was conducted on the Health Patient Registration System and TIER.Net	Health Normative Standards Framework (HNSF) Implementation Protocol developed for Basic Health Information Exchange (HIE) for piloting integration with Patient Based Information Systems	The Health Normative Standards Framework for interoperability protocol and the first layer of the Health Information Exchange was developed	None	None
	Number of health facilities implementing improved patient administration and web-based information systems	657 PHC facilities are implementing the web based Health Patient Registration System	1450 (additional 700) PHC facilities implementing the web-based Health Patient Registration System	1854 PHC Facilities are implementing the Web Based Health Patient Registration System	+ 404 Facilities	The programme tested an implementation methodology that support change and allow the staff to make a connection between the change and the benefits. This enabled accelerated implementation

Strategic objective	Performance indicator	Actual achievement 2015/2016	Planned target 2016/2017	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Develop and implement a national research strategic plan	National health research plan developed and implemented	Draft integrated National Research Strategy	Costed National Health Research plan approved; SADHS data Collection completed	Costed National Health Research plan approved; SADHS data Collection completed	None	None
Develop and implement an integrated monitoring and evaluation plan aligned to health outcomes and outputs contained in the Health Sector Strategy	Integrated monitoring and evaluation plan implemented	Fully defined comprehensive list of indicators and data elements was drafted Two evaluations are in process of being conducted	Draft monitoring framework for NHI developed	Draft monitoring framework for NHI developed	None	None
Domestication of international treaties and implementation of multilateral competition on areas of mutual and measurable benefit	Number of International treaties and multilateral frameworks implemented	Three international treaties and multilateral frameworks were implemented	Three International treaties implemented. An audit of the progress of ratification of the treaties completed	Five International treaties implemented. One audit for ratification of the of the Trade Facilitation Agreement	+2 treaties	Additional responsibility due to global health challenges
	Number of multilateral frameworks implemented	Three international treaties and multilateral frameworks were implemented	Three Multilateral Frameworks implemented and reviewed	Ten Multilateral Frameworks reviewed and implemented	+ 7 frameworks were reviewed and implemented	Additional responsibility due to global health challenges
Implementation of bilateral cooperation on areas of mutual and measurable benefit	Number of Bilateral projects implemented	Five strategic bilateral projects were implemented	Six strategic bilateral projects implemented. Review of all signed bilateral agreements completed and progress reports produced	Fourteen strategic bilateral projects were implemented. Five signed bilateral agreements reviewed	+8 projects were implemented	Additional responsibility due to global health challenges
	Single Exit Price Adjustments published and implemented annually	The SEPA gazette was published for implementation of 4.8% increase on 13 January 2016	Implementation of the gazetted 2016/17 Annual Price Adjustment	The gazetted annual price adjustment for 2016/17 has been implemented	None	None
	Regulations pertaining to Uniform Patient Fee Schedule (UPFS) developed	Approvals has been granted to gazette tariffs for foreign nationals and revise the means test	Gazette the UPFS tariffs applicable to Foreign nationals (paying patients)	The regulations for the UPFS tariffs drafted	Regulations were not gazetted	Regulations could not be gazetted due to delays in concurrence with the State Law Advisors
	Central Repository for the funded and unfunded patients	Specifications for establishment of the repository were developed in collaboration with Council for Medical Schemes	A repository containing information related to medical scheme members developed	The repository was developed	Information relating to members not available in the repository	Medical schemes refused to submit information relating to their members

Strategic objective	Performance indicator	Actual achievement 2015/2016	Planned target 2016/2017	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
	A national electronic system to monitor supplier performance	New Indicator	Performance reports of all contracted pharmaceutical suppliers produced on a quarterly basis	Performance reports of all Contracted pharmaceutical Suppliers produced on a quarterly basis	None	None
	A forum to promote Transparency and multistakeholder Engagement regarding Medicine availability	New Indicator	Forum established; Terms of Reference developed; Forum members appointed; One quarterly Stakeholder meeting convened	Terms of Reference have been developed and the appointment of Forum members is in process	Forum not established Stakeholder meeting not held	Appointment of Forum members was delayed due to difficulties in identifying appropriate persons
	Number of Provincial APPs aligned to the National Health System priorities	9 Provincial APPs were reviewed and feedback provided to all 9 provincial DoHs	9 Provincial APPs reviewed and aligned to the National Health System Priorities	9 Provincial APPs were reviewed and feedback provided to all 9 provincial DoHs to ensure alignment of their plans to the National Health System priorities	None	None
	Integrated Planning Framework for National Health System	New Indicator	Integrated Planning Framework for National Health System developed and presented to NHC	Integrated Planning Framework was developed and presented to NHC	None	None
	Patient Experience of Care self assessment survey tool	Patient Quality of Care Survey tool was tested and piloted. Revisions were made to the draft guideline and an online database was developed. An operational plan for roll out in provinces was prepared	Patient Experience of Care self assessment survey tool implemented in 1200 clinics	A Patient Experience of Care self assessment survey tool was implemented in at least 1200 clinics	None	None
	National Survey to measure Patient Experience of Care	Study planned and protocol developed	A national survey conducted to measure Patient Experience of Care at all Hospitals	A national survey conducted to measure Patient Experience of Care in selected PHC facilities covering all provinces	Hospitals were not covered by the survey	PHC facilities were prioritised due to budgetary constraints, and facilities were stratified according to ideal clinics dashboard performance
	National Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa	New Indicator	Policy to manage Complaints, Compliments and Suggestions for the Public Health Sector of South Africa developed, and approved and Implementation commenced in 3 Provincial DoHs	The policy Guideline to Manage Complaints, Compliments and Suggestions was developed and approved by Tech NHC	Policy approved as a Guideline after the end of the financial year. Implementation did not commence in 3 provinces	Target partially achieved because the guideline was developed and approved but implementation has not commenced
	National Policy to manage Patient Safety Incident reporting in the Public Health Sector of South Africa	New Indicator	Policy to manage Patient Safety Incident reporting in the Public Health Sector of South Africa developed and approved	The policy Guideline to Manage Patient Safety Incident Reporting & Learning (with accompanying web-based database) was developed and approved by Tech NHC	None	None

Strategy to overcome areas of under performance

The approved Revenue Retention Model (RRM) will be presented at the health sector's 10 by 10 meetings with Treasury. All related preparatory activities for the RRM implementation will be undertaken during the 2017/18 financial year.

Nominations to the multi-stakeholder forum regarding medicine availability will be completed, and quarterly

forum meetings hosted as planned for 2017/18.

Preparations for the provincial DoHs to use the National Guidelines on Complaints, Compliments and Suggestions form part of the 2017/18 Annual Performance Plan.

Changes to planned targets

None

Linking performance with budgets

Programme 2: National Health Insurance, Health Planning and Systems Enablement

	2016/17			2015/16	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Sub programme					
1. Programme Management	3 649	3 628	21	597	597
2. Technical Policy and Planning	20 575	18 123	2 452	14 246	14 028
3. Health Information Management, Monitoring and Evaluation	81 724	81 632	92	89 237	57 421
4. Sector-Wide Procurement	26 567	26 567	-	26 282	26 282
5. Health Financing and National Health Insurance	485 599	476 785	8 814	393 789	367 663
6. International Health and Development	72 479	72 435	44	87 062	87 062
Total for sub programmes	690 593	679 170	11 423	611 213	553 053

2.4.3 Programme 3: HIV & AIDS, TB and Maternal and Child Health

Purpose: Develop national policies, guidelines, norms and standards, and targets to decrease the burden of disease related to the HIV and Tuberculosis epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women; support the development and implementation of national policies, guidelines, and norms and standards; and monitor and evaluate the outcomes and impact of these.

Management of the programme has to ensure that all efforts by all stakeholders are harnessed to support the overall purpose. This includes ensuring that the efforts and resources of development partners, funders, academic and research organisations, and non-governmental and civil society organisations at large all contribute to a coherent and integrated implementation.

There are four budget sub-programmes:

- HIV and AIDS
- TB Control and Management
- Women, Maternal, Neonatal and Reproductive Health
- Child, Youth and School Health

The **HIV and AIDS** sub-programme: is responsible for policy formulation, coordination, and monitoring and evaluation of HIV, AIDS and sexually transmitted diseases services. This entails coordinating the

implementation of the National Strategic Plan on HIV, STIs and TB, 2017-2022. Management and oversight of the comprehensive HIV&AIDS conditional grant from the National Treasury for implementation by the provinces is another important function of the sub-programme. The sub-programme also coordinates and directs HIV donor funding for HIV from PEPFAR, and The Global Fund, in the health sector.

In the 2016/17 financial year, the sub-programme continued to work directly with provinces, districts and facilities to deliver quality comprehensive HIV, AIDS and STI services to the public through the development and implementation of the District Implementation Plans (DIPs). These plans focus on improving health outcomes for HIV and TB in order to achieve the UNAIDS 90-90-90 targets by 2020 through proper targeting, gap analysis, identification and addressing of the root causes of poor performance. The sub-programme implemented the WHO evidence-based Test and Treat (TT) Guidelines from 1 September 2016.

The **TB Control and Management** sub-programme is responsible for coordination and management of the national response to the TB epidemic that incorporates strategies needed to prevent, diagnose and treat both drug sensitive TB (DS-TB) and drug resistant TB (DR-TB). The sub-programme also monitors the implementation of the National Strategic Plan on HIV, STIs and TB and supports the strategic objectives decided by the World Health Organisation (WHO) and the United Nation's Sustainable Development Goals (SDS) to end TB.

A new National TB Plan (NTP) has identified that were incorporated into the new NSP for HIV/AIDS, STIs and TB. The Plan aligned with the WHO's End TB Strategy in emphasising prevention, detection and treatment of TB. The plan's five programmatic and two cross-cutting strategic interventions are:

- Facility-based TB screening;
- Active TB case-finding among select key populations and contacts;
- Scale up short-course multidrug-resistant (MDR)-TB treatment;
- Reduce initial loss to follow up for DS-TB and DR-TB patients;
- Scale up infection control including 3HP for all household contacts and persons living with HIV (PLWHIV);
- Strengthen the TB information system to improve patient management and health service delivery; and
- Scale up quality improvement to support successful implementation of NTP interventions

In this regard, the sub-programme has placed at the centre of its efforts finding missing TB infected persons, that is, those who do not access diagnostic programmes and those are lost either following diagnosis and during treatment.

Outcomes for drugs sensitive TB continue to improve, with the national treatment success rate of 85.6% (against a target of 84%) and mortality reduced to 4.5% (compared to a target of 6%).

However, performance on drug-resistant TB, while improving, remains unsatisfactory. MDR-TB treatment success stood at 54.3%, and mortality and loss to follow-up have dipped to below 21.8% respectively. Access to new drugs is being fast-tracked with regard to bedaquiline and Delamanid. The 9 month short MDR-TB treatment regimen was also launched. Preliminary results from some sites are already showing treatment success rates of about 60% for XDR-TB patients.

The integration of TB information systems (ETR.Net and EDRWeb) and HIV/AIDS programme (TIER.Net) has been done and development of protocols for exporting data to webDHIS is progressing.

The Women, Maternal, Neonatal and Reproductive Health sub-programme develops and monitors policies and guidelines for maternal and women's health, sets related norms and standards, and monitors the implementation of these. Over the medium term, key initiatives indicated in the Maternal and Child Health Strategic Plan were implemented. In addition, efforts to reduce maternal mortality were based on the recommendations from the Ministerial Committees on Maternal Mortality and the South African Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) strategy. Interventions included: deploying obstetric ambulances, strengthening

family planning services, establishing maternity waiting homes, establishing Kangaroo Mother Care facilities, conducting Essential Steps in Managing Obstetric Emergency (ESMOE) training for doctors and midwives, intensifying midwifery education and training, and strengthening infant-feeding practices.

The implementation of MomConnect to help improve antenatal first visits before 20 weeks, utilisation of district clinical specialist teams (DCSTs) to improve clinical governance, and working with ward-based outreach teams (WBOTs) to ensure community involvement were also pursued. Further improvements were seen in the prevention of mother-to-child transmission of HIV (PMTCT), with more than 90% of HIV-positive women initiated on antiretroviral therapy (ART) during the antenatal period. The infant PCR test positivity rate stands at 1.3%; the value has improved from 1.5% reported in the previous financial year.

The Child, Youth and School Health sub programme: is responsible for policy formulation, coordination, and monitoring and evaluation of child, youth and school health services. Each province also has a unit which is responsible for fulfilling this role, and for facilitating implementation at the provincial level. Most Maternal, Newborn, Child and Women's Health (MNCWH) and nutrition services are provided by the provincial Departments of Health, which are thus central role players in efforts to improve coverage and quality of MNCWH and nutrition services. At district level, services are provided by a range of health and community workers, and other workers. Many stakeholders outside the health sector also have a key role to play in promoting improved child and youth health and nutrition – these include other government departments (such as Social Development, Rural Development, Basic Education, Water Affairs, Forestry, Agriculture and Home Affairs), local government, academic and research institutions, professional councils and associations, civil society, private health providers, and development partners, including the UN and other international and aid agencies.

In the 2016/17 financial year, this sub-programme continued to focus on reducing child mortality rates, improving health outcomes for learners, and protecting girl learners from cervical cancer. Case fatality rates associated with diarrhoea, pneumonia and severe acute malnutrition among children under-five years continued to decline, while the number of learners reached through the Integrated School Health Programme continued to increase. Although the coverage for second dose of measles immunisation increased, immunisation coverage failed to reach the target of 92% primarily as a result of the global shortage of hexavalent vaccine. Reported rates of exclusive breastfeeding at 14 weeks improved, but fell short of the national target for 2016/17; more effort will be required to ensure both improved reporting and improved performance of this indicator.

Strategic objectives, performance indicators planned targets and actual achievements

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
To reduce the maternal mortality ratio to under 100 per 100 000 live births	Antenatal 1 st visit before 20 weeks rate	61.2	62%	65.2%	+3.2%	Target exceeded because of improved reporting by facilities
	Mother postnatal visit within 6 days rate	68.5%	75%	70.3%	-4.7%	Non collection of data from hospitals for post natal mothers who have been admitted including the caesarean section mothers contributed to low performance
	Maternal mortality in facility ratio	119.1 per 100 000 live births	115	116.9 per 100 000 live births	-1.9 per 100 000 live births	Deaths reported from some hospitals were on the increase while live births remain constant
To reduce the neonatal mortality rate to under 7 per 1000 live births	Inpatient Neonatal death rate (annualised)	13.1 per 1000 live births	10 per 1000 live births	12.4 per 1000 live births	-2.4 per 1000 live births	The integrated plan to reduce maternal and neonatal death has been presented and approved by NHC. The process of implementing the plan contributed to the reduction of iMMR from 119 to 117
To improve access to sexual and reproductive health services	Couple year protection rate	48.2% (66.8%,WHO formula)	50%	70.2%	+20.2%	The re-training of health care workers to emphasise on counselling before providing the method and comprehensive training as opposed to method single method training contributed to the achievement of the target
	Cervical cancer screening coverage	56.6%	62%	61.5%	-0.5%	None
Expand the PMTCT coverage to pregnant women by ensuring all HIV positive Antenatal clients are placed on ARVs and reducing the positivity rate to below 1%	Antenatal client initiated on ART rate	93%	95.5%	95.1%	-0.4%	Under-reporting in Fezile Dabi in Free State; Gert Sibande and Nkangala in Mpumalanga and all districts in Western Cape except Cape Town Metro which reported
	Infant 1st PCR test positive within 10 weeks rate	1.5%	1.4%	1.3%	+0.1	Data verification process with provincial managers to align reporting with the revised guidelines lead to the improvement in performance.

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
To reduce under-five mortality rate to less than 30 per 1000 live births by promoting early childhood development	Child under 5 years diarrhoea case fatality rate	2.2%	3.25%	2.0%	+1.25%	Close monitoring and feedback on the dashboard indicators resulted to improved accuracy in reporting and better performance
	Child under 5 years pneumonia case fatality rate	2.3%	2.6%	2.0%	+0.6%	Close monitoring and feedback on the dashboard indicators hospitals resulted to improved accuracy in reporting and better performance
	Child under 5 years severe acute malnutrition case fatality rate	8.9%	9%	8.0%	+1%	Continuous quality improvements at poor performing hospitals
	Confirmed measles case incidence per million total population	0.22/1 000 000	<2/1,000,000	0.31/1000 000	None	None
	Immunisation coverage under 1 year (Annualised)	89.2%	92%	82.3%	-7.7%	Although the stock-out of hexavalent vaccine was resolved on a national level, some facilities continued to experience stock-outs due to poor stock management and distribution systems.
	Infant exclusively breastfed at HepB 3rd dose rate	33.6%	55%	41.6%	-13.4%	Failure of some PHC facilities to report on this indicator, contributes to poor performance
	DTaP-IPV-Hib-HBV - Measles 1 st dose drop-out rate	-11.8%	6%	-11.7%	+5.7%	The negative drop-out reflects ongoing stock-outs of hexavalent vaccine in some facilities.
	Measles 2 nd dose coverage	84.8%	80%	96.3%	+16.3%	Measles second dosage moved from 18 to 12 months
To contribute to health and wellbeing of learners by screening for health barriers to learning	School Grade 1 learners screened	29.2%	324 000	387 646	+63 646	The ISHP benefited from extra resources brought to the HPV vaccination programme which has a budget of R200 million
	School Grade 8 learners screened	12.8%	109 200	179 476	+70 276	The ISHP benefited from extra resources brought to the HPV vaccination programme which has a budget of R200 million. During HPV campaign the extra nurses screen learners as part of school health services

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
To protect girl learners against cervical cancer	Girls 9 years and older that received HPV 1 st dose	85.3%	397 831	420 356	+22 525	Training conducted in all provinces for data capturing
	Girls 9 years and older that received HPV 2 nd dose	63.8%	397 831	327 460	-70 371	Possible reasons for underperformance HPV 2 nd dose are absenteeism 1.2%, contraindications 0.07%. The suspension of the Access Point Network has delayed data capturing.
Increase access to treatment initiation to at least 90% of lab diagnosed DC-TB and RR to TB patients	TB client 5 years and older initiated on treatment rate	92.4%	94%	94.7%	+0.7%	Improved screening for TB
	TB Rifampicin Resistant clients treatment initiation rate	71.0%	80%	62.9%	-17.1%	Initial loss to follow up and late presentation of patients, especially in Gauteng and KwaZulu-Natal contributed to the low initiation rates
Strengthen the system for retaining patients in treatment and care by reducing lost to follow up by 50% for MDR-TB and 40% for TB patients	TB client treatment success rate	83.3%	84%	85.6%	+1.6%	Improvements in early diagnosis and improved adherence to treatment
	TB client loss to follow up rate	6.1%	5.4%	6.1%	-0.7%	Delays in the development of a tracing system
	TB client death rate	4.4%	5%	4.5%	+0.5%	Strengthened efforts in early diagnosis of TB minimises mortality
	TB MDR client loss to follow up (LFTU) rate	22.3%	16%	18.8%	-2.8%	High mobility by patients and weak tracing systems may contribute to misclassification of deaths to LTFU, as deaths are reported by family/supporters
	TB MDR client death rate	22.3%	12%	21.8%	-9.8%	Poor outcomes on DR-TB treatment are often high and related to the current regimen not being effective coupled with non-adherence
	TB MDR treatment success rate	47.2%	55%	54.3%	-0.7%	New drug regimens are still being phased in, and are expected to improve performance
Increase the proportion of TB/HIV Co-infected patients on ART to 90%	TB/HIV co-infected client initiated on ART rate	87.5%	80%	88.3%	+8.3%	Successful TB/HIV integration

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
To scale up combination of prevention interventions to reduce new infections including HCT, male medical circumcision and condom distribution	Number of clients tested for HIV	11 898 308	10 000 000	14 233 123	+4 233 123	The programme embarked on community testing and streamlining of partner's data into the DHIS.
	Number of medical male circumcisions performed	464 731 (excluding 53 399 from private sector, PEPFER and Shembe Church ;and 51 393 Traditional medical circumcisions in the Eastern Cape)	700 000	414 480 (public sector) 32 198 (private sector) 45 181 (EC traditional sector) Grand total 491 859	-208 141	Change in age groups with prime focus on the 20-34 age group and change in policy focus not to actively circumcise 10-14 age group. Delays in the signing of service level agreements for the RT35- 2016 transversal contracts.
	Male Condoms Distributed	839 874 751	750 000 000	917 253 117	+167 253 117	The condom buffer stock management was strengthened and Max condom popularised, and increased primary distribution sites in high transmission areas.
	Female Condoms Distributed	27 005 805	17 500 000	26 055 205	+ 8 55 205	Increased primary distribution sites and increased condom distribution in high transmission areas through the district condom distribution plans
Increase the numbers of HIV positive people on ARVs	Total clients remaining on ART (TROA)	3 407 336	4 300 000	3 831 730	- 468 270	Poor implementation of retention strategies with some patients defaulting pre-ART and during treatment.
	Maternal, Neonatal and Women's health programmes using the standardised dashboard reports	3 quarterly performance reports sent to provinces	4 x National Quarterly reports produced with recommendations	3 x National quarterly reports were produced with recommendations	1 National quarterly report will only be send in May 2017 when the Q4 data are complete	Quarter Four Dashboard being produced following the availability of complete three month data in May 2017
	Remedial EMTCT plans developed with Districts	Seven provincial stocktaking workshops held on elimination of mother-to-child transmission of HIV	Remedial plans developed with all Districts that have MTCT rates > 2%	Remedial plans were developed with all districts that have MTCT rates > 2%	None	None
	Number of Provincial DoH with Remedial plans to reduce SAM	New Indicator	Two (Mpumalanga DoH and Free State DoH)	2 provincial DoH plan completed	None	None

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
	Switch from trivalent Oral polio vaccine OPV(tOPV) to bivalent OPV(bOPV)	New Indicator	Oral Polio Vaccine switch conducted and report produced	Oral Polio Vaccine Switch Report finalised and approved	None	None
	Cervical Cancer Control Policy and Guidelines	Final draft policy was tabled for discussion at TECH-NHC	18 Master Trainers trained on the implementation of the Cervical Cancer Control Policy and Guidelines	0 Master Trainers trained on the implementation of the Cervical Cancer Control Policy and guidelines	18 Master Trainers were not trained on the implementation of the Cervical Cancer Control Policy and guidelines	The policy was approved after the end of the financial year
	Breast Cancer Policy and Guidelines	Final draft policy was developed and presented to TECH-NHC	Breast Cancer Policy and Guidelines finalised, approved and disseminated to identified facilities as per the approved policy.	Breast Cancer Policy Guidelines finalised	Policy has not yet been disseminated to identified facilities as per the approved policy.	The policy was approved after the end of the financial year
	Number of Districts Implementation plans developed and operationalised in the subsequent year to reach 90-90-90 targets for TB & HIV	New Indicator	52 DIPs developed with health districts for 2017/18	46 DIPs were developed with 46 health districts for 2017/18	- 6 districts	All WC DIPs were not submitted
	Number of Districts Implementation plans monitored	New Indicator	52 District Implementation Plans monitored and reports produced	52 District Implementation Plans were monitored and reports were produced	None	None
	Dashboard reports for Monitoring implementation of the HIV and AIDS and STI Programmes	New Indicator	4 x National Quarterly monitoring dashboard reports produced with recommendations	3 x National Quarterly monitoring Dashboard reports were produced with recommendations	1 National Quarterly monitoring Dashboard report not produced	Quarter Four Dashboard being produced following the availability of complete three month data in May 2017
	HIV & AIDS Conditional grant Reports	4 Quarter HIV conditional grant report produced and submitted	3x Quarterly HIV and AIDS Conditional grant reports produced Annual HIV Conditional Grant Report for 2015/16 year produced	3x Quarterly HIV and AIDS Conditional grant reports were produced Annual HIV Conditional Grant Report for 2015/16 year were produced	None	None

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
	Annual National HIV Antenatal Prevalence Survey	A draft 2014 National Antenatal HIV Prevalence Report was produced	2015 National antenatal sentinel HIV and Syphilis prevalence report published.	2015 National antenatal sentinel HIV and Syphilis prevalence survey data collected	Survey report not published	Delays in data processing
	Monitor implementation of child health programmes using the standardised dashboard reports	New Indicator	4 x National Quarterly Monitoring Dashboard reports produced with recommendations	3 x National Quarterly Monitoring dashboard reports produced with recommendations	-1 National Quarterly Monitoring dashboard reports	Quarter Four Dashboard being produced following the availability of complete three month data in May 2017
	Percentage of inmates screened for TB on admission	215.4% (348,946/161,984)	80%	83.2%	+3.2%	Following more than 3 years of undertaking screening in DCS, the systems and processes have become more stable allowing for good performance
	Percentage of controlled mines providing routine TB screening	97.3% (215/221)	85%	95.5%	+10.5%	The availability of inspectors over the more than 3 years of grant support has promoted compliance by most mining houses

Strategy to overcome areas of under performance

The basic antenatal care plus (BANC Plus) strategy (eight antenatal visits) has been implemented from 1 April 2017 to address the challenge of stillbirths and pre-eclampsia resulting from hypertensive disorders of pregnancy. Implementation of the safe Caesarean Section package has also been introduced to prevent maternal deaths due to haemorrhage.

Last Mile Plan activities have been incorporated into District Implementation Plans (DIPs), and ongoing monitoring of these plans will be done, including monitoring the implementation of facility-based plans through facility support visits in identified priority districts.

Data management has been strengthened at facility level to avoid data discrepancies that are picked up at national level.

The Medical Male Circumcision (MMC) programme has contracted service-delivery partners through NT tender RT35-2016 in 24 districts where there is no PEPFAR support. The programme has developed a standalone MMC register to collect data from all sources that will assist in data collection outside health facilities. The programme has included the 10-14-year age group as part of its target group. Various incentives have been introduced by some development partners.

With support from the Global Fund, deployment of community-based linkage officers is being developed with Jhpiego South Africa. This will help trace patients

lost to follow-up. A new Delamanid Clinical Access Programme and nine months short MDR regimen were launched by the Minister during March 2017, and these should yield better outcomes.

Continuous monitoring will be implemented of facilities performing poorly as a result of non-compliance with guidelines. Facilities will be supported through training on guidelines (ART standard operating procedures (SOP)) and data management. The programme will continue to advocate for provinces to develop plans that will ensure fast tracking of the Adherence Strategies training through funds allocated in the 2017/18 HIV Conditional Grant Business Plan.

Changes to planned targets

The targets for HPV 1st and 2nd dose coverage (school grades 1 and 8) were changed to be reported as numbers instead of percentages. The denominators, namely 'total number of female learners nine year and older', and 'learners in grades 1 and 8' were not used as originally planned in the APP. The changes were made to address the 2015/2016 findings in the Audit of Predetermined Objectives in relation to learner data obtained from the Education Management Information System of the Department of Basic Education. There was further change in the indicator wording: 'Inpatient Early Neonatal Death Rate' was corrected to read: 'Inpatient Neonatal Death Rate'. The factors used in the method to calculate Couple Year Protection Rate were aligned with the factors for Couple Year Protection recommended for use by the WHO.

Linking performance with budgets

Programme 3: HIV and AIDS, Tuberculosis, Maternal and Child Health

	2016/17		Variance R'000	2015/16	
	Final appropriation R'000	Actual expenditure R'000		Final appropriation R'000	Actual expenditure R'000
	Sub programme				
1. Programme Management	5 065	4 446	619	5 388	5 388
2. HIV & AIDS	15 749 040	15 712 480	36 560	14 064 158	13 962 474
3. Tuberculosis	24 404	24 326	78	22 989	20 094
4. Women's Maternal and Reproductive Health	14 579	11 569	3 010	13 717	13 717
5. Child, Youth and School Health	213 479	212 361	1 118	218 608	177 328
Total for sub programmes	16 006 567	15 965 182	41 385	14 324 860	14 179 001

2.4.4 Programme 4: Primary Health Care Services (PHC)

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

There are five budget sub-programmes:

- District Health Services
- Environmental and Port Health Services
- Health Promotion, Nutrition and Oral Health
- Non-Communicable Diseases
- Communicable Diseases

The District Health System (DHS) is the vehicle for delivery of PHC services. The sub-programme is therefore central in supporting the health system to be efficient and effective. The National Health Act (No. 61 of 2003) makes provision for the establishment of health districts and the organisation and delivery of services within the DHS. We need functioning district health management offices to manage the PHC facilities so that they meet the standards of the Office of Health Standards Compliance (OHSC) and achieve the targets for key population health indicators. The National Health Facilities Audit report (2012) lists 3 760 health facilities within the DHS (clinics, community health centres and district hospitals). Over the MTSF period, this sub-programme will collaborate with other programmes within the NDoH, other government departments, development partners, the private sector, and civil society organisations to further strengthen the DHS. Over the MTSF period, the sub-programme will:

- Improve district governance and strengthen leadership and management of the DHS through completing the guidelines for health district management offices;
- Improve the governance of PHC facilities;
- Improve community-based services through strengthening the Ward-Based Outreach Team Programme; and
- Facilitate the establishment of a service-delivery platform for provision of PHC services within the DHS that meet OHSC requirements through the Ideal Clinic Programme.

In the 2016/17 financial year, this sub-programme completed the Guidelines for District Health Management Office Structures. A Handbook with training material has been developed to institutionalise a uniform approach with regard to the establishment and sustainability of governance structures for PHC facilities. Reviews of 3 235 PHC facilities show that 2 151 PHC facilities have functional clinic committees. The Ideal Clinic Realisation and Maintenance

Programme continues to grow; the target of 750 additional Ideal Clinics was exceeded in 2016/17 as 786 additional clinics were achieved.

There are 3 275 Ward-Based Primary Health Care Outreach Teams (WBPHCOTs) reporting their activities on the DHIS.

The **Environmental and Port Health Services sub-programme:** Environmental Health is at the heart of the health sector's public health interventions. The sub-programme is responsible for strengthening the provision of Environmental Health Services, including Port Health Services, to ensure that the service is rendered in line with the provision of the National Environmental Health Policy, the Norms and Standards for Environmental Health, and International Health Regulations of 2005. The Department continues to provide an oversight and supportive role through policy development and monitoring of Port Health Services by controlling and monitoring trans-boundary movement of goods and people in order to prevent importation of communicable diseases.

In the 2016/17 financial year, this sub-programme continued to audit the delivery of Environmental Health Services by district and metropolitan municipalities. Thirty-five municipalities were audited against implementation of environmental health norms and standards; 20 were found to be compliant and 15 were found to be non-compliant. Annual audits and support continue to be provided to assist municipalities to move towards acceptable compliance levels.

A national hand hygiene behaviour-change event was held within the Water Institute of South Africa Conference in May 2016, to introduce the Hand Hygiene Strategy to the water and sanitation sector. Workshops were held in all nine provinces to roll out the Hand Hygiene Behaviour-Change Strategy. A national Hand Hygiene Behaviour-Change Strategy was finalised and approved by the Technical Committee of the NHC in February 2017.

Provincial health care risk waste management implementation plans have been developed for all nine provinces. These plans will assist in monitoring health care risk waste management by provinces.

Forty-five identified Points of Entry have been audited on norms and standards to gauge compliance with the International Health Regulations (IRH 2005) requirements on core capacity for points of entry.

This sub-programme developed, printed and distributed Zika virus pamphlets to points of entry for further distribution to travellers in order to minimise the risk of importing the Zika virus. Yellow fever pamphlets and banners were also developed.

Training on climate change and health was conducted in nine provinces, from July 2016 to February 2017. Five hundred and twenty-four provincial and municipal environmental health practitioners were trained in collaboration with the National Department of Environmental Affairs. Training focused on the National Climate Change and Health Adaptation Plan.

Revised Regulations relating to declared Group I and Group II hazardous substances were published for public comment.

A conference was held in commemoration of World Environmental Health Day (WEHD) on 26 and 27 September 2016, in Ehlanzeni District Municipality, Mpumalanga Province. Approximately 600 delegates from the environmental health fraternity attended. The international theme for WEHD 2016 was 'Tobacco Control – A Response to the Global Tobacco Pandemic'. The conference focused on highlighting and discussing issues aimed at promoting protection of the public against tobacco smoke and strengthening Environmental Health Services in the country.

The **Health Promotion, Nutrition and Oral Health sub-programme** is working to improve health-promotion strategies focusing on South Africa's burden of disease. It also contributes to the reduction of risk factors for NCDs by designing and implementing a mass-mobilisation strategy focusing on healthy options. The promotion of health literacy through health information and education and behavioural-change communication interventions intensified through the year, in collaboration with partners and provinces, with a special focus during the national health calendar events and programmes such as World No Tobacco Day, World Health Day, and Healthy Lifestyles month. The process to amend the Tobacco Products Control Act (TPCA) was completed with the creation of a draft bill for presentation to the NHC, and for onward submission to Cabinet.

All forms of malnutrition continue to be a challenge in South Africa. The three forms of malnutrition are under-nutrition, over-nutrition, and micronutrient deficiencies. The Department is implementing interventions focusing on clinical nutrition, public health nutrition, and food-service management to address these challenges. Clinical guidelines on Adult Parenteral and Enteral Nutrition and Paediatric Parenteral Nutrition have been developed during the 2016/17 financial year. As part of overcoming the high prevalence of overweight and obesity, the NDoH has provided orientation workshops to all national government departments on provisioning of healthy meals in the workplace. These workshops aim to help employees adopt healthy eating habits, which will contribute towards positive health and economic gains for both employers and employees. Guidelines were developed for healthy eating in Early Childhood

Development (ECD) centres, with the aim to improve the quality of food served. In order to further improve the micronutrient status of the South African population, the Department will strengthen the food-fortification programme by legislating to include cake flour as one of the fortifiable food vehicles.

The **Non-communicable Diseases sub-programme**: The 2030 Agenda for Sustainable Development recognises the huge impact of NCDs worldwide; the target is to reduce premature deaths from NCDs by one-third by 2030 (SDG target 3.4). Premature deaths due to NCDs are particularly high in poorer countries, with around 80% of such deaths occurring in low- and middle-income countries. Around 40% of deaths, and 33% of the burden of disease in South Africa, are attributable to NCDs. Reducing NCDs and premature mortality requires social determinants of health to be redressed; health to be promoted through improved diet; increased physical activity; cessation of tobacco use; and reduced alcohol-related harm.

In managing NCDs, there must also be a focus on disability. If not attended to appropriately, disability has implications for optimal functioning, as it can prevent people from securing gainful employment and/or financial independence.

Mental disorders continue to be a major and growing cause of Disability-Adjusted Life Years (DALYs). Importantly, DALYs for mental disorders are highest during youth and mid-adulthood, thus they have a critical impact on social and economic development. The most prevalent classes of mental disorders are anxiety disorders, mood disorders, and substance-use disorders. Evidence is increasing for both the effectiveness and cost-benefit of mental-health interventions, including large benefits in treating depression and anxiety. The Department's efforts are focused on early identification and treatment of mental disorders and on district-based mental health care and the inclusion of mental health within general health services wherever possible in order to improve access.

In the 2016/17 financial year, this sub-programme maintained its focus on the reduction of risk factors for NCDs, namely improvement of health systems and services for detection and control of NCDs, and improvement of the service-delivery platform for PHC-focused eye-care, oral health, care of the elderly, rehabilitation, disability and mental health. Legal mandates continue to emanate from the Criminal Procedure Act and Child Justice Act on mental observations and criminal capacity through co-ordinated multidisciplinary rehabilitation services. The sub-programme is also collaborating with other sectors to increase public awareness regarding

health, to reduce stigma and discrimination associated with mental illness, and to scale up decentralisation of integrated primary mental health services, which includes community-based care, PHC clinic care, and district hospital-level care.

The Communicable Diseases sub-programme:

Communicable diseases are a major cause of morbidity and mortality, and life expectancy increases through addressing these conditions effectively. Communicable diseases are therefore central to obtaining the Department's vision of a long and healthy life for all South Africans.

In the 2016/17 financial year, this sub-programme continued to strengthen capacity for Epidemic Preparedness and Response (EPR) in line with the International Health Regulations (IHR 2005). Provincial outbreak response teams were capacitated to respond to food-borne illnesses (FBIs) in line with

IHR. Through seasonal influenza vaccination, the sub-programme managed to protect 896 019 vulnerable individuals against seasonal influenza, exceeding the target by 12%. The programme started to strengthen the system with regard to reporting Notifiable Medical Conditions (NMCs) and mapping Neglected Tropical Diseases (NTDs).

South Africa has successfully mobilised resources for implementation of the Elimination Eight (E8) (Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) and MOSASWA (Mozambique, South Africa and Swaziland) malaria initiatives. The enhanced surveillance activities of these collaborations will bring the region closer to its goal of zero local malaria transmission. A 24-hour mobile reporting system was fully implemented, with malaria-endemic provinces now reporting malaria cases within 24 hours of diagnosis.

Strategic objectives, performance indicators planned targets and actual achievements

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Improve district governance and strengthen management and leadership of the district health system	Number of districts with uniform management structures	The draft District Health Management Office (DHMO) structure and job profiles were finalised	Uniform structure for District Health Management approved	Guidelines for establishment of the DHMO were developed	These guidelines have not been approved	The Guidelines were referred to become part of the work of NHI Workstream 6 so that other variables relating to NHI will be taken into consideration
	Number of PHC facilities with functional clinic committees	1 588 health care facilities with functional clinic committees	1 200 health facilities audited to determine functionality	3 211 audited, and 2 095 functional committees found	+ 2 011	ICRM implementation, and the monitoring software, make it easy for facilities to monitor their own status
Improve access to community based PHC services	Number of functional WBPHCOTs	2 590 functional WBPHCOTs	2 000 functional WBPHCOTs	3 275 functional WBPHCOTs	+1 275	The increase in performance on this activity could be attributed to change in the WBPHCOT leaders' model and the continued prioritisation of WBPHCOTs by districts as required by the Ideal Clinic standards
Improve quality of services at primary health care facilities	Number of PHC clinics in the 52 districts that qualify as ideal Clinics	322 facilities qualifying as Ideal clinics	Additional 750 PHC facilities in the 52 districts qualify as Ideal Clinics	Additional 786 PHC facilities in the 52 districts qualify as Ideal Clinics	+36	The ICRM National Managers provided consistent support to provincial and district champions in order to support the clinics. The NDoH also purchased required equipment for the pilot districts
Improve environmental health services in all 52 districts and metropolitan municipalities in the country	Number of municipalities that meet environmental health norms and standards in executing their environmental health functions	20 Municipalities met environmental health norms and standards in executing their environmental health functions	35 District and Metropolitan Municipalities audited	35 District and Metropolitan Municipalities audited	None	None
	Hand hygiene campaign rolled out in all nine provinces	National Hand Hygiene Behaviour-Change Strategy developed and finalised	National Hand Hygiene Strategy approved; and Hand Hygiene Strategy workshops held in all 9 provinces	National Hand Hygiene strategy finalised and approved, and Hand Hygiene workshops were held for all 9 Provincial Departments of Health	None	None
	Health Care Risk Waste Management Regulations developed	Health Care Risk Waste Management Regulations finalised, and tools for audit implementation developed	9 Provincial Implementation Plans developed	9 Provincial Implementation Plans were developed	None	None
Establish a National Health Commission to address the social determinants of health	National Health Commission established	Operating framework for National Health Commission developed	Operating framework for National Health Commission approved	Operating framework for National Health Commission was approved	None	None

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Ensure provision of IHR complaint port services at all 44 commercial points of entry in South Africa	Number of points of entry that provide IHR-compliant port health services	New indicator	All 44 points of entry audited, and report produced	45 points of entry audited on Norms and Standards and IHR requirements and report produced	+1	One additional point of entry was identified to be experiencing problems and was added to the initial target so that weaknesses could be addressed holistically and systematically
Reduce risk factors and improve management for Non-Communicable Diseases (NCDs) by implementing the Strategic Plan for NCDs 2012 - 2017	Number of national departments oriented on the National Guide for Healthy Meal Provisioning in the workplace	28 national departments and two parastatals were oriented on the National Guide for Healthy Meal Provisioning in the Workplace	35 (15 additional) national departments oriented on the National Guide for Healthy Meal Provisioning in the Workplace	43 (15 additional) national departments were oriented on the National Guide for Healthy Meal Provisioning in the Workplace; in addition, three other public entities and professional associations (CSIR, DENOSA and HSRC) were oriented	+8	More departments than initially planned responded to the request
	Guidelines on Nutrition for Early Childhood Development centres	New indicator. Not in APP 2015/16	Guidelines on Nutrition for Early Childhood Development centres consulted widely and approved	Guidelines were developed and consultations were conducted widely, they were further presented to Tech-NHC for approval, the comments raised have been addressed	Guidelines on Nutrition for Early Childhood Development are not yet approved	Additional clarification was requested by Tech-NHC before approval
	Regulations developed relating to labelling and packaging of tobacco products and smoking in indoor and outdoor public places	Memorandum of Objects for New Tobacco Products Bill prepared and submitted to State Law Advisors	Draft Tobacco Products Bill submitted to Cabinet	Final legal opinion on Tobacco Products Control Act (TPCA) received. Final draft submitted to Legal Services for processing submission to Cabinet	Bill not yet submitted to Cabinet	The process of submitting the bill is currently being handled by Legal services
	Random monitoring conducted of salt content in foodstuffs	Chemicals were purchased and laboratory is ready for testing	Random samples from each of 13 regulated food categories tested, reported on and corrective action taken	Random samples from each of 13 regulated food categories tested, reported on and corrective action taken	None	None
Improve access to and quality of mental health services in South Africa	Number of district mental health teams established	The strategy for establishment of specialist mental health teams was approved by the Tech-NHC	5 district mental health teams established	8 district mental health teams established	+3	Limpopo Province found a novel way to cover the work required by establishing three additional teams
Improve access to disability and rehabilitation services through the implementation of the framework and model for rehabilitation and disability services	Number of districts implementing the framework and model for rehabilitation services	A study was commissioned to determine the readiness of districts (including financial readiness) to implement the Framework and Model	9 implementation plans developed for the National Policy Framework and Strategy for Disability and Rehabilitation Services	8 provinces with implementation plans	-1	Mpumalanga province did not have the capacity to prepare the plan on its own

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Prevent avoidable blindness	Cataract surgery rate	1 064 operations per million population (45 112 operations) were conducted	1 000 operations per million uninsured population (44 000 cataract operations)	1 132 operations per million uninsured population (47 644 cataract operations) were conducted	+132 operations per million uninsured population (+3 644 operations)	Dedicated person at national level appointed in 2016 who supports provinces with all aspects of eye health including cataract surgery
Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Malaria incidence per 1 000 population at risk	0.15 malaria cases per 1 000 population at risk	0.2 malaria cases per 1 000 population at risk	0.40 malaria cases per 1 000 population at risk	-0.2 cases per 1 000 population at risk	Malaria upsurges were experienced in Limpopo and Mpumalanga provinces due to favourable climatic conditions for transmission and possibly migrant populations, while indoor residual spraying activities were targeted for high-transmission areas
	Number of malaria-targeted districts reporting malaria cases within 24 hours of diagnosis	5 districts reporting malaria cases within 24 hours of diagnosis	7 of 9 malaria-targeted districts reporting malaria cases within 24 hours of diagnosis	9 malaria-targeted districts reporting malaria cases, with 310 facilities reporting malaria cases within 24 hours of diagnosis	+2 districts	The two additional districts recruited were Greater Sekhukhune and Capricorn due to increasing malaria cases
Strengthen preparedness and core response capacities for public health emergencies in line with International Health Regulations	Number of provincial outbreak response teams capacitated to respond to zoonotic, infectious and food-borne disease outbreaks	9 provincial outbreak response teams were capacitated to respond to zoonotic, infectious and food-borne disease outbreaks	9 provincial outbreak response teams trained	9 provincial outbreak response teams were trained on food-borne disease outbreak response	None	None
Improve South Africa's response with regard to Influenza prevention and control	Number of high-risk population covered by the seasonal influenza vaccination	820 390 high-risk individuals were vaccinated against seasonal influenza	800 000 high-risk individuals covered with seasonal influenza vaccination	896 019 high-risk individuals covered with seasonal influenza vaccination	+96 019 individuals	Community engagement and awareness was intensified
	Regulations on organ transplantation developed	New indicator	Regulations drafted	Regulations drafted	None	None
	Regulations on dialysis developed	New indicator	Regulations drafted	Regulations drafted	None	None
	National Policy Framework and Strategy on Eye Health including provincial eye health centres for cataract surgery	New indicator	Draft National Policy Framework and Strategy on Eye Health developed, including provincial eye health centres for cataract surgery	Draft National Policy Framework and Strategy on Eye Health was developed, including provincial eye health centres for cataract surgery	None	None

Strategy to overcome areas of under performance

Technical support was provided to Mpumalanga for the development of implementation plans for the National Policy Framework and Strategy for Disability and Rehabilitation Services.

Spray coverage has been increased, and surveillance and treatment have been stepped up along the border

areas through regional and cross-border malaria initiatives such as Elimination 8 and MOSASWA.

A national stakeholder consultative meeting was held to improve the content of the Guidelines on Nutrition for Early Childhood Development Centres.

Changes to planned targets

None.

Linking performance with budgets

Programme 4: Primary Health Care Services

	2016/17			2015/16	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Sub programme					
1. Programme Management	3 338	3 336	2	3 245	3 245
2. District Health Services	22 153	19 550	2 603	10 864	9 784
3. Communicable Diseases	18 711	17 589	1 122	21 133	21 133
4. Non-Communicable Diseases	21 913	19 425	2 488	22 150	20 562
5. Health Promotion and Nutrition	23 344	19 135	4 209	22 107	22 107
6. Environmental and Port Health Services	148 596	146 696	1 900	135 740	135 740
Total for sub programmes	238 055	225 731	12 324	215 239	212 571

2.4.5 Programme 5: Hospital, Tertiary Health Services and Human Resource Development

Purpose: Develop policies, delivery models and clinical protocols for hospitals and emergency medical services. Ensure alignment of academic medical centres with health workforce programmes, training of health professionals and to ensure the planning of health infrastructure meet the health needs of the country. This programme will also assist the government to achieve the population health goals of the country through nursing and midwifery, by the provision of expert policy and technical advice and recommendations on the role of nurses in attainment of desired health outputs.

There are five budget sub-programmes:

- Hospitals and Tertiary Health Services
- Trauma, Violence, Emergency Medical Services and Pathology Medical Services
- Office of Nursing Services
- Health Facilities Infrastructure Planning
- Workforce Development and Planning

The Hospitals and Tertiary Health Services sub-programme: is responsible for tertiary services planning, policies that guides the management of and service standards in hospitals as well as to ensure the production of appropriate numbers, staff mix and appropriately qualified health professionals.

The Trauma, Violence, EMS and Pathology Medical Services sub-programme: is responsible for improving the governance, management and functioning of Emergency Medical Services (EMS) in the country through strengthening the capacity and skills of EMS personnel, identification of needs and service gaps, and provision of appropriate and efficient EMS by providing oversight of provinces. To provide a high-quality, effective system of emergency medical care, each EMS system must be supported by comprehensive enabling legislation that governs the provision of EMS. The key components of this legislation include authority for national co-ordination, and standardised treatment, transport, communication and evaluation, including licensure of ambulances. The sub-programme has developed national regulations governing the provision of EMS and these are in the process of promulgation. The sub-programme is responsible for ensuring the effective and efficient rendering of forensic chemistry services to support the criminal justice system and reduce the burden of disease and unnatural causes of death. The sub-programme is also responsible for policies that guide the management and service standards of forensic pathology services.

In 2016/17 the Forensic Chemical Laboratories (FCLs) managed to eliminate the blood alcohol test backlogs in the Pretoria FCL, and managed to maintain a less than 90 day turn-around in Durban FCL. A Criminal Justice System Reform Committee national audit

of SAPS and Forensic Pathology Services (FPS) mortuaries was undertaken to determine the number of backlogged cases with SAPS Case Administration System (CAS) numbers that would still need to be analysed. The audit was finalised in March 2017, and a list of CAS-number cases still requiring analysis was provided to the FCL. The FCLs have identified equipment to use in the non-blue sky approach, and they have validated analysis methods on this equipment in the Pretoria FCL. These methods will now be implemented in the other FCLs.

The **Office of Nursing Services sub-programme:** is responsible for ensuring that nursing and midwifery practitioners are competent and responsive to the burden of disease and population health needs. This sub-programme provides leadership in the implementation of the recommendations emanating from the nursing strategy, in implementing the recommendations from the nursing strategy, and co-ordinates the three core areas of nursing, namely education, regulation, and practice.

The sub-programme is responsible for the promotion and maintenance of a high standard and quality of nursing and midwifery; it ensures that nursing education and training are harmonised with population health needs and commensurate with the related competency framework by providing guidance on the production of sufficient numbers and appropriate categories of nurses required to deliver healthcare services. This sub-programme is responsible for enabling intra- and inter-professional liaison to harness nursing interventions in a coherent response to population and health service needs.

The **Health Facilities Infrastructure Planning sub-programme** focuses on co-ordinating and funding health infrastructure to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology and hospital management, and improve the quality of care in line with national policy objectives. The sub-programme funds infrastructure projects ranging from new and replaced facilities, upgrades and additions, refurbishment, rehabilitation and renovations, to maintenance and repairs.

The **Workforce Development and Planning sub-programme** is responsible for effectively articulating human resource needs and optimising the performance of the health workforce to achieve the strategic goals of the National Health System. This entails facilitating medium- to long-term workforce planning in collaboration with national and provincial stakeholders, using a national planning model based on staffing norms and standards. Based on this planning, post-school institutions and stakeholders are engaged to ensure adequate and responsive pre- and in-service education, training and development, with an emphasis on occupation-appropriate qualifications and workplace-relevant learning. The sub-programme also works with provinces to develop and maintain strategic human resource systems and effective management practices at all levels of the health system. These functions ensure a sustainable and targeted increase in the health workforce capacity (numerically and in terms of competency), particularly in critical occupations required for health service delivery and management.

Strategic objectives, performance indicators planned targets and actual achievements

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals	Number of Hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessment	2 hospitals obtained overall scores of 91% and 80% but did not meet 100% compliance on extreme measures and more than 90% compliance on vital measures	26 Hospitals (5 central, 10 tertiary, 11 regional)	18 hospitals (3 central, 8 tertiary and 7 regional)	- 8 hospitals (2 central, 2 tertiary and 4 regional)	Provincial support started in the last month of third quarter by the Ministerial Task Team, 2 hospitals from Western Cape excluded due to their request and Mankweng and Pietersburg hospitals could not be supported due to labour unrest
Increase capacity of central hospitals to strengthen local decision making and accountability to facilitate semi-autonomy of 10 central hospitals	Number of central hospitals with standardised organisational structures	An assessment of the current capacity of the central hospitals was conducted. A draft organisational structure for central hospitals was presented to the NHC for approval	Organisational structure for central hospitals approved by NHC	Organisational structure for central hospitals was tabled at Tech NHC meeting in February 2017	Proposed Organisational Structure has not been tabled for approval by NHC	Proposed structure was not supported by TechNHC Committee due to financial implications
Improve access to and quality of mental health services in South Africa	Number of District and Regional hospitals with mental health inpatient units established	New indicator-Not in APP 2015/16	10 (8 district and 2 regional hospitals)	29 (1 district hospital, 14 regional hospitals and 14 tertiary hospitals) have mental health inpatient units	+19 (-7 district hospital, +12 regional hospitals and +14 tertiary hospitals have mental health inpatient units)	A high number of regional hospitals have designated mental health inpatient units that support district hospitals after 72 hour observations
Develop and implement health workforce staffing norms and standards	Guidelines for HRH norms and standards using the WISN methodology	Auditing of services and activities of various cadres (health professionals) per functional area was completed in the sampled hospitals and thereafter the process to build consensus on standards commenced	HRH norms for district and specialised hospitals approved.	Activity standards for district hospitals developed	HRH Norms for District and specialised hospitals not approved yet	Process constrained by unavailability of data on service activities provided by district hospitals on DHIS. WISN studies for twenty-four (24) sampled facilities (10% sample) from which norms will be derived completed for the clinical areas and clinical health cadres
		Tertiary, regional and central hospital managers were oriented on WISN tool & methodology	HRH norms for regional, tertiary and central hospitals developed	HRH norms for regional, tertiary and central hospitals not developed	Work to develop HRH norms for Regional, Tertiary & Central Hospitals did not commence	Development of staffing normative guides for higher level hospitals could not commence until the WISN methodology was successfully implemented at the district / lower level hospitals
	Number of facilities benchmarked against PHC staffing normative guides	1 000	3500 (2500 additional) PHC facilities benchmarked	3149 (2149 additional facilities benchmarked)	-351	Western Cape (WC) province only assessed the rural districts with the exclusion of the Cape Town Metropolitan Municipality

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Strengthen Nursing Education Training and Practice through implementation of the objectives of the Nursing Strategy	New basic nursing qualification programmes and draft curricula developed	New Indicator	New basic nursing qualification programmes and draft curricula developed in line with the national nursing education and training policy	New basic nursing qualification programmes and draft curricula developed in line with the national nursing education and training policy	None	None
	Number of Nursing and midwifery educators identified nationally and registered for training and development programme	New Indicator	50	88 nursing and midwifery educators undergone training and development programme	38 additional educators undergone training and development programme.	70% more nurse educators were trained which was accomplished by the end of the 3rd quarter due to increased demands by provinces
	Implementation of the Nursing Strategy Monitored	New Indicator	A monitoring system developed and a report produced to monitor the implementation of the Nursing strategy	A monitoring system developed and a report produced to monitor the implementation of the Nursing strategy	None	None
Improve quality of health infrastructure in South Africa	Number of facilities maintained, repaired and/or refurbished in NHI Districts	198 facilities (117 facilities maintained, repaired and/or refurbished; and 81 facilities upgraded as part of maintenance programme)	178 facilities	67 facilities	- 111 facilities	Several facility projects did not reach practical completion as indicated in the PMIS by 31 March 2017. The set APP target is more than the target in the approved infrastructure plan
	Number of facilities maintained, repaired and/or refurbished outside NHI pilot Districts	217 facilities maintained, repaired and/or refurbished	307 facilities	37 facilities	- 270 facilities	Several facility projects did not reach practical completion as indicated in the PMIS by 31 March 2017. The set APP target is more than the target in the approved infrastructure plan
	Number of clinics and Community Health Centres constructed or revitalised	49 clinics and CHC's constructed and revitalised	44 clinics and CHC's constructed and revitalised	22 clinics and CHC's constructed and revitalised	-22	Several facility projects did not reach practical completion as indicated in the PMIS by 31 March 2017. The set APP target is more than the target in the approved infrastructure plan
	Number of hospitals constructed or revitalised	1 Hospital completed	8 hospitals	3 hospitals completed	-5	Some facility projects did not reach practical completion as indicated in the PMIS by 31 March 2017
	Number of new facilities that comply with gazetted infrastructure Norms and Standards	78 doctor consulting rooms constructed and comply	52 new facilities	65 facilities	+13 facilities	60 clinics that received additional Doctors Consulting Rooms which complied

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Strengthen Monitoring of Infrastructure projects	Infrastructure Monitoring System	An Infrastructure Monitoring System was developed	Infrastructure monitoring System for monitoring all infrastructure projects using standard Balance Score Card methodology approved by NHC. One consolidated National Monitoring report produced	Infrastructure monitoring System for monitoring all infrastructure projects was used as approved by NHC to generate standard Balance Score Cards/ dashboard reports. Consolidated monitoring reports were drawn from the system were produced and presented to NHC	None	None
Ensure access to and efficient effective delivery of quality Emergency Medical Services (EMS)	Number of provinces that are monitored for compliance with the EMS regulations	EMS Regulations were published on 9 May 2015. The regulations were revised to incorporate all the stakeholder inputs	Compliance checklist to monitor compliance with EMS regulations developed and approved by National Committee of Emergency Medical services (NCEMS) and 9 provincial DoH monitored using the approved checklist	Compliance checklist to monitor compliance with EMS regulations was developed and approved by National Committee of Emergency Medical services (NCEMS)	- 9 provincial DoH monitored using the approved checklist	Checklist will be used for monitoring once regulations have been promulgated. Regulations were delayed due to numerous stakeholder concerns which needed to be factored in.
Eliminate the backlog of blood alcohol and toxicology tests by 2016	Percentage backlog eliminated for blood alcohol tests	New Indicator	100%	67%	-33%	Cape Town has had 3 analyst resignations in the 2016/17 financial year. The Johannesburg laboratory is still receiving high volumes of samples because they cover other provinces
	Percentage backlog eliminated for toxicology tests	New Indicator	100%	16%	-84%	Huge volumes of samples and multiple tests conducted which is time consuming
Provide food analysis services	Percentage of food tests completed within normative turnaround time (30 days – perishable, and 60 days non-perishable)	New Indicator	100%	58%	- 42%	Forensic Chemical Laboratories in Cape Town and Pretoria had recurring equipment problems in the last quarter of the financial year. Four machines experienced downtime in Cape Town affected case output. Pretoria experienced downtime of two machines, and downtime on the microwave digestion oven

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Improve management of health facilities at all levels of care through the Health Leadership and Management Academy	Number of managers accessing the coaching and mentoring Programme	New Indicator	40 Hospital CEOs and 200 PHC Facility Managers	2 Hospital CEOs and 2 PHC facility managers	- 38 Hospital CEOs and 194 PHC facility managers.	Pilot launch delayed due to finalisation of funding. Roll out of the pilot was delayed by poor availability of participating managers, impacting on scheduling and implementing sessions
	Number of managers using the knowledge hub information system	New Indicator	200 Hospital CEOs and 700 PHC facility managers.	2 Hospital CEOs and 6 PHC facility managers. Additional 24 managers participated in the coaching and mentoring pilot, 21 have registered on the knowledge hub and undertaken self-assessments	-198 Hospital CEOs and 694 PHC Facility managers.	Slow uptake by the initial target group, and the need to expand it to general managers in hospitals and clinics
	Policy on education and training of Emergency Medical Services (EMS) personnel monitored	Policy approved by Tech-NHC. Final consultation with Department of Higher Education and Training undertaken	A checklist for EMS education and training accreditation criteria in line with the policy developed and approved by NCEMS (National Committee of Emergency Medical Services). One monitoring report produced to monitor compliance with policy on education and training by training providers	A checklist for EMS education and training accreditation criteria in line with the policy was developed and approved by NCEMS. One monitoring report was produced to monitor compliance with policy on education and training by training providers	None	None
	Regulations for Emergency Care Centres published	Regulations on Emergency Care Centres drafted	Regulation on Emergency Care Centres published for public comment	Emergency Care Centre Regulations drafted.	Draft Emergency Care Centre Regulations have not been published for public comment	Discussions on drafting of the regulations by the EMSSA (Emergency Medicine Society of South Africa) took longer than planned
	Regulations for EMS in mass gatherings published	EMS in mass gatherings published for public comment	EMS in mass gatherings published for implementation	Regulations for EMS in mass gatherings were finalised for promulgation	Regulations finalised but in process for promulgation and are not yet published for implementation	Translation of the final regulations to Sepedi and IsiZulu took more time
	Regulations for the Rendering of Forensic Pathology Services published	Regulations reviewed and circulated for final perusal to members of the National Forensic Pathology Services Committee (NFPSC)	Regulations for the Rendering of Forensic Pathology Services published for implementation	Draft Regulations for the Rendering of Forensic Pathology Services developed and submitted to the State Law Advisor in January 2017	Not published yet	The NFPSC only agreed on a final draft in November 2016. This was submitted to the State Law Advisor in January 2017; thereafter advised by Legal Services to have a socio-impact analysis conducted by the DPME (Department of Planning, Monitoring and Evaluation)

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
	Scope of Practice Guidelines for the Rendering of Forensic Pathology Services published	Scope of Practice Guidelines reviewed and circulated for final input by all NFPSC members	Scope of Practice Guidelines for the Rendering of Forensic Pathology Services published for implementation	Draft Scope of Practice Guidelines for the Rendering of Forensic Pathology Services developed	Draft Scope of Practice Guidelines for the Rendering of Forensic Pathology Services not finalised for publication	The NFPSC decided to await the final regulation on the rendering of Forensic Pathology Services before finalising the draft scope of practice
	Health facilities that are designated to render services for the management of sexual and related offences	Total 38 facilities achieved for designation	Monitoring system developed and implemented to monitor facilities that render services for the management of sexual and related offences	Monitoring system was developed and implemented to monitor facilities that render services for the management of sexual and related offences	3 provinces did not submit the additional quarterly reports	Non-compliance by the three provinces
	Number of Regional Training Centre (RTCs) established	5 RTCs Established	9 RTCs established	9 RTCs established	None	None

Strategy to overcome areas of under performance

More visits are planned for peer review and support of hospitals not complying with National Core Standards.

In the case of toxicology analysis, the non-blue sky approach will be implemented throughout the first quarter of 2017/18; time spent on analysis should decrease significantly. The SAPS will be approached to move more blood-alcohol test sample deliveries from SAPS stations to the Durban and Pretoria FCL catchment areas.

The development of staffing norms has required more time than originally mapped out for the output to be credible. The NDoH plans to strengthen technical capacity at provincial level. Effort will be made to identify and review alternative resources that may be required at facility level. Infrastructure target setting will take individual project stages into account.

Changes to planned targets

None.

Linking performance with budgets

Programme 5: Hospital, Tertiary Health Services and Human Resource Development

	2016/17			2015/16	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Sub programme					
1. Programme Management	2 816	2 614	202	3 738	3 738
2. Health Facilities Infrastructure Management	5 984 045	5 973 459	10 586	6 093 069	6 092 904
3. Tertiary Health Care Planning and Policy	10 850 317	10 850 183	134	10 384 335	10 384 336
4. Hospital Management	8 273	8 108	165	4 771	4 771
5. Human Resources for Health	2 515 400	2 515 297	103	2 449 047	2 448 222
6. Nursing Services	7 297	7 289	8	4 230	4 229
7. Forensic Chemistry Laboratories	120 819	104 446	16 373	112 959	112 764
8. Violence, Trauma and EMS	7 449	7 320	129	5 316	5 315
Total for sub programmes	19 496 416	19 468 716	27 700	19 057 465	19 056 279

2.4.6 Programme 6: Health Regulation and Compliance Management

Purpose: Regulate the sale of medicines and pharmaceutical supplies, including food control, and the trade in health products and health technology. Promote accountability and compliance by regulatory bodies and public entities for effective governance and the quality of health care.

There are 3 budget sub-programmes:

- Food Control, Pharmaceutical Trade and Product Regulation;
- Compensation Commissioner for Occupational Diseases and Occupational Health; and
- Public Entities Management.

The **Food Control, Pharmaceutical Trade and Product Regulation sub-programme** is responsible for the regulation of pharmaceutical products for human and animal use, with the aim of ensuring that they are safe, efficacious and of high quality. The sub-programme is also responsible for post-marketing surveillance and taking appropriate remedial action where necessary. It also licenses manufacturers, exporters, importers, wholesalers and distributors of medicines and ensures their compliance with standards. The sub-programme is also responsible for approval and oversight of clinical trials. With regard to food control, the sub-programme is responsible for developing safety standards, monitoring compliance therewith, and taking appropriate remedial action where necessary.

The sub-programme has been regulating allopathic medicines and recently embarked on the regulation of complementary and alternative medicines (CAMS) as well as medical devices and in vitro diagnostics.

The **Compensation Commissioner for Occupational Diseases and Occupational Health sub-programme** is responsible for the payment of compensation to active and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary-related diseases as a result of workplace exposures in the controlled mines or works. Over the medium term, business processes will be re-engineered with regard to revenue collection; the turnaround period in settling claims will be reduced; the Occupational Diseases in Mines and Works Act (1973) will be amended; and governance, internal controls and relationships with stakeholders will be improved.

In the 2016/17 financial year, this sub-programme's key successes were development of an electronic database of 600 000 claimant files; provision of 18 145 benefit medical examinations, 20 149 certifications and 5 296 paid claims amounting to R204 million inclusive of R76 million in neighbouring countries; hosting a summit on integration of compensation systems; approval of the actuarial valuation report of the Fund as at 31 March 2016 and submission of the annual reports and financial statements for the 2010/11 and 2011/12 financial years to the Auditor-General of South Africa.

The **Public Entities Management sub-programme** exercises oversight over the public entities and statutory councils in support of the Executive Authority's responsibility for public entities and statutory health professional councils falling within the mandate of the health legislation. Oversight involves the review, monitoring and oversight of the affairs, practices, activities and conduct of the public entities and statutory councils. This is to ensure that the affairs of the entity/council are being conducted in the manner expected and in accordance with enabling legislation, with certain provisions of the Public Finance Management Act (No. 1 of 1999) as amended, and in conjunction with the principles in the King III Report on Corporate Governance as well as other relevant policies and legislative prescripts.

Strategic objectives, performance indicators planned targets and actual achievements

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
Establish the South African Health Product Regulatory Authority (SAHPRA)	Establish SAHPRA as a public entity	SAHPRA approved by Parliament, assented to by the State President on 24 December 2015, and published and gazetted on 7 January 2016. The transitional plan from MCC to SAHPRA was developed	SAHPRA Listed as a public entity Board CEO and Committees Appointed	SAHPRA was listed as a public entity on 2 February 2017	The Board CEO and Committees not appointed	The appointment of the Board CEO and Committees is pending proclamation of the Act by the President
To establish an occupational health cluster	Occupational health cluster established and functional	Policy inputs on integration of Medical Bureau for Occupational Diseases (MBOD), Compensation Commissioner for Occupational Diseases (CCOD) and National Institute for Occupational Health (NIOH) are finalised and a draft structure and organogram developed	Integrated management of NIOH, CCOD and MBOD and agency agreement with compensation fund service provider/s	The NIOH has been incorporated into NAPHISA. The CCOD and MBOD remain separate components.	NIOH not integrated into the CCOD/MBOD structure.	NIOH has been integrated into NAPHISA
Establish the National Public Health Institutes of South Africa (NAPHISA) for disease and injury surveillance	Legal framework to establish National Public Health Institutes of South Africa (NAPHISA)	Legislation on NAPHISA was gazetted	Comments on draft NAPHISA legislation considered and revised. NAPHISA bill submitted to cabinet	Comments on NAPHISA Bill considered and the Bill revised. NAPHISA Bill approved by Cabinet for tabling in Parliament	None	None
Improve oversight and Corporate Governance practices by establishing effective governance structures, policies and tools	Number of health entities and statutory health professional councils fully functional and compliant to good governance practices (structures, finance, HR, supply chain management policies)	Four public health entities' and six statutory health professional councils' functionality reports were compiled to review compliance with good corporate governance practices	4 health Entities' and 6 statutory health professional councils	4 health entities and 5 statutory health professional councils	-1 statutory health professional council	The Interim Traditional Health Practitioners Council of South Africa was not fully functional and compliant with corporate governance practices because National Treasury did not allocate budget
	Performance management system for board members	A standardised performance management system for board members was developed and implemented	A standardised performance management system for board members fully implemented	A standardised performance management system for board members fully implemented	None	None
	Number of newly appointed boards inducted and trained	Three new boards were appointed, inducted and trained	3 new boards appointed, inducted and trained (South African Medical Research Council; Office of Health Standards Compliance and Allied Health Professions Council of SA)	3 new boards appointed and 2 new boards were inducted and trained (South African Medical Research Council and Allied Health Professions Council of SA)	New board of Office of Health Standards Compliance not inducted	All board positions of Office of Health Standards Compliance must be filled before induction

Strategic objective	Performance indicator	Actual achievement 2015/16	Planned target 2016/17	Actual achievement 2016/2017	Deviation from planned target to actual achievement 2016/2017	Comments on deviation
	Number of entities and statutory councils monitored using dashboards for performance and compliance to legislative prescripts	10 dashboards to monitor entities and statutory health professional councils' performance and compliance with legislative prescripts were developed and piloted	10 entities and statutory councils monitored using dashboards biannually	10 entities and statutory councils were monitored using dashboards biannually	None	None
	Develop a reporting template to enable feedback to the executive authority	The standardised reporting template was developed and implemented	Standardised reporting template developed and implemented for Departmental representatives serving on boards	Standardised reporting template was developed and implemented for Departmental representatives serving on boards	None	None

Strategy to overcome areas of under performance

Programme 6: Health Regulation and Compliance Management

	2016/17			2015/16	
	Final appropriation	Actual expenditure	Variance	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000
Sub programme					
1. Programme Management	4 172	4 114	58	3 502	3 502
2. Food Control	9 453	8 570	883	8 346	8 347
3. Pharmaceutical Trade and Product Regulation	163 843	163 843	-	139 545	138 303
4. Public Entities Management	1 477 825	1 477 814	11	1 399 104	1 399 104
5. Compensation Commissioner for Occupational Diseases and Occupational Health	61 672	60 169	1 503	51 235	50 164
Total for sub programmes	1 716 965	1 714 510	2 455	1 601 732	1 599 420

The appointment of the Board and CEO will be done after proclamation of the Act by the President which did not occur by 31 March 2017.

The public inputs on the establishment of NAPHISA included a number of inputs proposing that NIOH is best incorporated into NAPHISA rather than into the MBOD/CCOD structure. The revised Bill included

NIOH as part of the NAPHISA consequently NIOH cannot be integrated into the CCOD/MBOD structure.

Changes to planned targets

None

Linking performance with budgets

2.5 Transfer Payments

Transfer payments to public entities

Name of the public entity	Service rendered by public entity	Amount Transferred to the public entity (R'000)	Amount spent by the public entity (R'000)	Achievements of the public entity
Compensation Commissioner for Occupational Diseases (CCOD)	The CCOD is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures	3 541	1 166	The transfer payment is solely for payment of monthly pensions to ex-mine workers. Eighty-eight ex-mine workers were each eligible for monthly pension payment in the 2016/17 financial year. This is the initial amount spent before taking into account annual increases that must still be approved by the Minister of Finance, which will be paid retrospectively from April 2017, and accrued benefits for pensioners who have failed to submit the required documentation
Medical Research Council (MRC)	The MRC promotes the improvement of health and quality of life through research, development and technology transfer	660 270	657 590	For the 2016/17 financial year, the SAMRC's performance was exceptional, evidenced by a fourth consecutive unqualified audit outcome; 660 published articles; funding of 56 innovation and technology projects; and funding of 156 masters, doctoral and postdoctoral researchers that translated into 69 masters and doctoral graduates
Council for Medical Schemes (CMS)	The CMS regulates the private medical scheme industry	1 613	595	The Medicine Pricing Registry is in the process of being finalised. The system development is at 92% completion. The CMS is awaiting the secondment of a developer from the NDoH in order for knowledge transfer of the system. The CMS is also developing a beneficiary registry, which is currently in the database design phase
National Health Laboratory Services (NHLS)	The NHLS supports the Department of Health by providing cost-effective laboratory services to all public clinics and hospitals	711 871	283 479 278 240 95 983	<ul style="list-style-type: none"> - A NHLS (TTR) portion of the transfer payment was utilised to subsidise part of the time spent by NHLS academics in the teaching and training of students as well as research in the field of pathology medicine. - The National Institute for Communicable Diseases (NICD) hosts a multidisciplinary, committed team of experts in scarce supply, with expertise in disease surveillance, service, research and teaching, and it provides a repository of knowledge for communicable diseases. The Institute has placed epidemiologists in the provinces to ensure that this knowledge is used to influence practice at provincial/district and facility level. With emerging and re-emerging communicable disease threats, the NICD is continuously expanding communicable-disease surveillance systems to meet public health demands. - The National Institute for Occupational Health (NIOH) has significantly increased our engagement with informal economy workers, and as a WHO Collaborating Centre, the NIOH currently leads the WHO initiative on better OHS for vulnerable workers. The engagement with governments, trade unions, employer organisations and the informal economy was strengthened, mainly through collective teaching and training programmes and targeted service delivery. A significant development in the reporting period was the initiative by the Department of Health in collaboration with the WHO to develop an HIV and TB policy for health workers
Office of Health Standard Compliance (OHSC)	OHSC assesses and monitors compliance by health facilities with cores standards of care	100 535	100 535	<ul style="list-style-type: none"> - In 2016/17, the OHSC exceeded its inspection and re-inspection target for public health establishments by 1.2% and 3.9% respectively - The Health Ombud was appointed on 1 June 2016. On 1 February 2017 the Health Ombud's report was released on the deaths of mental healthcare patients - A National Toll-Free Complaints Call Centre was set up and fully operationalised to ensure access to the OHSC complaints process. The official launch of the Call Centre took place on 28 November 2016 and awareness campaigns were undertaken in six provinces. A total of 730 complaints have been received, of which 331 were resolved. A total of 119 complaints were related to the private sector and 611 to the public sector - A key milestone during the period under review was the promulgation of the procedural regulation addressing both the Annual Returns and the Early Warning System (EWS) processes. The system for submission of annual returns was established and a pilot was conducted in four provinces in order to test the system

Transfer payments to higher education institutions

organisation	Transfer allocation				Transfer	
	Adjusted appropriation	Roll overs	Adjustments	Total available	Actual transfer	Amount not transferred
	R'000	R'000	R'000	R'000	R'000	R'000
University of Cape Town	1 101	-	(1 101)	-	-	-
University of Limpopo (MEDUNSA)	2 203	-	(2 203)	-	-	-
TOTAL	3 304	-	(3 304)	-	-	-

Transfer payments to all non-profit institutions

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Emadlweni Day Care Centre				-	-	
Health System Trust (HST)	NGO	To support the research projects commissioned to the HST which will contribute towards the development of an efficient management information system for improved decision making as per Strategic Plan 2015/16–2019/20	Yes	11 969	11 969	N/A
Health Information System Programme (HISP)	NGO	To support strengthening of the integrated routine health information system (District Health Information System maintenance, data management and transition to Web-DHIS); and to support NIDS (National Indicator Data Set) revision	Yes	12 745	12 745	N/A
Life Line	NGO	To manage the AIDS Helpline, which is a toll-free Call Centre. The Call Centre provides anonymous and confidential telephonic lay counselling, support and referral services 24 hours a day; it also offers HIV and TB treatment support to clinicians, and serves as a helpdesk for the HIV Nerve Centre, which monitors operational issues such as availability of ARVs and test kits, and lay counsellors in health facilities	Yes	20 953	20 953	N/A
LoveLife	NGO	To support the Department in the implementation of HIV youth prevention interventions, including peer educators through Ground Breakers and Mphinthi's and the live Chat Groups to facilitate dialogues and information sharing among youth	Yes	57 808	57 808	N/A
Mental Health and Substance Abuse	NGO	Not applicable	Not applicable	200	-	Funds not transferred. Application for financial assistance received very late
National Council Against Smoking (NCAS)	NGO	To prevent tobacco use and promote tobacco cessation among users. NCAS manages a call centre that addresses queries and questions about tobacco and also educates the public about tobacco use	Yes	845	-	SLA approved. Sundry payment being finalised by Finance for transfer of funds to NCAS
National Kidney Foundation of South Africa	NGO	N/A	N/A	350	-	Funds not transferred. Application for financial assistance received very late

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Soul City	NGO	To support the Department in the implementation of HIV youth prevention interventions and contribute to the She Conquers Campaign. Soul City's main focus includes youth support structures that facilitate dialogues and learning from peer to peer, and campaigns focusing on girls and young women (SHE Conquers)	Yes	18 340	14 465	Delay in signing of SLA and Business Plan led to late transfer of funds in December 2016
South African Community Epidemiology Network on Drug Abuse (SACENDU)	NGO	Research on the nature and extent of substance abuse in the country	Yes	496	496	N/A
South African Council for the Blind	NGO	Elimination of blindness through cataract surgeries	Yes	792	792	N/A
South African Federation for Mental Health	NGO	Activities/interventions/projects around advocacy and public education on mental health	Yes	353	353	N/A
Wits Health Consortium	Pty (LTD) of Witwatersrand University	The WHC hosts and maintains the South African National Clinical Trial Register (SANCTR)	Yes	650	650	N/A
HIV & AIDS: NGOs		Form partnerships with NGOs rooted in communities to support the Department in extending health services		41 439	41 439	N/A
Agri AIDS SA NPC	HIV & AIDS: NGO	HIV prevention strategies and treatment adherence support targeting farm workers	Yes	879	879	N/A
Alliance Against HIV&AIDS (AAHA)	HIV & AIDS: NGO	Prevention strategies and treatment adherence support focusing on youth	Yes	1 066	1 066	N/A
Boithuti Lesedi Project	HIV & AIDS: NGO	HIV testing services and prevention strategies	Yes	1 195	1 195	N/A
BOKAMOSO	HIV & AIDS: NGO	HIV prevention strategies		-	-	N/A
Centre for Positive Care (CPC)	HIV & AIDS: NGO	HIV prevention strategies targeting sex workers.	Yes	1 796	1 796	N/A
Community Development Foundation of South Africa	HIV & AIDS: NGO	Promotion of safer traditional circumcision	Yes	2 000	2 000	N/A
Community Responsiveness Programme (CPR)	HIV & AIDS: NGO	HIV prevention strategies and treatment adherence clubs	Yes	729	729	N/A
Educational Support Services Trust (ESST)	HIV & AIDS: NGO	HIV prevention strategies, treatment adherence and TB/ NCD screening	Yes	2 512	2 512	N/A
Eagle Training and Development	HIV & AIDS: NGO	HIV prevention strategies and PLHIV (people living with HIV) support	Yes	561	561	N/A
Friends for Life	HIV & AIDS: NGO	HIV prevention strategies and treatment adherence support	Yes	1006	1 006	N/A
Get Down Productions	HIV & AIDS: NGO	Social mobilisation and demand creation for HIV counselling and testing, MMC (medical male circumcision) and NCD	Yes	3 238	3 238	N/A

Name of transferee	Type of the organisation	Purpose for which funds were used	Did the Dept. comply with S38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by entity R'000	Reasons for the funds unspent
Get Ready	HIV & AIDS: NGO	Psycho-social support and treatment adherence support	Yes	1 166	1 166	N/A
Healthcare Development And Training Institute	HIV & AIDS: NGO	HIV testing services, MMC promotion, NCD screening and treatment support	Yes	561	561	N/A
Highveld East Aids Projects Support (HEAPS)	HIV & AIDS: NGO	Prevention strategies and treatment support	Yes	3881	3 881	N/A
Hospice Palliative Care Association	HIV & AIDS: NGO	Treatment adherence support for PLHIV	Yes	1 174	1 174	N/A
Humana People to People	HIV & AIDS: NGO	HIV testing services, training, prevention strategies targeting sex workers and truckers	Yes	831	831	N/A
Leandra Community Centre	HIV & AIDS: NGO	HIV testing services, prevention strategies and treatment adherence support	Yes	1 423	1 423	N/A
Leseding Care Givers	HIV & AIDS: NGO	Prevention strategies and treatment adherence support	Yes	1 390	1 390	N/A
Mothers2Mothers SA	HIV & AIDS: NGO	Prevention of Mother to child transmission (PMTCT)	Yes	561	561	N/A
Mpilonhle	HIV & AIDS: NGO	HAST programmes target school youth	Yes	963	963	N/A
Muslim Aids Programme (MAP)	HIV & AIDS: NGO	Prevention strategies and treatment support	Yes	673	673	N/A
National Institute Community Development and Management (NICDAM)	HIV & AIDS: NGO	Prevention strategies and treatment adherence support	Yes	1899	1 899	N/A
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	HIV & AIDS: NGO	Advocacy and prevention strategies for MSM (men who have sex with men) and WSW (women who have sex with women)	Yes	1 968	1 968	N/A
Public universities	HIV & AIDS: NGO	Prevention strategies targeting TVETs (technical and vocational education and training) and capacity development	Yes	1 831	1 831	N/A
Ramotshinyadi HIV/AIDS	HIV & AIDS: NGO	Prevention strategies and treatment adherence support	Yes	561	561	N/A
Seboka Training and Support Network	HIV & AIDS: NGO	Prevention strategies, PMTCT promotion and treatment adherence support	Yes	1 209	1 209	N/A
St Joseph Care Centre – Sizanani	HIV & AIDS: NGO	Treatment adherence support and prevention strategies	Yes	841	841	N/A
TB/HIV Care Association	HIV & AIDS: NGO	HIV testing services, TB/NCD screening and MMC mobilisation	Yes	1 254	1 254	N/A
The Training Institute for Primary Health Care (TIPHC)	HIV & AIDS: NGO	Prevention strategies	Yes	989	989	N/A
Ukhamba Projects	HIV & AIDS: NGO	HIV testing services, treatment support and NCD screening	Yes	1 208	1 208	N/A
Zakheni Training and Development	HIV & AIDS: NGO	HIV testing services, treatment support and TB/NCD screening	Yes	2 074	2 074	N/A

2.6 Conditional grants

Conditional grants and earmarked funds paid

National Tertiary Services (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) - To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	Provision of designated central and national tertiary services in 28 facilities/complexes as agreed to between the province and the NDoH <ul style="list-style-type: none"> - 337 130 day patient separations - 3 884 192 inpatient days - 631 150 inpatient separations - 1 126 242 outpatient first attendances - 3 059 128 outpatient follow up attendances
Actual outputs achieved	<ul style="list-style-type: none"> - 359 932 day patient separations - 3 890 496 inpatient days - 619 101 inpatient separations - 1 182 153 outpatient first attendances - 2 958 960 outpatient follow up attendances
Amount per amended DORA (R'000)	10 846 778
Amount received (R'000)	10 846 778
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	10 848 599
Reasons for deviations on performance	The spending was within the accepted norm. However the 1.7% under spending is attributed to the delayed procurement of equipment in various provinces
Measures taken to improve performance	Facility visits and constant communication with facilities and provinces improves performance. Design an equipment procurement monitoring tool to be implemented during the 2017/18 financial year
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports and site visits

Comprehensive HIV&AIDS (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To enable the health sector to develop and implement an effective response to HIV and AIDS and TB - To support the national Department of Health (DoH) with the for AIDS Relief (PEPFAR) transition process
Expected outputs of the grant	<ul style="list-style-type: none"> - 752 954 new patients that started on ART - 4 300 000 patients on ART remaining in care - 750 000 000 male condoms distributed - 17 500 000 female condoms distributed - Percentage of exposed infants HIV positive at 10 weeks PCR test (Targets 257 571) - 10 000 000 clients tested for HIV (including antenatal) - 700 000 Medical Male Circumcision performed - Percentage of new patients on ART initiated on isoniazid preventative therapy (IPT) (Target 575 746) - 3 036 patients on bedaquiline
Actual outputs achieved	<ul style="list-style-type: none"> - 834 165 new patients that started on ART - 3 831 730 patients on ART remaining in care - 917 253 117 male condoms distributed - 26 055 205 female condoms distributed - % of exposed infants HIV positive at 10 weeks PCR test (151 084 - 59%) - 14 233 123 clients tested for HIV (including antenatal) - 413 880 Medical Male Circumcision performed (- 59%) - % of new patients on ART initiated on isoniazid preventative therapy (IPT) (384 563 - 67%) - 2 997 patients on bedaquiline
Amount per amended DORA(R'000)	15 290 603
Amount received (R'000)	15 290 603
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	15 303 255
Reasons for deviations on performance	Delays in payment for condoms. There were delays from the suppliers side due to several factors, including time limitations while waiting for the quality-assurance process as well as delays in shipment
Measures taken to improve performance	Strengthened monitoring and evaluation. The rollover was requested from relevant treasuries
Monitoring mechanism by the receiving department	Provincial (site) visits and grant reviews

Health Facility Revitalisation Grant (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance - To enhance capacity to deliver health infrastructure
Expected outputs of the grant	<ul style="list-style-type: none"> - 102 planned - 36 constructed - 41 equipped - 75 maintained
Actual outputs achieved	<ul style="list-style-type: none"> - 33 planned (Started Construction) - 12 constructed - 33 equipped - 31 maintained
Amount per amended DORA (R'000)	5 272 680
Amount received (R'000)	5 272 680
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	5 161 893
Reasons for deviations on performance	In terms of projects, there were still delays with the awarding of contracts that led to the projects resuming later than anticipated. There were also delays in the delivery of procured medical equipments as some of the items were ordered overseas. In terms of unpaid invoices the system closure resulted in some of the payments not being processed for payment, however such amounts have been committed and provinces will apply for roll-over in the 2017/18 financial year. It should be noted that the above achieved outputs does not cater for the ongoing projects as per the allocation and expenditure incurred. In terms of Health technology some of the equipped facilities did not form part of the constructed projects; the number is higher than the constructed facilities
Measures taken to improve performance	Continuous provincial support is provided in the form of regular site visits for monitoring and oversight of funded HFRG Projects. In cases where the Public Works Department fails to perform as the implementing agent, provinces are allowed to appoint other implementing agents following the treasury regulations for procurement of such
Monitoring mechanism by the receiving department	Structures have been put in place to conduct monitoring and oversight supported by consultants. As part of the reporting tool, the NDoH utilises the Project Monitoring Information System (PMIS)

Health Professional Training and Development Grant (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - Support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform
Expected outputs of the grant	<ul style="list-style-type: none"> - 328 Post Graduates - 2 049 Registrars - 1 018 Specialists - 336 Clinical Supervisors - 26 Grant Management - 11 Resource Centre Staff
Actual outputs achieved	<ul style="list-style-type: none"> - 183 Post Graduates - 1 784 Registrars - 282 Specialists - 327 Clinical Supervisors - 21 Grant Management - 11 Resource Centre Staff
Amount per amended DORA (R'000)	2 476 724
Amount received (R'000)	2 476 724
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	2 468 847
Reasons for deviations on performance	The grant achieved 100% as expected on expenditure. Targets were set using HPCSA accreditation figures which were not aligned to financial constraints of the province
Measures taken to improve performance	Facility visits and constant communication with facilities and provinces improves performance. Targets will be aligned to provincial strategic plans in future and based on resources
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports and site visits.

National Health Insurance (Direct Grant)

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational development systems and quality assurance - To enhance capacity to deliver health infrastructure
Expected outputs of the grant	<ul style="list-style-type: none"> - Selected PHC teams equipped to provide relevant health services through integrated outreach programmes - Selected PHC facilities supported to achieve national core standards as part of the Ideal Clinic realisation project - Monitoring and evaluation undertaken, including impact assessments of the effectiveness of selected PHC teams - Supply chain management (SCM) processes strengthened and streamlined through innovative interventions in pilot districts - Compliance with monitoring and evaluation of targets in operational plans - Impact assessment undertaken of all pilot interventions
Actual outputs achieved	<p>Selected PHC teams equipped to provide relevant health services through integrated outreach programmes</p> <p>Diverse equipment was bought for PHC teams in nine pilot sites to ensure that they are able to provide services. This includes items such as:</p> <ul style="list-style-type: none"> - Electronic tools/gadgets to allow for electronic capturing of client data - Uniforms and identification tags to allow community health workers (CHWs) to be easily visible and recognisable and to allay community fears of criminal activities - Jump bags to allow easy transport of equipment - Various models of information packs such as the Mother and Child and PACK booklets were made available to standardise the patient experience and to ensure quality <p>Selected PHC facilities supported to achieve national core standards as part of the Ideal Clinic realisation project</p> <ul style="list-style-type: none"> - All nine pilot districts procured equipment specific to the needs of the facilities in the district based on the requirements of the national core standards. These items included generators, water tanks, internal and external signage, baumanometers, equipment for minor surgical procedures, labour packs, and cleaning materials - Staff capacity building done to empower them to perform the required activities (dispensing course) <p>SCM processes strengthened and streamlined through innovative interventions in pilot districts</p> <ul style="list-style-type: none"> - OR Tambo district undertook improvements to two sites to ensure that physical arrangements, including floor layout, were properly planned, effectively utilised and complied with Health and Safety criteria - Standard operating procedures (SOPs), and policies were developed and distributed for all facilities in a specific district - Training on leadership development for SCM staff was conducted in the Northern Cape <p>Compliance with monitoring and evaluation of targets in operational plans</p> <ul style="list-style-type: none"> - Ten of the 11 pilot sites appointed a Deputy-Director to monitor and co-ordinate planned activities in the operational plans. Reporting was done within the prescripts and there was general compliance <p>Impact assessment of all pilot interventions undertaken</p> <ul style="list-style-type: none"> - Impact assessments done on the roll-out of the newly developed CWW model in the Eden District - Impact assessment was conducted in North West on Primary Care 101 in PHC services - Impact on the queuing system installed in selected facilities: Impact assessment on the installed queuing system was finalised.
Amount per amended DORA (R'000)	94 227
Amount received (R'000)	94 227
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	99 665
Reasons for deviations on performance	<ul style="list-style-type: none"> - Reports of supply chain challenges: supply chain priorities, lack of sufficient staff to allow for the separation of functions, lack of suitable service providers to undertake the proposed activities, inability of suppliers to supply the goods. - Shortage of suitably trained staff to fill posts - Lack of financial delegations at district level. Some districts have delegations as low as R30 000.00
Measures taken to improve performance	<ul style="list-style-type: none"> - Monthly financial reports requested to monitor the progress of each district - In-year monitoring (IYM) reports to reflect actual expenditure - Quarterly reports - Annual reports - Quarterly on site meetings, and site visits to selected projects
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> - The appointment of a deputy-director to plan, monitor and evaluate the activities within each district - Preparation and submission of regular reports as outlined above - Local NHI Committees were appointed to monitor the progress of activities under the grant

National Health Indirect Grant: Ideal Clinics Component

Department that transferred the grant	National Department of Health
Purpose of the grant	To enable the health sector to address the deficiencies in the primary health care facilities systematically to yield fast results
Expected outputs of the grant	740 PHC facilities will be improved through: <ul style="list-style-type: none"> - Completion of design, layout, printing and distribution of the Ideal Clinic manual - Peer review - Upgrade these clinics from an average compliance score of 60% to 70%. This will include improved administrative processes, integrated clinical services to patients, medicine supplies, support services, communication, and district health system support
Actual outputs achieved	<ul style="list-style-type: none"> - 838 PHC facilities were upgraded to an average score of more than 70% (1 089 total ideal clinics: 251 achieved in 2015/16 and 786 achieved in 2016/17) - Completed two peer reviews: 1 430 clinics were reviewed in October 2016 and March 2017 - Completed version 16 of the ICRM (Ideal Clinic Realisation and Maintenance) framework and manual and distributed these to provinces, districts and clinics - The framework and manual guided the improvement of administrative processes, and helped to integrate clinical services with patients, medicine supplies, support services, communication channels, and district health system support
Amount per amended DORA (R'000)	10 000
Amount received (R'000)	10 000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	9 792
Reasons for deviations on performance	Expected output achieved.
Measures taken to improve performance	Will continue work to turn other facilities ideal
Monitoring mechanism by the receiving department	Allocation is monitored quarterly against expenditure

National Health Indirect Grant: Human Papillomavirus Vaccine Component

Department that transferred the grant	National Department of Health
Purpose of the grant	To enable the health sector to prevent cervical cancer by making available HPV vaccination for grade four school girls in all public and special schools
Expected outputs of the grant	<ul style="list-style-type: none"> - 80% of eligible grade four school girls receiving the HPV vaccination - 80% of schools with grade four girls reached by the HPV vaccination team
Actual outputs achieved	<ul style="list-style-type: none"> - 63% of eligible grade four school girls received the HPV vaccination - 75% of schools with grade four girls reached by the HPV vaccination team
Amount per amended DORA (R'000)	190 000
Amount received (R'000)	190 000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	189 992
Reasons for deviations on performance	The grant achieved 100%.
Measures taken to improve performance	Strengthening of monitoring and evaluation
Monitoring mechanism by the receiving department	Provincial visits, workshops and appointment of provincial coordinators.

National Health Indirect Grant: Health Professionals Contracting Component

Department that transferred the grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> - To develop and implement innovative models for purchasing services from health practitioners in the 10 NHI pilot districts - To develop and implement innovative models for the dispensing and distribution of chronic medication in the 10 NHI pilot districts - Assessment of the implications of the NHI reforms on the public sector services
Expected outputs of the grant	<p>HP Contracting</p> <ul style="list-style-type: none"> - 290 General Practitioners contracted - 330 Pharmacy Assistants <p>Centralised Chronic Medicine Dispensing & Distribution</p> <ul style="list-style-type: none"> - 650 000 patients registered on the CCMDD programme <p>Capitation</p> <ul style="list-style-type: none"> - A risk-adjusted capitation model for the reimbursement of PHC facilities developed
Actual outputs achieved	<p>HP Contracting</p> <ul style="list-style-type: none"> - 330 General Practitioners contracted - 329 Pharmacy Assistants contracted <p>Centralised Chronic Medicine Dispensing & Distribution</p> <ul style="list-style-type: none"> - 1,252,000 patients registered on the CCMDD programme <p>Capitation</p> <ul style="list-style-type: none"> - Service provider appointed for development of risk-adjusted capitation model
Amount per amended DORA (R'000)	364 148
Amount received (R'000)	364 148
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	361 580
Reasons for deviations on performance	Budgetary challenges - HP contracting, some contracts were not renewed. Provincial cost containment measures.
Measures taken to improve performance	Budget bid to National Treasury for more funding and strengthening monitoring and evaluation.
Monitoring mechanism by the receiving department	Grant is currently managed at national level.

National Health Indirect Grant: Health Facility Revitalisation Component

Department that transferred the grant	National Department of Health												
Purpose of the grant	<ul style="list-style-type: none"> - To create an alternative track to improve spending, performance, and monitoring and evaluation on infrastructure in National Health Insurance (NHI) pilot districts - To enhance capacity and capability to deliver infrastructure for NHI pilots 												
Expected outputs of the grant	<ul style="list-style-type: none"> - Number and value of health infrastructure projects, initiated, planned, implemented and closed-out NHI pilots - Proportion of infrastructure projects running on schedule according to projected milestones and budgeted amount 												
Actual outputs achieved	<p>Number of facilities maintained, repaired and/or refurbished in NHI Districts:</p> <ul style="list-style-type: none"> - 4 Nursing education Institutions in progress - 371 facilities in progress to be maintained, repaired or refurbished in our backlog maintenance programme across multiple financial years. - 61 doctors Consulting Rooms constructed or partially constructed. - 20 clinics & community health centres in process that comply with gazette infrastructure norms & standards, either constructed or partially constructed over multiple years. - 1 housing project practically completed. <table border="1"> <thead> <tr> <th>Phase</th> <th>Nr of Projects in NHI Districts</th> </tr> </thead> <tbody> <tr> <td>Initiation Phase and Planning Phase</td> <td>88</td> </tr> <tr> <td>Tender</td> <td>16</td> </tr> <tr> <td>Construction and retention Phase</td> <td>124</td> </tr> <tr> <td>Closed Out</td> <td>110</td> </tr> <tr> <td>Total Projects</td> <td>338</td> </tr> </tbody> </table>	Phase	Nr of Projects in NHI Districts	Initiation Phase and Planning Phase	88	Tender	16	Construction and retention Phase	124	Closed Out	110	Total Projects	338
Phase	Nr of Projects in NHI Districts												
Initiation Phase and Planning Phase	88												
Tender	16												
Construction and retention Phase	124												
Closed Out	110												
Total Projects	338												
Amount per amended DORA (R'000)	697 082												
Amount received (R'000)	697 082												
Reasons if amount as per DORA was not received	None												
Amount spent by the department (R'000)	686 496												
Reasons for deviations on performance	<ul style="list-style-type: none"> - Projects identified were not initiated due to the delay in procurement processes. - Design revisions impacted on the project costs and need further review. - Budget adjustments. 												
Measures taken to improve performance	<ul style="list-style-type: none"> - Dedicated Implementing Agents - In Loco monitoring across all projects. - Regular site and Implementing Agent (IA) meetings. - Cash flows and expenditure reports. - Maintenance projects were fast tracked. 												
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> - The Project Management Information System (PMIS) is the monitoring mechanism for the projects. - Information is updated on a daily basis. - These updates include financial and project related information. - Progress reports and meeting are held. - Site visit reports are also submitted. 												

2.7 Donor Funds

Donor funds received

Name of donor	Centres for Disease Prevention and Control (United States)
Full amount of the funding (R'000)	245,943
Period of the commitment	12 months.
Purpose of the funding	Strengthen the capacity of National Department of Health to scale up PHC services to improve the management of HIV/AIDS services.
Expected outputs	<ul style="list-style-type: none"> - Health care workers trained on the new Drug Resistance TB Guidelines new regimen approach - Printed revised NDoH Guidelines for HIV testing and management - Health facilities attaining Ideal Status for strengthening of the Primary Health Care services
Actual outputs achieved	<ul style="list-style-type: none"> - 375 Health care workers trained on the Drug Resistance TB Management for The Introduction of the 9-Month Regimen - 7000 TIER.Net Aligned HIV Testing Services Registers printed; 8000 revised HIV Counselling and Testing registers; 15 000 Pocket book of Hospital Care for Children - 786 Health facilities achieved the Ideal Clinic status
Amount received (R'000)	82,098
Amount spent by the department (R'000)	78,729
Reasons for the funds unspent and/delays	<ul style="list-style-type: none"> - Delays with approval processes for procurement of services - Delays in approval of protocols by the Ethics committee - Trainings that are not fully attended by the relevant districts - Budget projections that were submitted by the CCMDD programme and allocated for, were far less than the approved budget. These funds will be carried over in the new financial year
Monitoring mechanism by the donor	<ul style="list-style-type: none"> - Monthly Budget versus Expenditure reports to CDC-SA - Quarterly reports (Federal Financial reports) - Annual reports (Performance, Federal and Expenditure)

Name of donor	Global Fund- New Funding Model
Full amount of the funding (R'000)	1,671,123
Period of the commitment	April 2016 - March 2017
Purpose of the funding	Investing for impact against tuberculosis and HIV
Expected outputs	<ul style="list-style-type: none"> - MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment, 73,6%. - KP-other 1 Percentage of individuals from key populations (vulnerable populations) reached through mass media communication, 10%. - Percentage of inmates diagnosed with TB and started on TB treatment in Correctional Centre, 22,9%. - TB/HIV-2 Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment, 80,0%. - TB/HIV-other 1 Percentage of inmates provided with a comprehensive TB/HIV and STIs prevention package in Correctional Centres, 22,9%. - TCS-1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV, 75,4%.
Actual outputs achieved	<ul style="list-style-type: none"> - MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment, 82,1%. - KP-other 1 Percentage of individuals from key populations (vulnerable populations) reached through mass media communication, 7,9%. - Percentage of inmates diagnosed with TB and started on TB treatment in Correctional Centre, 36,0%. - TB/HIV-2 Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment, 80,5%. - TB/HIV-other 1 Percentage of inmates provided with a comprehensive TB/HIV and STIs prevention package in Correctional Centres, 47,1%. - TCS-1 Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV, 60,1%.
Amount received (R'000)	467 469
Amount spent by the department (R'000)	450 111
Reasons for the funds unspent	<ul style="list-style-type: none"> - The delay in signing the Framework Agreement between the Global Fund (GF) and National Treasury negatively affected the implementation of the grant. - Delays in recruitment of human resources also contributed to slow expenditure
Monitoring mechanism by the donor	<p>The National Department of Health as Principal Recipient conducts the following activities to monitor the implementation and performance of funded programmes:</p> <ul style="list-style-type: none"> - Quarterly Data verification and site visits on implemented activities; - Quarterly workshops and meetings with sub-recipient for programme management; - On-site technical assistance and capacity building, - Quarterly internal audits and annual external audits. <p>The Global Fund conducts regular country visits which include site visits to implementing facilities. The NDoH submits six monthly reports to Global Fund which are verified by audit firm, the Local Funding Agent (LFA) prior to submission to Global Fund. The NDoH also submit quarterly report to South African National Aids Council which serves as Country Coordinating Mechanism (CCM) for Global Fund grants in the country. The Global Fund also conducts on-site data verification processes as part of quality checks through the LFA., The Global Fund commissions an audit through the Office of the Inspector-General (OIG) as part of weighing Global Fund's investments and identifying risks.</p>

2.8 Capital Investment

Capital investment, maintenance and asset management plan

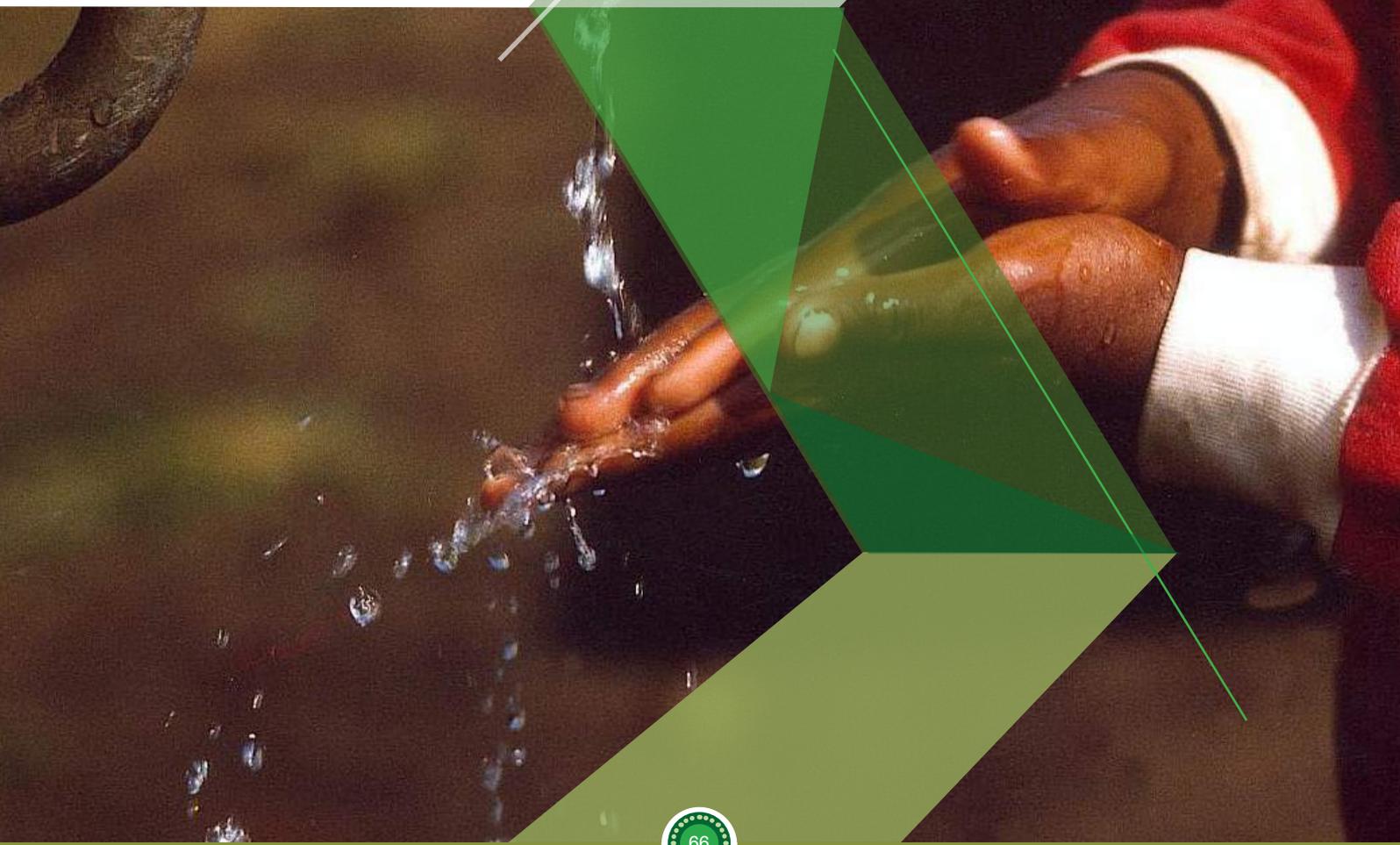
Infrastructure projects	2016/2017			2015/2016		
	Final appropriation (R'000)*	Actual expenditure (R'000)*	(Over)/Under expenditure (R'000)	Final appropriation (R'000)*	Actual expenditure (R'000)*	(Over)/Under expenditure (R'000)
New and replacement assets	297 541	256 775	40 766	228 951	225 559	3 393
Existing infrastructure assets	0.00	0.00	0	0	0	0
Upgrades and additions	72 642	53 170	19 472	95 479	72 472	23 007
Rehabilitation, renovations and refurbishments	71 377	68 600	2 777	171 120	141 509	29 611
Maintenance and repairs	154 129	194 131	(40 002)	30 586	31 116	(530)
Infrastructure transfer	0	0	0	0	0	0
Current (Goods and Services)	86 860	99 444	(12 584)	97 246	129 727	(32 481)
Capital (Buildings and other fixed structures)	595 688	572 675	23 013	526 136	470 655	55 481
Machinery and Equipment	14 534	14 534	0	36 089	58 988	(22 899)
Total	697 082	686 653	10 429	659 471	659 370	101

* Expenditure amounts are as reflected on the Project management information system which does not balance exactly with BAS



GOVERNANCE

PART C



3.1 Introduction

Commitment by the National Department of Health to maintain the highest standards of governance is fundamental to the management of public finances and resources. All stakeholders have to be given assurance that the Department has sound governance structures in place to effectively, efficiently and economically utilise the state resources, which are funded by the taxpayer.

3.2 Risk management

The Department recognises that risk management is a valuable management tool that increases its prospects of success by minimising any negative impacts and optimising opportunities emanating from its operating environment. The risk management framework (Policy, Strategy, Risk Assessment and Implementation Plan) was discussed and approved by the Audit Committee and signed-off by the Director-General during the 2016/17 financial year. The 2016/17 Strategic and Operational Risk Registers were developed by management and aligned with the 2016/17 Annual Performance Plan. Furthermore, the risk management unit is monitoring implementation of action plans to address the risks as contained in the risk registers and it provided the progress reports to the Management and Audit and Risk Committee.

3.3 Fraud and corruption

The Department has a Fraud Prevention Plan and a Fraud Prevention Implementation Plan. The Fraud Prevention Plan incorporates the 'Whistle-blowing' Policy Statement. The Department subscribes to the National Anti-Corruption Hot-Line housed at the Public Service Commission. In 2016/17, a total of 125 tip-offs were received anonymously. Of those, 104 were cases of fraudulent orders and the remaining ones are currently under investigation. All cases received via the Hot-Line are referred by the Public Service Commission (PSC) to the Department for investigation, and the Department provides feedback to the PSC on the progress of investigations. Other cases are reported to the Department anonymously by its own employees and by members of the public, and these are investigated accordingly. The Department also co-ordinates the investigation of some cases with the South African Police Services (SAPS) and other law enforcement agencies. Once the investigations are concluded, some cases proceed into internal disciplinary processes, while others that are of a criminal nature are handed over to the SAPS.

3.4 Minimising conflict of interest

The Department has put in place policies and procedures to manage conflict of interest through a declaration of the interest process; this is followed by all officials who are appointed formally to serve in different structures of supply chain management

such as bid specification, evaluation and adjudication committees. All appointed members declare their interests in writing before they can participate in any meetings of the committees. A standardised Declaration of Interest form is completed by appointed members. Where interest has been disclosed by any member/s of these committees, such member/s are required to withdraw from participating in any manner whatsoever in the process relating to the tender or contract. This is done in relation to Treasury Regulations 16A.8.4, sub-paragraphs (a) and (b). Furthermore, all senior management service (SMS) members submit their annual financial interest in line with the new Public Service Regulation, 2016. The information is verified in order to establish whether involvement of the SMS member in any registrable interest could lead to conflict of interest. Where registrable interest poses a potential conflict of interest, the SMS member is consulted and requested to address the activities posing a potential conflict of interest.

3.5 Code of conduct

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

3.6 Health safety and environmental issues

The Department has developed and implemented an Integrated Wellness Strategy, with a reference team of internal and external to offer assistance to employees.

The Department's strategic implementation on wellness further promotes the physical, social, emotional, occupational and spiritual wellness of individuals, as well as comprehensive identification of psychosocial health risks, by conducting routine health screening of employees.

Occupational Health and Safety (OHS) committee was approved by the Director-General in 2013. As required by the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), to date 40 OHS, 40 Fire Marshals and 40 First Aiders have been appointed by the Director-General and received training. During 2016/17 financial year, 24 OHS meetings were held and 24 inspections were conducted.

3.7 Meetings of the Portfolio Committees

Date of the meeting	Brief of the meeting agenda/topic	Matters raised by the Committee and how they were attended to by the NDoH
Portfolio Committee on Health		
31 August 2016	Briefing on the 4 th Quarter Report	Recommendations of the Report are referred to the NDoH for further action and implementation
07 September 2016	Briefing on the challenges faced by the CCOD and how to resolve them	Recommendations of the Report are referred to the NDoH for further action and implementation
14-16 September 2016 20-21 September 2016 22-23 September 2016	Oversight visit to the Provinces of North West, Free State and Gauteng, to assess the Health Care Service delivery in the NHI Pilot districts	The respective reports as adopted by Parliament on these oversight visits were referred to the NDoH for further action and implementation of the recommendations made.
11 -13 October 2016 13 October 2016	Briefing by the MRC, NHLS, CMS and OHSC on their 2015/16 Annual Reports	Recommendations of the Report are referred to the NDoH and these Public Entities for further action and implementation
	Briefing on the 2015/16 Annual Report of the National NDoH of Health	Recommendations of the Report are referred to the NDoH for further action and implementation
23 November 2016 30 November 2016	Briefing on the Medical Innovation Bill	The matter was still under consideration at the time of the reporting period.
	Briefing by the Chief Nursing Officer on progress on the implementation of the Nursing Strategy	Recommendations of the Report are referred to the NDoH for further action and implementation
07 February 2017 14 February 2017 15 February 2017	Briefing on: 1. A Consolidated Quarterly Report (Quarters 1, 2 and 3 for 2017); 2. The impact of MomConnect in improving the health of pregnant women; and reducing maternal, neonatal and infant mortality; and 3. Progress made on the placement of Health Professionals who have obtained their qualifications.	Recommendations of the Report are referred to the NDoH for further action and implementation
	Joint Portfolio Committee on Health/Standing Committee on Finance on the Public Hearings on the Taxation of Sugary Sweetened Beverages.	The matter was still ongoing at the time of the reporting period
	Briefing by the Health Ombud and CEO of the OHSC on the report of the circumstances surrounding the deaths of mentally ill patients	Recommendations of the Report are referred to the NDoH and the OHSC for further action and implementation
07 March 2017	Briefing by the Eastern Cape, Western Cape, and National Health Departments on the State of the health Care Services for their provinces. Briefing on same by Free State, Limpopo and North West	Recommendations of the Report are referred to the NDoH for further action and implementation
14-15 March 2017 22-24 March 2017	Briefing to the Joint Health and Standing Committee on Appropriations on the effective coordination and alignment of national and provincial governments in the delivery of health services	Recommendations of the Report are referred to the NDoH for further action and implementation
Select Committee on Social Services		
29 August 2016	Oversight visit to a local clinic in Vhembe District to assess the delivery of health services in the NHI Pilot Site	Matters raised were responded to during the meeting and there were also those that the Committee requested that the NDoH go and look into them and submitted written reports
14 February 2017	Briefing the National NDoH's Annual Report 2015/16.	Recommendations of the Report are referred to the NDoH for further action and implementation
14 March 2017 01 March 2017 07 March 2017	NDoH briefing the Committee on Alcohol Foetal Syndrome.	Recommendations of the Report are referred to the NDoH for further action and implementation
	Briefing on plans to implement the provision of free sanitary products and the NO VAT exemption on sanitary products.	Recommendations of the Report are referred to the NDoH for further action and implementation
	Briefing on the Stakeholder engagement on the Policy on Incapacity leave and Ill-health Retirement Programme	Recommendations of the Report are referred to the NDoH for further action and implementation
14 September 2016	Briefing on the 4 th Quarter expenditure for 2015/16 Financial Year and 1 st Quarter for 2016/17 Financial Year	Recommendations of the Report are referred to the NDoH for further action and implementation

3.8 Standing Committee on Public Accounts (SCOPA) Resolutions

There were no SCOPA hearings or resolutions for the year under review.

Resolution Nr	Subject	Details	Response by the department	Resolved (Yes/No)
N/A	N/A	N/A	N/A	N/A

3.9 Prior modifications to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter*
None	None	None

3.10 Meetings of the Audit and Risk Audit Committee

Name	Qualifications	Internal or external member	Date appointed	Date resigned	Types and Number of meetings attended		
					Ordinary	Special + In-Committee	Nr of meetings attended
Advocate WE Huma	LLM (Master of Laws)	External	27 Oct 2014	N/A	02	05	07
Ms PMK Mvulane	Chartered Accountant	External	15 June 2015	N/A	04	06	10
Professor J W Kruger	PhD Computer Science	External	27 Oct 2014	N/A	04	06	10
Mr SM Radebe	Chartered Accountant	External	01 May 2016	N/A	02	03	05
Ms GZ Nkosi	Chartered Accountant	External	01 May 2016	N/A	04	04	08

3.11 Internal Control Unit

Audit and Risk Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2017.

Audit and Risk Committee Responsibility

The Audit and Risk Committee reports that it has complied with its responsibilities arising from Section 38(1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit and Risk Committee also report that it has adopted appropriate formal terms of reference as its Audit and Risk Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

Management and Internal Audit Unit provide the Audit and Risk Committee with the assurance that the internal controls are appropriate and effective. This has been achieved through quarterly monitoring of management implementation action plans based on agreed corrective actions from Internal Audit Unit and Auditor General of South Africa (AGSA) to address audit findings and recommendations. Based on the audit reports received from both the Internal Audit Unit and AGSA and discussed at Audit and Risk Committee meetings during 2016/17 financial year, we are of the opinion that controls evaluated during those audits were adequate and effective for most of the areas tested. We noted, however that in certain instances the controls in place were found to be ineffective. In those areas management has assured the Audit and Risk Committee that those control deficiencies will be addressed as per detailed actions plans, which will be audited by the Internal Audit Unit and monitored by the Audit and Risk Committee.

Internal Audit

The Audit and Risk Committee reviewed and approved the Internal Audit Unit's three year rolling and operational plans for 2016/17. The Audit and Risk Committee also monitored performance of Internal Audit Unit against its approved operational plan on a quarterly basis. Additional capacity has been obtained for internal audit through a co-sourcing arrangement with an external service provider. There has been significant progress in the quality of work of internal audit. This is supported by the results of the External Quality Assurance Review conducted during this financial year, which reflected a highest rating of Generally Conformance. The Audit and Risk Committee will continue to provide support to internal audit to ensure that they operate effectively and conform to the international standards for the professional practice of internal auditing issued by the Institute of Internal Audit.

Risk Management

The Audit and Risk Committee monitored on a quarterly basis the achievement of internal risk management milestones as per the Risk Management Implementation Plan. There has been a significant progress with

regards to the implementation of risk management function within the Department. Both the strategic and operations risk registers were finalised during the year. The Audit and Risk Committee will continue to monitor the implementation of action plans to address the high risk areas within the department as indicated in the risk register.

In-Year Management and Monthly/Quarterly Reports

The Department reported quarterly to National Treasury as required by the PFMA. The Audit and Risk Committee reviewed the quarterly reports prepared and issued by the Accounting Officer of the Department during the year under review, and is satisfied with the content and quality thereof. There has been an improvement on the quality of performance information reports and financial statements in the current financial year, mainly due to management's commitment in implementing recommendations to improve the situation.

Evaluation of Financial Statements and Performance Information against Predetermined Objectives

The Audit and Risk Committee has:

- Reviewed and discussed the audited financial statement to be included in the annual report, with the Auditor-General South Africa (AGSA), the Accounting Officer and Management;
- Reviewed the AGSA management report and management responses thereto;
- Reviewed the department's compliance with legal and regulatory provisions;
- Reviewed the financial statements for any significant adjustments resulting from the audit

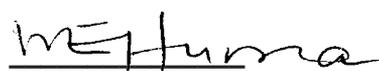
Reviewed the performance information against predetermined objectives.

Auditor General's Report

The Audit and Risk Committee has met and discussed the audit outcomes with the AGSA and Management to ensure that there are no unresolved findings. We have also reviewed the department's implementation plan for the audit findings raised in the AGSA management report. Continuous oversight will be exercised to ensure that all findings are adequately addressed.

Conclusion

The Audit and Risk Committee concurs and accepts the conclusion of the AGSA on the annual financial statements and performance information and is of the opinion that the audited annual financial statements be accepted and read in conjunction with the report of the AGSA



Adv. W.E. Huma
Chairperson: Audit and Risk Committee
National Department of Health
Date: 31 July 2017



HUMAN RESOURCE MANAGEMENT

PART D

Legislation governing human resources management

Legislation/Policy	Objective
Basic Condition of Employment Act.	To give effect to the right to fair Labour Practices referred to in Section 23(1) of the Constitution by establishing and making provisions for the regulation of Basic Condition of Employment Act.
Constitution Of the Republic of South Africa	Provides supreme law of the Republic, any law or conduct that is inconsistent with it; is invalid.
Employee Relations Act (No. 66 of 1995)	Advances economic development, social justice, labour peace and the democratisation of the workplace by fulfilling the primary objects of the Act.
Employment Equity Act (No. 55 of 1998)	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementation of affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace
Human Resource Development Strategy for the public service Vision 2015	Addresses the major human resource capacity constraints currently hampering the effective and equitable delivery of public services
National Human Resource Development Strategy	Maximises the potential of the people of South Africa, through the acquisition of knowledge and skills, to work productively and competitively in order to achieve an increasingly improved quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements to achieve this
Occupational Health and Safety Act (No. 85 of 1993)	Provides for occupational health and safety standards that need to be adhered to by the Department, and the monitoring and evaluation thereof
Public Finance Management Act, (No. 1 of 1999)	Provides for the administration of State funds by functionaries, and details their responsibilities
Public Service Regulations, 2016	Provides a new framework for management of the public service, including decentralised decision making and planning within the boundaries of national strategies, programmes and policies
Skills Development Act (No. 97 of 1998)	Establishes a high-quality skills-development system that is cost-effective and accountable, and that meets skills needs and promotes employment generation and economic growth
White Paper on Human Resource Management in the Public Service	Ensures that human resource management in the public service becomes a model of excellence in which the management of people is seen as everyone's responsibility and is conducted in a professional manner
White Paper on Public Service Delivery – Batho Pele	Establishes a framework of values, norms and standards to improve public service delivery
White Paper on Transformation of the Public Services	Provides a strategic framework for public services transformation to support the service delivery objectives of government

4.1 Introduction

Human resources (HR) practices guide the management and co-ordination of HR information systems, organisational development, change-management programmes, and employee acquisition. These practices allow the Department to 'take stock' of current HR needs and to assist in the determination of future needs necessary to achieve consistently on organisational objectives.

An in-depth analysis was undertaken of the current workforce, the external and internal challenges or influences, their impact on future financial and HR needs, and actual activities. This evaluative process was carried out for the year under review to ensure that the Department.

4.1.1 Human Resources Services' Charter

The Human Resources Service Charter outlines the service commitment that sets human resources performance targets and operating standards. It is intended to ensure that clients' expectations of service delivery are matched by achievable, measurable and value adding performance standards.

4.1.2 Organisational development

During 2016/17 financial year the Department continued with maintenance of the PERSAL

(Personnel Salary System) clean-up process. Coupled with continued implementation of the Department of Public Service and Administration (DPSA) Recruitment Strategy, the Department has maintained a vacancy rate of 8.1%. This is below the DPSA's recommended target vacancy rate of 10% or below for all departments.

4.1.3 Recruitment

The Department's Recruitment and Retention Strategy was reviewed and approved during this period. This aims to attract and retain critical and scarce skills, as well as employees from designated groups. In addition, business processes on recruitment were developed to ensure that all recruitment processes are conducted within the required timeframes.

4.1.4 Performance management

The Performance Management and Development System (PMDS) unit continues to provide advisory and administrative support in ensuring linkages between individual and organisation performance. Consequently, compliance with regards to the submission of performance agreements and the implementation of employees work plans, has improved vastly.

4.1.5 Employee wellness

The Department is committed to promoting quality of work-life, and ensures compliance with the Occupational Health and Safety Act (OHSA) and the creation of a conducive work environment for the Department's employees.

4.1.6 Labour relations

Awareness campaigns on Code of Conduct are conducted during orientation and induction of newly appointed employees, and Code of Conduct booklets are distributed to serving officials to improve their ethical conduct and professionalism.

4.1.7 HR challenges

The Department is currently faced with the following workforce challenges:

- Budget ceiling on COE allocation reduced by National Treasury has impacted on the filling of vacancies;
- Recruitment and retention of people with disabilities; and
- Impact Assessments of Capacity building Initiatives

The Department has put strategies in place to ensure that the above workforce challenges are addressed in 2017/2018, as part of the implementation of the HR Plan.

4.2 Human Resources oversight statistics

4.2.1 Personnel related expenditure

Table 4.2.1.1 Personnel expenditure by programme for the period 1 April 2016 and 31 March 2017

Programme	Total voted expenditure (R'000)	Compensation of employees expenditure (R'000)	Training expenditure (R'000)	Compensation of employees as percent of Total expenditure ¹	Average compensation of employees Cost per employee (R'000) ²	Employment ³
Administration	442,877	187,591	1,226	42.4%	422,501	444
NHI, Health PLN & Sys Enable	679,170	109,525	826	16.1%	688,841	159
HIV&AIDS, TB & Child Health	15,965,182	75,573	944	0.5%	609,460	124
Primary Health Care Services	225,731	177,860	1,338	78.8%	422,470	421
Hosp, Tertiary Ser & HR Dev	19,468,716	138,008	617	0.7%	440,918	313
Health Regul & Compliance MNG	1,714,510	148,712	644	8.7%	395,507	376
Z=Total as on Financial Systems (BAS)	38,496,186	837,269	5,595	2.2%	455,780	1837

¹ Compensation of employees expenditure divided by total voted expenditure multiplied by 100

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

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

Table 4.2.1.2 Personnel costs by salary band for the period 1 April 2016 and 31 March 2017

Salary bands	Compensation of employees cost (R'000)	Percentage of total personnel cost for department ¹	Average compensation cost per employee (R'000) ²	Number of employees ³
Lower Skilled (Levels 1-2)	0	0.0%	0	0
Skilled (Levels 3-5)	83,243	9.9%	198	421
Highly Skilled production (Levels 6-8)	255,871	30.6%	351	730
Highly Skilled supervision (Levels 9-12)	254,273	30.4%	453	561
Senior and Top Management (Levels 13-16)	243,882	29.1%	1,951	125
TOTAL	837,269	100.0%	456	1837

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

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

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

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

Table 4.2.1.3 Salaries, overtime, home owners allowance and medical aid by programme for the period 1 April 2016 and 31 March 2017

Programme	Salaries		Overtime		HOA		Medical subsidy		Total Personnel cost per programme (R'000)
	(R'000)	Salaries as % of personnel cost ¹	(R'000)	Overtime as % of personnel cost ²	(R'000)	HOA as % of personnel cost ³	(R'000)	as % of personnel cost ⁴	
Administration	125,295	66.8%	3,112	1.7%	5,591	3.0%	8,281	4.4%	187,591
NHI, Health PLN & Sys Enable	67,875	62.0%	184	0.2%	2,101	1.9%	3,279	2.9%	109,525
HIV&AIDS, TB & Child Health	53,584	70.9%	34	0.0%	1,648	2.2%	2,269	3.0%	75,573
Primary Health Care Services	123,074	69.2%	4,999	2.8%	5,118	2.9%	7,901	4.4%	177,860
Hosp, Tertiary Ser & HR Dev	95,831	69.4%	9,318	6.8%	3,456	2.5%	4,675	3.4%	138,008
Health Regul & Compliance MNG	102,076	68.6%	1,704	1.1%	3,840	2.6%	5,468	3.7%	148,712
Total	567,735	67.8%	19,350	2.3%	21,755	2.6%	31,815	3.8%	837,269

¹: Salaries divided by total Compensation of employees expenditure in table 4.2.1.3 multiplied by 100

²: Overtime divided by total Compensation of employees expenditure in table 4.2.1.3 multiplied by 100

³: Home Owner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.3 multiplied by 100

⁴: Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.3 multiplied by 100

Table 4.2.1.4 Salaries, overtime, home owners allowance and medical aid by salary band for the period 1 April 2016 and 31 March 2017

Salary bands	Salaries (R'000)	Salaries as % of personnel cost ¹	Overtime (R'000)	Overtime as % of personnel cost ²	HOA (R'000)	HOA as % of personnel cost ³	Medical subsidy (R'000)	Medical subsidy as % of personnel cost ⁴	Total personnel cost per salary band (R'000)
Lower Skilled (Levels 1-2)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Skilled (Levels 3-5)	56,091	67.4%	3,916	4.7%	4,430	5.3%	7,372	8.9%	83,243
Highly Skilled production (Levels 6-8)	182,943	71.5%	8,179	3.2%	8,089	3.2%	13,907	5.4%	255,872
Highly Skilled supervision (Levels 9-12)	238,394	93.8%	7,255	2.9%	7,524	3.0%	9,155	3.6%	254,272
Senior and Top Management (Levels 13-16)	90,307	37.0%	0	0.0%	1,712	0.7%	1,440	0.6%	243,882
TOTAL	567,735	67.8%	19,350	2.3%	21,755	2.6%	31,717	3.8%	837,269

¹ Salaries divided by total Compensation of employees expenditure in table 4.2.1.4 multiplied by 100

²: Overtime divided by total Compensation of employees expenditure in table 4.2.1.4 multiplied by 100

³: Home Owner's allowance divided by total Compensation of employees' expenditure in table 4.2.1.4 multiplied by 100

⁴: Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.4 multiplied by 100

4.3 Employment and vacancies

Table 4.3.1 Employment and vacancies by programme as on 31 March 2017

Programme	Nr of posts on approved establishment	Nr of filled posts	Vacancy rate ¹	Nr of posts additional to the establishment ²
Administration	472	443	5.9%	1
NHI, Health PLN & Sys Enable	175	153	9.1%	6
HIV&AIDS, TB & Child Health	131	124	5.3%	0
Primary Health Care Services	482	414	12.7%	7
Hosp, Tertiary Ser & HR Dev	341	274	8.2%	39
Health Regul & Compliance MNG	398	286	5.5%	90
TOTAL	1999	1694	8.1%	143

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

Office note: Post listed includes only Voted Funds; 39 positions are in the process of being transferred to the OHSC

Table 4.3.2 Employment and vacancies by salary band as on 31 March 2017

Salary Band	Nr of posts on approved establishment	Nr of filled posts	Vacancy rate ¹	Nr of posts additional to the establishment
Lower Skilled (Levels 1-2)	0	0	0.0%	0
Skilled (Levels 3-5)	450	403	6.4%	18
Highly Skilled production (Levels 6-8)	798	709	8.5%	21
Highly Skilled supervision (Levels 9-12)	613	467	8.5%	94
Senior Management (Levels 13-16)	138	115	9.4%	10
TOTAL	1999	1694	8.1%	143

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

Table 4.3.3 Employment and vacancies by critical occupations as on 31 March 2017

Critical Occupations	Nr of Permanent Posts on the approved establishment	Nr of Filled Posts	Vacancy Rate ¹	Nr of Posts Additional to the Establishment
Administrative related, Permanent	50	45	8.0%	1
Artisan project and related superintendents, Permanent	1	1	0.0%	0
Auxiliary and related workers, Permanent	62	61	1.6%	0
Biochemistry pharmacol. Zoology & life scie.techni, Permanent	274	235	7.3%	19
Cleaners in offices workshops hospitals etc., Permanent	73	66	9.6%	0
Client inform clerks(witch receipt inform clerks), Permanent	4	4	0.0%	0
Communication and information related, Permanent	16	14	6.3%	1
Computer programmers., Permanent	1	1	0.0%	0
Computer system designers and analysts., Permanent	0	0	0.0%	0
Custodian personnel, Permanent	0	0	0.0%	0
Dental practitioners, Permanent	0	0	0.0%	0
Dental Specialist	1	1	0.0%	0
Dental Therapy, Permanent	1	1	0.0%	0
Dieticians and nutritionists, Permanent	9	8	11.1%	0
Emergency Services Related, Permanent	3	3	0.0%	0
Engineering sciences related, Permanent	2	2	0.0%	0
Engineers and related professionals, Permanent	2	1	50.0%	0
Environmental health, Permanent	281	237	13.2%	7
Finance and economics related, Permanent	2	2	0.0%	0
Financial and related professionals, Permanent	43	41	2.3%	1
Financial clerks and credit controllers, Permanent	28	23	7.1%	3
General legal administration & rel. Professionals, Permanent	2	2	0.0%	0
Head of department/chief executive officer, Permanent	1	1	0.0%	0
Health sciences related, Permanent	145	108	8.3%	25
Human resources & organisational development & relate prof, Permanent	52	50	1.9%	1
Human Resources Clerks	0	0	0.0%	0
Human resources related, Permanent	6	4	33.3%	0
Information technology related, Permanent	24	23	4.2%	0
Legal related, Permanent	5	3	40.0%	0
Librarians and related professionals, Permanent	0	0	0.0%	0
Library mail and related clerks, Permanent	33	31	0.0%	2
Light vehicle drivers, Permanent	3	3	0.0%	0
Logistical support personnel, Permanent	67	63	4.5%	1
Material-recording and transport clerks, Permanent	0	0	0.0%	0
Medical practitioners, Permanent	45	4	4.4%	39
Medical specialists, Permanent	1	1	0.0%	0
Medical technicians/technologists, Permanent	2	2	0.0%	0
Messengers porters and deliverers, Permanent	20	20	0.0%	0
Natural sciences related, Permanent	0	0	0.0%	0
Other administrat & related clerks and organisers, Permanent	229	201	7.0%	12
Other administrative policy and related officers, Permanent	114	100	6.1%	7

Critical Occupations	Nr of Permanent Posts on the approved establishment	Nr of Filled Posts	Vacancy Rate ¹	Nr of Posts Additional to the Establishment
Other information technology personnel., Permanent	6	3	16.7%	2
Other occupations, Permanent	2	2	0.0%	0
Pharmacists, Permanent	24	13	8.3%	9
Pharmacologist Pathologists & related Professionals	0	0	0.0%	0
Physicist	0	0	0.0%	0
Professional nurse, Permanent	16	12	18.8%	1
Radiography, Permanent	2	2	0.0%	0
Secretaries & other keyboard operating clerks, Permanent	122	101	3.0%	3
Security officers, Permanent	90	85	5.6%	0
Senior managers, Permanent	131	110	9.2%	9
Social Science Related	0	0	0.0%	0
Social work and related professionals, Permanent	3	3	0.0%	0
Staff nurses and pupil nurses, Permanent	1	1	0.0%	0
Statisticians and related professionals, Permanent	0	0	0.0%	0
TOTAL	1999	1694	8.1%	143

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

4.4 Filling of SMS posts

Table 4.4.1 SMS post information as on 31 March 2017

SMS Level	Total Nr of Funded SMS Posts	Total Nr of SMS Members filled	% of SMS posts filled ¹	Total Nr of SMS posts vacant	% of SMS posts vacant ²
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HOD	3	3	100.0%	0	0.0%
Salary Level 15	12	11	91.7%	1	8.3%
Salary Level 14	34	28	82.4%	6	17.6%
Salary Level 13	88	82	93.1%	6	6.7%
Total	138	125	90.5%	13	9.4%

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

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

Table 4.4.2 SMS post information as on 30 September 2016

SMS Level	Total Nr of funded SMS Posts	Total Nr of SMS Members filled	% of SMS posts filled ¹	Total Nr of SMS posts vacant	% of SMS posts vacant ²
Director-General / Head of Department	1	1	100.0%	0	0.0%
Salary Level 16, but not HOD*2	3	3	100.0%	0	0.0%
Salary Level 15	12	12	100.0%	0	0.0%
Salary Level 14	34	28	82.4%	6	17.6%
Salary Level 13	88	84	95.5%	5	5.6%
Total	138	128	92.7%	11	7.9%

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

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

Table 4.4.3 Advertising and filling of SMS posts for the period 1 April 2016 and 31 March 2017

SMS LEVEL	Nr of vacancies advertised in 6 months of becoming vacant	Nr of vacancies per level filled in 6 months after becoming vacant	Nr of vacancies per level filled within 12 months after becoming vacant
Director –General/Head of Department	0	0	0
Salary Level 16 but not HOD	0	0	0
Salary Level 15	1	0	0
Salary Level 14	0	0	0
Salary Level 13	4	0	0
Total	5	0	0

Table 4.4.4 Reasons for not having complied with the filling of funded vacant SMS post- Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2016 to March 2017

Reasons for vacancies not advertised within six months
Budget ceiling on COE allocation reduced by National Treasury impacted on the filling of SMS posts

Table 4.4.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2016 and 31 March 2017

Disciplinary Steps Taken
None

4.5 Job evaluation

Table 4.5.1 Job Evaluation by Salary band for the period 1 April 2016 and 31 March 2017

Salary Band	Nr of posts on approved establishment	Nr of Posts Evaluated	% of Posts Evaluated per salary band ¹	Posts Upgraded		Posts Downgraded	
				Nr	% of posts evaluated ²	Nr	% of posts evaluated ³
Lower Skilled (Level 1-2)	0	0	0.0%	0	0.0%	0	0.0%
Skilled (Levels 3-5)	450	168	37.3%	6	1.3%	0	0.0%
Highly Skilled production (Levels 6-8)	798	185	23.2%	0	0.0%	0	0.0%
Highly Skilled supervision (Levels 9-12) ⁴	613	150	24.4%	0	0.0%	0	0.0%
Senior Management Service B and A	88	21	23.8%	0	0.0%	0	0.0%
Senior Management Service Band B and B	34	9	26.5%	0	0.0%	0	0.0%
Senior Management Service Band B and C	12	3	25.0%	0	0.0%	0	0.0%
Senior Management Service Band B and D	4	0	0.0%	0	0.0%	0	0.0%
TOTAL	1999	536	26.8%	6	0.3%	0	0.0%

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

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

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

4 Within the Professional category of 32 OSD appointments were made

This includes posts which levels are confirmed with the levels determined by DPSA, Collective Agreements and JE Panel

Table 4.5.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2016 and 31 March 2017

Gender	African	Asian	Coloured	White	Total
Female	5	0	0	0	5
Male	1	0	0	0	1
Total	6	0	0	0	6
Employees with a disability	0	0	0	0	0

Table 4.5.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2016 and 31 March 2017

Total number of employees whose salaries exceeded the level determined by job evaluation	None
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Table 4.5.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2016 and 31 March 2017

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

4.6 Employment changes

Table 4.6.1 Annual turnover rates by salary band for the period 1 April 2016 and 31 March 2017

Salary Band	Nr of employees at beginning of period 1 April 2016	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate ¹
Lower Skilled (Level 1-2)	6	0	0	0.0%
Skilled (Levels 3-5)	414	17	17	3.9%
Highly Skilled production (Levels 6-8)	725	47	46	6.0%
Highly Skilled supervision (Levels 9-12)	549	64	78	12.7%
Senior Management Service B and A	78	7	7	8.2%
Senior Management Service Band B and B	28	1	1	3.4%
Senior Management Service Band B and C	12	0	2	16.7%
Senior Management Service Band B and D	4	0	0	0.0%
TOTAL	1816	136	151	7.7%

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

Table 4.6.2 Annual turnover rates by critical occupation for the period 1 April 2016 and 31 March 2017

Critical Occupations	Nr of employees at the beginning of period 1 April 2016	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate ¹
Administrative related	57	0	4	7.0%
Ambulance and related workers	0	0	0	0.0%
Artisan project and related superintendents	1	0	0	0.0%
Auxiliary and related workers	54	5	2	3.4%
Biochemistry pharmacol. Zoology & life scie. techni	253	9	14	5.3%
Cleaners in offices workshops hospitals etc.	71	0	2	2.8%
Client inform clerks(switchb receipt inform clerks)	4	0	0	0.0%
Communication and information related	13	0	0	0.0%
Computer programmers.	1	0	0	0.0%
Computer system designers and analysts.	1	0	0	0.0%
Dental Specialists	1	0	0	0.0%
Dental Therapy	1	0	0	0.0%
Dieticians and nutritionists	8	1	1	11.1%
Emergency Services Related, Permanent	2	1	0	0.0%
Engineering sciences related	1	0	0	0.0%
Engineers and related professionals	2	0	0	0.0%
Environmental health	231	22	13	5.1%
Finance and economics related	3	0	0	0.0%
Financial and related professionals	44	2	3	6.5%
Financial clerks and credit controllers	27	1	2	7.1%
General legal administration & rel. professionals	1	0	0	0.0%
Head of department/chief executive officer	1	0	0	0.0%
Health sciences related	135	4	7	5.0%
Human resources & organisat developm & relate prof	47	2	2	4.1%
Human resources clerks	2	1	0	0.0%
Human resources related	7	0	0	0.0%
Information technology related	22	1	0	0.0%
Legal related	2	1	1	33.3%
Library mail and related clerks	31	1	2	6.3%
Light vehicle drivers	3	0	0	0.0%
Logistical support personnel	65	1	3	4.5%
Material-recording and transport clerks	1	0	0	0.0%
Medical practitioners	18	25	41	95.3%
Medical specialists	2	0	2	100.0%
Medical technicians/technologists	2	0	0	0.0%
Messengers porters and deliverers	19	1	0	0.0%
Natural sciences related	1	0	0	0.0%

Critical Occupations	Nr of employees at the beginning of period 1 April 2016	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate ¹
Other administration & related clerks and organisers	231	9	12	5.0%
Other administrative policy and related officers	104	0	4	3.8%
Other information technology personnel.	4	2	1	16.7%
Other occupations	4	0	0	0.0%
Pharmacists	24	18	7	16.7%
Pharmacologists pathologists & related professional	1	0	0	0.0%
Physicists	3	0	0	0.0%
Professional nurse	13	3	2	12.5%
Radiography	2	0	0	0.0%
Secretaries & other keyboard operating clerks	90	16	8	7.5%
Security officers	88	2	8	8.9%
Senior managers	112	8	9	7.5%
Social Sciences Related	1	0	0	0.0%
Social Work and related professionals	4	0	1	25.0%
Staff nurses and pupil nurses	1	0	0	0.0%
TOTAL	1816	136	151	7.7%

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

Table 4.6.3 Reasons why staff left the department for the period 1 April 2016 and 31 March 2017

Termination Type	Nr of employees terminated	% of Total Terminations ¹
Death,	1	0.7%
Resignation,	46	30.5%
Expiry of contract,	50	33.1%
Dismissal - operation changes	0	0.0%
Dismissal - misconduct	3	2.0%
Dismissal - inefficiency	0	0.0%
Discharged due to ill health	0	0.0%
Retirement,	22	14.6%
Transferred Out of the Dept	29	19.2%
Other,	0	0.0%
TOTAL	151	100.0%
Total number of employees who left as a % of total employment²	8.3%	

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

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

Table 4.6.4 Promotions by critical occupation for the period 1 April 2016 and 31 March 2017

Occupation	Employees 1 April 2016	Promotions to another Salary Level	Salary level promotions as a % of employment ¹	Progressions to another notch within salary level	Notch progressions as a % of employment ²
Administrative related	57	0	0.0%	34	59.6%
Artisan project and related superintendents	1	0	0.0%	1	0.0%
Auxiliary and related workers	54	0	0.0%	41	75.9%
Biochemistry pharmacol. Zoology & life scie. techni	253	5	2.0%	156	61.7%
Chemists	0	0	0.0%	0	0.0%
Cleaners in offices workshops hospitals etc.	71	6	8.5%	45	63.4%
Client inform clerks (switchboard reception inform clerks)	4	0	0.0%	4	0.0%
Communication and information related	13	0	0.0%	8	61.5%
Computer programmers.	1	0	0.0%	1	100.0%
Computer system designers and analysts.	1	0	0.0%	0	0.0%
Dental Specialists	1	0	0.0%	0	0.0%
Dental Therapy	1	0	0.0%	0	0.0%
Dieticians and nutritionists	8	0	0.0%	4	0.0%
Emergency Services Related	2	0	0.0%	1	50.0%

Occupation	Employees 1 April 2016	Promotions to another Salary Level	Salary level promotions as a % of employment ¹	Progressions to another notch within salary level	Notch progressions as a % of employment ²
Engineering sciences related	1	0	0.0%	1	100.0%
Engineers and related professionals	2	0	0.0%	0	0.0%
Environmental health	231	13	5.6%	186	0.0%
Finance and economics related	3	0	0.0%	0	0.0%
Financial and related professionals	44	1	2.3%	28	63.6%
Financial clerks and credit controllers	27	0	0.0%	14	51.9%
General legal administration & rel. professionals	1	0	0.0%	0	0.0%
Head of department/chief executive officer	1	0	0.0%	0	0.0%
Health sciences related	135	4	3.0%	76	56.3%
Human resources & organisat developm & relate prof	47	0	0.0%	42	89.4%
Human resources clerks	2	1	50.0%	0	0.0%
Human resources related	7	0	0.0%	0	0.0%
Information technology related	22	1	4.5%	15	68.2%
Legal related	2	0	0.0%	2	100.0%
Library mail and related clerks	31	1	3.2%	20	64.5%
Light vehicle drivers	3	0	0.0%	3	0.0%
Logistical support personnel	65	0	0.0%	53	81.5%
Material-recording and transport clerks	1	0	0.0%	0	0.0%
Medical practitioners	18	0	0.0%	0	0.0%
Medical specialists	2	0	0.0%	0	0.0%
Medical technicians/technologists	2	0	0.0%	1	50.0%
Messengers porters and deliverers	19	0	0.0%	10	52.6%
Natural sciences related	1	0	0.0%	0	0.0%
Other administrat & related clerks and organisers	231	5	2.2%	139	60.2%
Other administrative policy and related officers	104	2	1.9%	71	0.0%
Other information technology personnel.	4	1	25.0%	2	50.0%
Other occupations	4	0	0.0%	0	0.0%
Pharmacists	24	0	0.0%	5	20.8%
Pharmacologists pathologists & related professionals	1	0	0.0%	0	0.0%
Physicists	3	0	0.0%	0	0.0%
Professional nurse	13	2	15.4%	3	23.1%
Radiography	2	0	0.0%	2	100.0%
Secretaries & other keyboard operating clerks	90	12	13.3%	52	57.8%
Security officers	88	1	1.1%	61	69.3%
Senior managers	112	5	4.5%	63	56.3%
Social Sciences Related	1	0	0.0%	0	0.0%
Social Work and related professionals	4	0	0.0%	3	0.0%
Staff nurses and pupil nurses	1	0	0.0%	0	0.0%
TOTAL	1816	60	3.3%	1147	63.2%

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

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

Table 4.6.5 Promotions by salary band for the period 1 April 2016 to 31 March 2017

Salary Band	Employees 1 April 2016	Promotions to another salary level	Salary level promotions as a % of employment ¹	Progressions to another notch within salary level	Notch progressions as a % of employment ²
Unskilled and defined decision making	6	6	100.0%	0	0.0%
Semi-skilled and discretionary decision making	484	10	2.1%	280	57.9%
Skilled technical and academically qualified workers, junior management, supervisors, foreman	347	14	4.0%	505	145.5%
Professionally qualified and experienced specialists and mid-management	858	30	3.5%	300	35.0%
Senior Management	109	0	0.0%	61	0.0%
Top Management	12	0	0.0%	1	0.0%
TOTAL	1816	60	3.3%	1147	63.2%

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

² Progressions to another Notch within Salary Level divided by Employment at the beginning of the period multiplied by 100
Progressions to another notch to be supplied upon completion of Performance Assessment in Aug 2016.

4.7 Employment Equity

Table 4.7.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2017

Occupational category	Male			Female				Total	
	African	Coloured	Indian	White	African	Coloured	Indian		White
Legislators, senior officials and managers,	46	3	6	11	39	7	5	6	123
Professionals,	129	3	2	10	173	5	5	27	354
Technicians and associate professionals,	252	12	7	20	443	16	16	35	801
Clerks	92	3	2	3	219	16	6	39	380
Service and sales workers,	61	0	1	0	26	0	1	0	89
Skilled agriculture and fishery worker	0	0	0	0	0	0	0	0	0
Craft and related trades workers,	1	0	0	0	0	0	0	0	1
Plant and machine operators and assemblers	1	0	0	1	1	0	0	0	3
Elementary occupations	33	1	0	0	51	1	0	0	86
TOTAL	615	22	18	45	952	45	33	107	1837
Employees with disabilities	3	0	0	2	2	1	0	3	11

Table 4.7.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2017

Occupational category band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	2	0	2	1	4	2	1	0	12
Senior Management	45	3	4	11	36	5	4	6	114
Professionally qualified and experienced specialists and mid-management	181	13	6	23	258	9	19	39	548
Skilled technical and academically qualified workers, junior management, supervisors, foreman	208	3	5	8	440	19	8	56	747
Semi-skilled and discretionary decision making,	179	3	1	2	214	10	1	6	416
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	615	22	18	45	952	45	33	107	1837

Table 4.7.3 Recruitment for the period 1 April 2016 and 31 March 2017

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	1	0	0	0	0	1
Senior Management	3	0	0	1	2	0	0	1	7
Professionally qualified and experienced specialists and mid-management	32	0	1	1	49	0	2	4	89
Skilled technical and academically qualified workers, junior management, supervisors, foreman	1	0	0	0	21	0	0	0	22
Semi-skilled and discretionary decision making,	9	0	0	0	8	0	0	0	17
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	45	0	1	3	80	0	2	5	136
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.4 Promotions for the period 1 April 2016 and 31 March 2017

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management	9	1	0	2	16	2	0	0	30
Skilled technical and academically qualified workers, junior management, supervisors, foreman	1	0	0	0	13	0	0	0	14
Semi-skilled and discretionary decision making	1	0	0	0	9	0	0	0	10
Unskilled and defined decision making	1	0	0	0	5	0	0	0	6
TOTAL	12	1	0	2	43	2	0	0	60
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.5 Terminations for the period 1 April 2016 and 31 March 2017

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	1	0	0	1	0	0	0	3
Senior Management	3	0	0	3	0	0	0	1	7
Professionally qualified and experienced specialists and mid-management	28	0	0	3	56	1	1	5	94
Skilled technical and academically qualified workers, junior management, supervisors, foreman	6	0	0	0	16	0	0	5	27
Semi-skilled and discretionary decision making	10	1	0	1	7	1	0	0	20
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	48	2	0	7	80	2	1	11	151
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.6 Skills development for the period 1 April 2016 and 31 March 2017

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, Senior Officials and Managers	26	1	6	8	33	4	5	2	85
Professionals	88	1	2	7	148	5	3	9	263
Technicians and Associate Professionals	128	4	0	7	284	4	10	10	447
Clerks	53	2	2	0	157	4	2	8	228
Service and Sales Workers	35	0	1	0	13	0	1	0	50
Skilled Agriculture and Fishery Workers	0	0	0	0	0	0	0	0	0
Craft and related Trades Workers	2	0	0	0	0	0	0	0	2
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	0
Elementary Occupations	21	0	0	0	40	0	0	0	61
TOTAL	353	8	11	22	675	17	21	29	1136
Employees with disabilities	0	0	0	0	0	0	0	0	0

4.8 Signing of performance agreements by SMS members

Table 4.8.1 Signing of performance agreements by SMS members as on 31 March 2017

SMS Level	Total Nr of funded SMS posts	Total nr of SMS members	Total nr of signed performance agreements per level	Signed performance agreements as % of total nr of SMS members per level ¹
Director-General / Head of Department	1	1	1	100.0%
Salary Level 16, but not HOD *2	3	1	1	100.0%
Salary Level 15	12	12	10	83.3%
Salary Level 14	34	27	27	100.0%
Salary Level 13	88	79	78	98.7%
Total	138	120	117	97.5%

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

²Total number of SMS members on Salary level 16 but not HoD excludes Deputy Minister and Minister as these are Political Office Bearers

*Total number of SMS members signed exclude SMS who were within their 3 months grace period at the time of filling with DPSSA (31 October 2015)

*Total number of SMS members signed exclude SMS employed by the Office of Health Standards Compliance Entity (1x SR14 & 3x SR13) and the Cuban Coordinator (Appointed by Bilateral Agreement between SA and Cuba)

Table 4.8.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2017

Reasons
*Three (3) members who did not sign Performance Agreement (PAs) is due to pending role clarification based on Operational requirements.
* One (1) member who did not sign PA is a Health Attaché based in Foreign Mission. This member signs his PA with Ambassador.

Table 4.8.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2017

Reasons
The Department has sent non-compliance letters to members informing them about the consequence of forfeiting performance incentives due to non-compliance.

4.9 Performance rewards

Table 4.9.1 Performance rewards by race, gender and disability for the period 1 April 2016 to 31 March 2017

Race and gender	Beneficiary profile			Cost	
	Nr of beneficiaries	Total employment	% of Total employment ¹	Cost (R 000)	Average cost per beneficiary (R) ²
African, Female	243	952	25.2%	4609	18,967
African, Male	191	615	31.0%	3905	20,445
Asian, Female	7	33	21.2%	298	42,568
Asian, Male	3	18	16.6%	100	33,333
Coloured, Female	19	45	42.2%	455	23,932
Coloured, Male	4	22	18.1%	129	23,250
White, Female	47	107	43.9%	1050	22,342
White, Male	16	45	22.2%	293	26,200
Employees with a disability ³	0	0	0.0%	0	0.00
TOTAL	524	1837	28.5%	10838	20,683

¹: Number of beneficiaries divided by Total Employment multiplied by 100

²: Cost divided by Number of beneficiaries

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

Table 4.9.2 Performance rewards by salary band for personnel below Senior Management Service for the period 1 April 2016 to 31 March 2017

Salary band	Beneficiary profile			Cost	
	Nr of beneficiaries	Total employment	% of Total employment ¹	Cost (R000)	Average cost per beneficiary (R) ²
Lower Skilled (Levels 1-2)	0	0	0	R0	0
Skilled (3-5)	107	421	25.4%	835	7,801
Highly skilled production (6-8)	202	730	27.7%	2759	13,658
Highly skilled supervision (9-12)	206	561	36.7%	6793	32,976
TOTAL	515	1711	30.1%	10387	54,436

Table 4.9.3 Performance rewards by critical occupation for the period 1 April 2016 and 31 March 2017

Critical Occupation	Beneficiary Profile			Cost	
	Nr of beneficiaries	Total employment	% of Total employment ¹	Cost (R000)	Average cost per beneficiary (R) ²
Administrative related, Permanent	31	45	68.8%	1,052	33,942.52
Artisan project and related superintendents	1	1	100.0%	12	12,169.29
Auxiliary and related workers	9	61	14.8%	90	10,032.11
Biochemistry pharmacol. Zoology & life scie. techni	70	254	27.6%	2,440	34,850.70
Cleaners in offices workshops hospitals etc.	11	66	16.7%	66	5,971.59
Client inform clerks(switchb receipt inform clerks)	4	4	100.0%	31	7,777.73
Communication and information related	8	15	53.3%	250	31,279.73
Computer programmers.	0	1	0.0%	0	0.00
Dental Specialist	0	1	0.0%	0	0.00
Dental Therapy, Permanent	0	1	0.0%	0	0.00
Dieticians and nutritionists	6	8	0.0%	169	28,157.80
Emergency Services Related, Permanent	0	3	0.0%	0	0.00
Engineering sciences related	1	2	50.0%	34	33,879.36
Engineers and related professionals	0	1	0.0%	0	0.00
Environmental health	14	244	5.7%	263	18,803.25
Finance and economics related	2	2	100.0%	72	35,857.08
Financial and related professionals	16	42	38.1%	399	24,922.25
Financial clerks and credit controllers	4	26	15.4%	38	9,412.24
General legal administration & rel. professionals	0	2	0.0%	0	0.00
Head of department/chief executive officer	0	1	0.0%	0	0.00
Health sciences related	39	133	29.3%	1,207	30,959.39
Human resources & organisat developm & relate prof	31	51	0.0%	744	23,985.72
Human resources clerks	0	4	0.0%	0	0.00
Human resources related	14	23	60.9%	312	22,256.52
Information technology related	0	2	0.0%	0	0.00
Legal related	0	3	0.0%	0	0.00
Library mail and related clerks	8	33	24.2%	94	11,690.52
Light vehicle drivers	1	3	0.0%	6	5,965.05
Logistical support personnel	17	64	26.6%	234	13,763.45
Medical practitioners	0	43	0.0%	0	0.00
Medical research and related professionals	1	1	0.0%	59	58,935.78
Medical specialists	1	2	50.0%	30	29,572.41
Medical technicians/technologists	0	43	0.0%	0	0.00
Messengers porters and deliverers	8	20	0.0%	52	6,439.79
Other administrat & related clerks and organisers	54	213	25.4%	870	16,104.96
Other administrative policy and related officers	81	107	75.7%	867	10,707.76
Other information technology personnel.	2	5	40.0%	47	23,445.03
Other occupations	0	2	0.0%	0	0.00
Pharmacists	1	22	4.5%	30	29,609.88
Professional nurse	4	13	0.0%	67	16,835.18
Radiography	2	2	100.0%	47	23,360.51
Secretaries & other keyboard operating clerks	47	104	45.2%	561	11,942.00
Security officers	25	85	29.4%	191	7,637.93
Senior managers	9	120	7.5%	451	50111.00
Social work and related professionals	1	3	33.3%	38	37,935.54
Staff nurses and pupil nurses	1	1	100.0%	18	17,623.71
TOTAL	515	1837	28.0%	10,387	20, 683

¹: Number of beneficiaries divided by Total Employment multiplied by 100²: Number of beneficiaries divided by cost

Table 4.9.4 Performance related rewards (cash bonus), by salary band for senior management service for the period 1 April 2016 and 31 March 2017

Salary Band	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment ¹	Cost (R)	Average Cost per Beneficiary (R) ²
Band A (13)	5	79	6.3%	226,623.00	45,325
Band B (14)	4	27	14.8%	224,854.35	56,214
Band C (15)	0	12	0.0%	0	0.00
Band D (16)	0	2	0.0%	0	0.00
TOTAL	9	120	7.5%	451,477	50 111

¹: Number of beneficiaries divided by Total Employment multiplied by 100

²: Cost divided by Number of beneficiaries

4.10 Foreign workers

Table 4.10.1 Foreign workers by salary band for the period 1 April 2016 and 31 March 2017

Salary Band	01 April 2016		31 March 2017		Change	
	Employment at beginning period	% of Total ¹	Employment at end of period	% of Total ²	Change in employment	% of Total ³
Lower Skilled	0	0.0%	0	0.0%	0	0.0%
Highly skilled production (Levels 6-8)	0	0.0%	0	0.0%	0	0.0%
Highly Skilled supervision (Levels 9-12)	3	12.0%	3	5.6%	0	0.0%
Highly Skilled supervision Contract (Levels 9-12)	18	72.0%	48	88.9%	30	103.4%
Senior Management Service (Level 13-16)	1	4.0%	1	1.9%	0	0.0%
Senior Management Service Contract (Level 13-16)	3	12.0%	2	3.7%	-1	-3.4%
TOTAL	25	100.0%	54	100.0%	29	100.0%

1: Employment at beginning period within the salary band divided Total Employment at beginning of period multiplied by 100

2: Employment at end of period within the salary band divided by Total Employment at end of period multiplied by 100

3: Change in employment within the salary band divided by Total Change in Employment multiplied by 100

The increase in Foreign Workers is in relation to Foreign Medical Interns who studied in South Africa and appointed to perform the mandatory Community Service

Table 4.10.2 Foreign workers by major occupation for the period 1 April 2016 to 31 March 2017

Major Occupation	01 April 2016		31 March 2017		Change	
	Employment at beginning period	% of total ¹	Employment at end of period	% of total ²	Change in employment	% Change ³
Administrative related	1	4.0%	0	0.0%	-1	-3.4%
Biochemistry pharmacol. zoology & life scie.techni	1	4.0%	1	1.9%	0	0.0%
Financial and related professionals	1	4.0%	1	1.9%	0	0.0%
Health sciences related	3	12.0%	3	5.6%	0	0.0%
Medical practitioners	14	56.0%	39	72.2%	25	86.2%
Medical specialist	1	4.0%	0	0.0%	-1	-3.4%
Pharmacists	1	4.0%	8	14.8%	7	24.1%
Senior managers	3	12.0%	2	3.7%	-1	-3.4%
TOTAL	25	100.0%	54	100.0%	29	100.0%

1: Employment at beginning period divided Total Employment at beginning of period multiplied by 100

2: Employment at end of period divided by Total Employment at end of period multiplied by 100

3: Change in employment by Total Change in Employment multiplied by 100

4.11. Leave utilisation

Table 4.11.1 Sick leave for the period 1 January 2016 to 31 December 2016

Salary Band	Total Days	% Days with Medical Certification ¹	Nr of Employees using Sick Leave	% of Total Employees using Sick Leave ²	Average Days per Employee ³	Estimated Cost (R'000)	Total Nr of days with medical certification
Lower Skilled (Levels 1-2)	22	54.5%	4	0.2%	6	10	12
Skilled (Levels 3-5)	3530	57.4%	389	24.0%	9	2453	2026
Highly Skilled Production (Levels 6-8)	6481	56.1%	670	41.4%	10	8302	3638
Highly Skilled Supervision (Levels 9-12)	3802	56.4%	473	29.2%	8	9272	2144
Top and Senior Management (Levels 13-16)	592	64.9%	84	5.2%	7	2282	384
TOTAL	14427	56.9%	1620	100.0%	9	22319	8204

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

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

3: Total Days divided by Number of employees using sick leave

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

Table 4.11.2 Disability leave (temporary and permanent) for the period 1 January 2016 to 31 December 2016

Salary Band	Total Days	% Days with Medical Certification ¹	Nr of Employees using Disability Leave	% of Total Employees using Disability Leave ²	Average Days per Employee ³	Estimated Cost (R'000)	Total Nr of days with medical certification
Lower Skilled (Levels 1-2)	0	100.0%	0	0.0%	0	0	0
Skilled (Levels 3-5)	107	100.0%	5	21.7%	21	69	107
Highly Skilled Production (Levels 6-8)	252	100.0%	14	60.9%	18	307	252
Highly Skilled Supervision (Levels 9-12)	182	100.0%	3	13.0%	61	544	182
Top and Senior Management (Levels 13-16)	5	100.0%	1	4.3%	5	19	5
TOTAL	546	100.0%	23	100.0%	24	938	546

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

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

3: Total Days divided by Number of employees using Disability leave

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

Table 4.11.3 Annual Leave for the period 1 January 2016 to 31 December 2016

Salary Band	Total Days Taken	Average days per Employee ¹	Nr of Employees who took leave ²
Lower Skilled (Levels 1-2)	95	32	3
Skilled (Levels 3-5)	9062	21	434
Highly Skilled Production (Levels 6-8)	16771	22	756
Highly Skilled Supervision (Levels 9-12)	12983	23	573
Top and Senior Management (Levels 13-16)	2948	23	127
TOTAL	41859	22	1893

¹ Total Days Taken divided by Number of employees who took leave

² The number includes donor funded employees

Table 4.11.4 Capped leave for the period 1 January 2016 to 31 December 2016

Salary Band	Total days of capped leave taken	Nr of Employees using capped leave	Average Nr of days taken per employee ¹	Average capped leave per employee as at 31 December 2017 ²
Lower Skilled (Levels 1-2)	0	0	0	0
Skilled (Levels 3-5)	4	1	4	36
Highly Skilled Production (Levels 6-8)	13	8	2	28
Highly Skilled Supervision (Levels 9-12)	3	2	2	31
Top and Senior Management (Levels 13-16)	0	0	0	41
TOTAL	20	11	2	32

¹ Total Days of capped leave taken within the salary band divided by Number of employees who took capped leave

² Total number of capped leave available at 31 December 2015 divided by the Number of Employees as at 31 December 2015

Table 4.11.5 Leave payouts for the period 1 April 2016 and 31 March 2017

Reason	Total Amount (R'000)	Nr of Employees	Average Payment per Employee (R'000) ¹
Leave payout for 2016/2017 due to non-utilisation of leave for the previous cycle	0	0	0
Capped leave payouts on termination of service for 2016/2017	3811	23	165713
Current leave payout on termination of service for 2016/2017	281	99	2842
TOTAL	4093	122	33547

¹Total Amount divided by Number of employees

4.12 HIV&AIDS and Health Promotion Programmes

Table 4.12.1 Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
None	

Table 4.12.2 Details of Health Promotion and HIV&AIDS Programmes (tick Yes/No and provide required information)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	X		Adv MT Ngake: Chief Negotiator is the chairperson of the integrated employee health and wellness committee
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	X		3 Employees are available and the available budget is R940 000.00
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	X		The EAP core service is to identify troubled employees, offer counselling, do referrals and follow-up and look at prevention programmes that will enhance productivity. Health and wellness workshops, seminars and awareness campaigns in line with health calendar.
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.	X		The Health and Wellness Unit is reconstituting the committee to be inclusive of all the pillars of the strategic framework.
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	X		Yes. All departmental policies/ workplace guidelines are developed to ensure that no discrimination exists against employees on the basis of HIV&AIDS status, for example Recruitment and Leave policy.
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	X		Employee policy on HIV&AIDS and STI and TB in the workplace has been reviewed and is waiting for approval. Employees and prospective employees have the right to confidentiality with regard to their HIV&AIDS status, if an employee informs an employer of their HIV&AIDS status. The Unit works closely with Employment Equity, HIV Care and Support Unit and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	X		On consultation with the Employee Assistance Programme Officer and the Departmental nurse, employees are counselled and encouraged to subject themselves to voluntary testing. Every year the department organises testing facilities for diseases of lifestyle, where employees are encouraged to test for diseases such as diabetes, hypertension, HIV etc.
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.		X	Through the Employee Health and Wellness/health promotion programme indicators are committed in the annual performance plan which is monitored quarterly and annually. Remedial actions are required for any deviations from the committed measures or indicators.

4.13 Labour relations

Table 4.13.1 Collective agreements for the period 1 April 2016 and 31 March 2017

Subject matter	Number
Total number of Collective agreements	5

Table 4.13.2 Misconduct and disciplinary hearings finalised for the period 1 April 2016 and 31 March 2017

Outcomes of disciplinary hearings	Nr	% of Total
Correctional counselling	0	0.0%
Verbal Warning	0	0.0%
Written Warning	0	0.0%
Final Written Warning	1	20.0%
Suspend without pay	1	20.0%
Fine	0	0.0%
Demotion	0	0.0%
Dismissal	3	60.0%
Not guilty	0	0.0%
Case withdrawn	0	0.0%
Total	5	100.0%

Table 4.13.3: Types of misconduct addressed at disciplinary hearings for the period 1 April 2017 and 31 March 2017

Type of misconduct	Nr	% of Total
Bribery	1	25.0%
Absenteeism	2	50.0%
Fruitless expenditure	1	25.0%
Total	4	100.0%

Table 4.13.4 Grievances lodged for the period 1 April 2016 and 31 March 2017

Number of grievances addressed	Nr	% of Total
Number of grievances resolved	19	32.2%
Number of grievances not resolved	40	67.8%
Total number of grievance lodged	59	100.0%

Table 4.13.5 Disputes logged with councils for the period 1 April 2016 and 31 March 2017

Number of disputes addressed	Nr	% of total
Number of disputes upheld	6	100.0%
Number of disputes dismissed	0	0.0%
Total number of disputes lodged	6	100.0%

Table 4.13.6 Strike actions for the period 1 April 2016 and 31 March 2017

Strike Actions	
Total number of person working days lost	None
Total cost(R'000) of working days lost	N/A
Amount (R'000) recovered as a result of no work no pay	N/A

Table 4.13.7 Precautionary suspensions for the period 1 April 2016 and 31 March 2017

Precautionary Suspensions	
Number of people suspended	2
Number of people whose suspension exceeded 30 days	2
Average number of days suspended	395
Cost (R'000) of suspensions	231

Table 4.13.8 Disciplinary action for the period 1 April 2016 to 31 March 2017

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Absenteeism	2	0	0	0	0	0	0	0	2
Fruitless expenditure	0	0	0	0	0	0	1	0	1
Bribery	1	0	0	0	0	0	0	0	1
TOTAL	3	0	0	0	0	0	1	0	4

4.14 Skills development

Table 4.14.1 Training needs identified for the period 1 April 2016 and 31 March 2017

Occupational Categories	Gender	Nr of Employees as at 1 April 2016	Training needs identified at start of the reporting period			
			Internship	Skills programmes & other short courses	Bursaries	Total
Legislators, senior officials and managers	Female	64	0	21	6	27
	Male	50	0	33	4	37
Professionals	Female	135	0	264	19	283
	Male	203	0	173	5	178
Technicians and associate professionals	Female	500	0	569	21	590
	Male	292	0	303	7	310
Clerks	Female	279	0	310	15	325
	Male	106	0	111	2	113
Service and sales workers	Female	30	0	67	1	68
	Male	61	0	145	0	145
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	3	0	3
Plant and machine operators and assemblers	Female	1	0	0	0	0
	Male	2	0	0	0	0
Elementary occupations(Labourers and Related Workers)	Female	58	0	44	1	45
	Male	34	0	19	0	19
Gender sub totals	Female	1067	0	1275	63	1338
	Male	749	0	787	18	805
Total		1816	0	2062	81	2143

Table 4.14.2 Training provided for the period 1 April 2016 and 31 March 2017

Occupational Categories	Gender	Nr of Employees as at 1 April 2016	Training provided within the reporting period			
			Internship	Skills Programmes & other short courses	Bursaries	Total
Legislators, senior officials and managers	Female	64	0	38	6	44
	Male	50	0	38	4	42
Professionals	Female	135	31	121	24	176
	Male	203	21	73	6	100
Technicians and associate professionals	Female	500	17	268	31	316
	Male	292	5	125	12	142
Clerks	Female	279	0	155	19	174
	Male	106	0	52	8	60
Service and sales workers	Female	30	0	13	1	14
	Male	61	0	37	1	38
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	1	0	2	0	2
Plant and machine operators and assemblers	Female	1	0	0	0	0
	Male	2	0	0	0	0
Elementary occupations(Labourers and Related Workers)	Female	58	0	39	1	40
	Male	34	0	21	0	21
Gender sub totals	Female	1067	48	634	82	764
	Male	749	26	348	31	405
Total		1816	74	982	113	1169

4.15 Injury on duty

Table 4.15.1 Injury on duty for the period 1 April 2016 and 31 March 2017

Nature of injury on duty	Nr	% of total
Required basic medical attention only	1	100.0%
Temporary Total Disablement	0	0.0%
Permanent Disablement	0	0.0%
Fatal	0	0.0%
Total	1	100.0%

4.16 Severance packages

Table 4.16.1 Granting of employee initiated severance packages for the period 1 April 2016 and 31 March 2017

Category	Nr of applications received	Nr of applications referred to the MPSA	Nr of applications supported by MPSA	Nr of Packages approved by department
Lower Skilled (Salary Level 1-2)	0	0	0	0
Skilled (Salary Level 3-5)	0	0	0	0
Highly Skilled Production (Salary Level 6-8)	0	0	0	0
Highly Skilled Production (Salary Level 9-12)	0	0	0	0
Senior Management (Salary Level 13 and higher)	0	0	0	0
Lower Skilled (Salary Level 1-2)	0	0	0	0
Total	0	0	0	0

A hand holding a silver pen is positioned over a white computer keyboard. In the background, there are documents and a ruler. The image is overlaid with several semi-transparent green geometric shapes, including triangles and lines, creating a modern, professional aesthetic. The text 'FINANCIAL INFORMATION PART E' is centered in a white box.

FINANCIAL INFORMATION

PART E

5.1 Report of the Auditor General to Parliament

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the National Department of Health set out on pages 99 to 189, which comprise the appropriation statement, the statement of financial position as at 31 March 2017, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the National Department of Health as at 31 March 2017, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA).

Emphasis of matter

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

Accruals which exceeds the voted funds to be surrendered

4. As disclosed in note 19.1 to the financial statements, accruals which exceed the payment term of 30 days as required in Treasury Regulation 8.2.3 amounted to R130 253 000, of the total amount of accruals exceeding 30 days, R124 895 000 relates to voted funds. This amount, in turn, exceeds the voted funds to be surrendered of R101 230 000 as per the statement of financial performance by R23 665 000. The amount of R23 665 000 would therefore have constituted unauthorised expenditure had the amounts due been paid in a timely manner.

Early adoption of the disclosure of inventory

5. As disclosed in note 34 to the financial statements, the department has elected to early adopt the disclosure of inventory in the annual financial statements.

Other matters

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

Unaudited supplementary schedules

7. The supplementary information set out on pages 190 to 202 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

Responsibilities of accounting officer for the financial statements

8. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with Modified Cash Standard and the requirements of the PFMA and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
9. In preparing the financial statements, the accounting officer is responsible for assessing the National Department of Health'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 there is an intention either to liquidate the department or to cease operations, or there is no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

10. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
11. A further description of my responsibilities for the audit of the financial statements is included in the annexure to the auditor's report.

Report on the audit of the annual performance report

Introduction and scope

12. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms

thereof I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.

13. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.
14. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2017 :

Programmes	Pages in the annual performance report
Programme 3 HIV & AIDS, Tuberculosis and Maternal and Child Health	31– 36
Programme 5 Hospitals, Tertiary Health Services and Human Resource Development	46 – 50

15. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

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

Programme 3 – HIV and AIDS, Tuberculosis and Maternal and Child Health

Various indicators

17. The *Framework for Managing Programme Performance Information (FMPPi)* requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure valid, accurate and complete reporting of actual achievements against planned objectives, indicators and targets. Although the national department had approved policies and procedures to support the reporting of information, these policies and procedures were not adequately implemented at facilities that fall under the control of the provincial departments of health.

The national department consolidated the results of performance reported at the provincial departments for 27 health sector customised indicators selected for testing. As a result of the control processes not being fully implemented at provincial facilities, the manual registers supporting the totals recorded in the information systems of the department did not agree to the amounts reported in the annual performance report for the selected programme.

Furthermore, I was unable to obtain sufficient information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information for these indicators. This is because the provincial departments could not provide sufficient appropriate audit evidence in support of the reported performance information. The auditee's records did not permit the application of alternative audit procedures. Consequently, I was unable to determine whether any adjustments were required to the reported achievement for these indicators.

Indicator	Planned Target	Reported Achievement
Antenatal 1st visit before 20 weeks rate	62%	65.20%
Mother postnatal visit within 6 days rate	75%	70.30%
Maternal mortality in facility ratio	115	116.9 per 100 000 live births
Inpatient Early neonatal death rate	10 per 1000 live births	12.4 per 1000 live births
Couple year protection rate	50%	70.20%
Cervical cancer screening coverage	62%	61.50%
Antenatal client initiated on ART rate	95.50%	95.10%
Infant 1st PCR test positive around 10 week's rate	1.40%	1.30%
Child under 5 year's diarrhoea case fatality rate	3.25%	2.00%
Child under 5 year's pneumonia case fatality rate	2.60%	2.00%
Child under 5 year's severe acute malnutrition case fatality rate	9%	8.00%
Immunisation coverage under 1 year (Annualised)	92%	82.30%
DTaP-IPV-Hib-HBV - Measles 1 st dose drop-out rate	6%	-11.70%
Measles 2nd dose coverage	80%	96.30%
School Grade 1 learners screened	324 000	387 646
School Grade 8 learners screened	109 200	179 476
Girls 9 years and older that received HPV 1st dose	397 831	420 356
Girls 9 years and older that received HPV 2nd dose	397 831	327 460
Infant exclusively breastfed at HepB 3rd dose rate	55%	41.60%
TB client treatment success rate	84%	85.60%
TB Client lost to follow up rate	5.40%	6.10%
TB Client death rate	5%	4.50%
TB/HIV co-infected client on ART rate	80%	88.30%
TB MDR treatment success rate	55%	54.30%
Number of clients tested for HIV	10 000 000	14 233 123
Number of medical male circumcisions performed	700 000	491 859
Total clients remaining on ART	4 300 000	3 831 730

Indicator: Percentage of inmates screened for TB on admission

18. The indicator definition and method of calculation in the technical indicator description for the achievement of the planned indicator was not clearly defined, as required by the *FMPPI*. The numerator in the calculation method referred to screening of inmates after admission rather than on admission to the correctional service centre. In addition, I was unable to obtain sufficient appropriate audit evidence for the reported achievement against the target of 80%. This was due to limitations placed on the scope of my work due final supporting listings not being provided for audit in support of numerator totals reported for this indicator. 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 of 83.2%.

Programme 5 – Hospitals, Tertiary Health Services and Human Resource Development

Various indicators

19. The national department did not have adequate internal controls to maintain records and ensure turnaround times to enable reliable reporting on achievement of targets. Sufficient appropriate audit evidence could not be provided in some instances while in other cases the evidence provided did not agree to the recorded achievements. This resulted in a misstatement of the targeted achievements reported. I was also unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements for the following indicators:

Indicator	Reported achievement	Audited value
Percentage backlog eliminated for blood alcohol tests	67%	19.35%
Percentage backlog eliminated for toxicology tests	16%	14.96%

Indicator: Percentage of food tests completed within normative turnaround time (30 days – perishable, and 60 days non-perishable)

20. The reported achievement against the target of 100% was misstated as the evidence provided indicated 44.5% and not 58% as reported.

Indicator: Number of Hospitals that achieved an overall performance 75% (or more) compliance with the National Core Standards assessment.

21. The method of calculation in the technical indicator description for the achievement of the planned indicator was not clearly defined, as required by the *FMPPI*. The calculation method did not include hospitals that achieved 75% compliance with the National Core Standards assessment. Only hospitals that achieved more than 75% were considered in the calculation method.

Other matters

22. I draw attention to the matters below.

Achievement of planned targets

23. Refer to the annual performance report on pages 20 to 53 for information on the achievement of planned targets for the year and explanations provided for the under/overachievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 17 to 22 of this report.

Adjustment of material misstatements

24. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of Programme 3: HIV/AIDS, TB and Maternal and Child Health and Programme 5: Hospital Tertiary Health Services and Human Resource Development. 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 could not be corrected are included as material findings in paragraphs 17 to 22 of this report.

Report on audit of compliance with legislation

Introduction and scope

25. In accordance with the PAA and the general notice issued in terms thereof I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.
26. The material findings in respect of the compliance criteria for the applicable subject matters are as follows:

Annual Financial Statements, Performance and Annual Reports

27. The financial statements submitted for auditing were not prepared fully in accordance with the prescribed financial reporting framework in certain instances as required by section 40(1)(b) of the PFMA.

Material misstatements on accruals and commitments identified by the auditors in the submitted financial statements were subsequently corrected resulting in the financial statements receiving an unqualified audit opinion.

Expenditure management

28. Contractual obligations and money owed by the department were not settled within 30 days, as required by section 38(1)(f) of the PFMA and treasury regulation 8.2.3.

Other information

29. The National Department of Health's accounting officer is responsible for the other information. The other information comprises the information included in the annual report and the audit committee's report. The other information does not include the financial statements, the auditor's report thereon and those selected programmes presented in the annual performance report that have been specifically reported on in the auditor's report.
30. 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.
31. In connection with my audit, my responsibility is to read the other information and, in doing

so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

32. I did not identify any material inconsistencies between other information and the financial statements and the selected programmes presented in the annual performance report.

Internal control deficiencies

33. 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 contextualisation thereon.

Leadership

The oversight responsibility over the reporting of performance information continues to be a challenge for indicators reported based on information originating at a provincial level. This is primarily due to the manual systems and processes in place and the fact that the provinces do not report directly to the National Department. It is acknowledged that the department has continued to engage with provinces to support them in improving internal controls.

Financial and performance management

Current controls in place that have been implemented by the department are not operating effectively as they were unable to detect when services have been rendered as the receiving of supplier invoices is decentralised. The implementation of adequate controls that will prevent and detect material misstatements relating to accruals and commitments continue to be a challenge at the department. This resulted in the correction of financial statements with material amendments.

Auditor-General

Pretoria

31 July 2017



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure A: Auditor-general's responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements, and the procedures performed on reported performance information for selected programmes and on the department's compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in the auditor's report, I also:
 - identify and assess the risks of material misstatement of the financial statements whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control.
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer.
 - conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the National 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 the opinion on the financial statements. My conclusions are based on the information available to me at the date of the auditor's

report. However, future events or conditions may cause a department to cease to continue as a going concern.

- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and 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 confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and here applicable, related safeguards.

Annexure B: Auditor-General's responsibility for the audit of the reported performance information

1. As part of my engagement conducted in accordance with ISAE 3000, I exercise professional judgement and maintain professional scepticism throughout my [reasonable or limited] assurance engagement on reported performance information for selected [programmes/ objectives/ development priorities].
2. I am independent of the National Department of Health in accordance with the International Ethics Standards Board for Accountants' *Code of ethics for professional accountants* (IESBA code) together with the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements
Quality control relating to assurance engagements
3. In accordance with the International Standard on Quality Control 1, the Auditor-General of South Africa maintains a comprehensive system of quality control that includes documented policies and procedures on compliance with ethical requirements and professional standards.

Reported performance information

4. In addition to my responsibility for the assurance engagement on reported performance information as described in the auditor's report, I also:
 - identify and assess risks of material misstatement of the reported performance information, 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. In making those risk assessments, I consider internal control relevant to the management and reporting of performance information per selected programme 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 documentation maintained by the department that supports the generation, collation, aggregation, monitoring and reporting of performance indicators and their related targets for the selected programme.
 - evaluate and test the usefulness of planned and reported performance information, including presentation in the annual performance report, its consistency with the approved performance planning documents of the department and whether the indicators and related targets were measurable and relevant.
 - evaluate and test the reliability of information on performance achievement to determine whether it is valid, accurate and complete.

Communication with those charged with governance

5. 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.
6. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, related safeguards.

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

5.2 Annual Financial Statements

Appropriation per programme											
Programme	2016/17						2015/16				
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000	Final appropriation R'000	Actual expenditure R'000
1. Administration	461 964	-	(13 144)	448 820	442 877	5 943	98,7%	443 416	438 501		
2. National Health Insurance, Health Planning and Systems Enablement	588 620	-	101 973	690 593	679 170	11 423	98,3%	611 213	553 053		
3. HIV and AIDS, Tuberculosis and Maternal and Child Health	16 009 609	-	(3 042)	16 006 567	15 965 182	41 385	99,7%	14 324 860	14 179 001		
4. Primary Health Care Services	256 539	-	(18 484)	238 055	225 731	12 324	94,8%	215 239	212 571		
5. Hospitals, Tertiary Health Services and Human Resource Development	19 573 998	-	(77 582)	19 496 416	19 468 716	27 700	99,9%	19 057 465	19 056 279		
6. Health Regulation and Compliance Management	1 706 686	-	10 279	1 716 965	1 714 510	2 455	99,9%	1 601 732	1 599 420		
Subtotal	38 597 416	-	-	38 597 416	38 496 186	101 230	99,7%	36 253 925	36 038 825		
TOTAL (brought forward)											
Reconciliation with statement of financial performance											
ADD				38 597 416				36 253 925			36 038 825
Departmental receipts				59 233				53 885			
Aid assistance				789 574				1 203 879			
Actual amounts per statement of financial performance (total revenue)				39 446 223				37 511 689			
ADD											1 164 850
Aid assistance					764 219						
Actual amounts per statement of financial performance (total expenditure)					39 260 405						37 203 675

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

Appropriation per economic classification

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	2 341 574	(1 472)	101 317	2 441 419	2 234 739	206 680	91,5%	2 127 918	1 933 991
Compensation of employees	857 398	(367)	(169)	856 862	837 269	19 593	97,7%	750 097	750 097
Salaries and wages	765 648	(7 724)	(5 714)	752 210	733 742	18 468	97,5%	662 240	655 857
Social contributions	91 750	7 357	5 545	104 652	103 527	1 125	98,9%	87 857	94 240
Goods and services	1 484 176	(1 105)	101 486	1 584 557	1 397 470	187 087	88,2%	1 377 821	1 183 894
Administrative fees	1 123	(231)	(200)	692	704	(12)	101,7%	745	689
Advertising	10 614	(2 711)	(50)	7 853	6 982	871	88,9%	11 725	10 402
Minor assets	22 741	(3 855)	(988)	17 898	9 378	8 520	52,4%	10 204	7 055
Audit costs: External	30 165	1 626	(7 152)	24 639	24 458	181	99,3%	20 190	20 132
Bursaries: Employees	2 600	(1 374)	(300)	926	902	24	97,4%	1 620	1 553
Catering: Departmental activities	4 049	(857)	(50)	3 142	2 334	808	74,3%	4 182	3 150
Communication (G&S)	14 714	(85)	1 002	15 631	16 559	(928)	105,9%	19 598	19 550
Computer services	14 056	2 722	(242)	16 536	13 025	3 511	78,8%	11 915	11 915
Consultants: Business and advisory services	98 415	36 450	1 944	136 809	142 996	(6 187)	104,5%	100 530	65 595
Infrastructure and planning services	31 000	-	-	31 000	-	31 000	-	-	-
Laboratory services	540	(513)	4 472	4 499	4 499	-	100,0%	-	-
Legal services	6 952	320	(750)	6 522	6 451	71	98,9%	7 384	6 990
Contractors	285 399	8 379	94 841	368 619	363 819	4 800	98,7%	295 369	286 243
Agency and support / outsourced services	214 329	8 839	6 968	230 136	135 561	94 575	58,9%	169 107	154 287
Entertainment	79	(18)	-	61	3	58	4,9%	66	2
Fleet services (including government motor transport)	47 798	1 371	8 027	57 196	54 920	2 276	96,0%	49 642	60 781
Inventory: Clothing material and accessories	1 488	(60)	-	1 428	209	1 219	14,6%	4 052	494
Inventory: Food and food supplies	385	(27)	-	358	1 065	(707)	297,5%	422	114
Inventory: Fuel, oil and gas	2 024	(513)	(500)	1 011	25	986	2,5%	2 230	2 040
Inventory: Materials and supplies	310	(162)	-	148	755	(607)	510,1%	315	131

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
Appropriation per economic classification

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	167 824	(254)	-	167 570	132 453	35 117	79,0%	154 859	77 538
Inventory: Medicine	101 498	18 410	-	119 908	119 821	87	99,9%	130 827	98 338
Inventory: Other supplies	13 300	(959)	(856)	11 485	9 238	2 247	80,4%	12 167	11 994
Consumable supplies	1 502	(61)	(35)	1 406	840	566	59,7%	3 766	3 007
Consumable: Stationery, printing and office supplies	33 349	(11 480)	(1 243)	20 626	17 408	3 218	84,4%	24 823	20 196
Operating leases	128 130	7 869	(356)	135 643	134 885	758	99,4%	132 321	131 666
Property payments	25 598	(7 849)	(533)	17 216	17 182	34	99,8%	24 395	23 661
Travel and subsistence	93 171	3 186	(518)	95 839	92 668	3 171	96,7%	97 169	92 748
Training and development	11 480	(5 977)	(280)	5 223	5 082	141	97,3%	5 407	4 546
Operating payments	87 715	(17 969)	(2 469)	67 277	66 522	755	98,9%	60 520	49 569
Venues and facilities	51 548	(35 322)	754	16 980	16 534	446	97,4%	22 149	19 410
Rental and hiring	280	-	-	280	192	88	68,6%	122	98
Transfers and subsidies	35 664 565	375	2 406	35 667 346	35 659 990	7 356	100,0%	33 553 890	33 536 117
Provinces and municipalities	33 981 012	-	-	33 981 012	33 981 012	-	100,0%	31 904 748	31 904 748
Provinces	33 981 012	-	-	33 981 012	33 981 012	-	100,0%	31 904 748	31 904 748
Provincial Revenue Funds	33 981 012	-	-	33 981 012	33 981 012	-	100,0%	31 904 748	31 904 748
Departmental agencies and accounts	1 494 669	-	2 680	1 497 349	1 497 347	2	100,0%	1 420 625	1 419 422
Social security funds	3 541	-	-	3 541	3 541	-	100,0%	-	-
Departmental agencies and accounts (non-business entities)	1 491 128	-	2 680	1 493 808	1 493 807	1	100,0%	1 420 625	1 419 422
Higher education institutions	3 304	-	(3 304)	-	-	-	-	57 927	53 964
Foreign governments and international organisations	14 370	-	1 661	16 031	16 031	-	100,0%	-	-
Non-profit institutions	167 249	-	1 200	168 449	161 670	6 779	96,3%	167 680	155 073
Households	3 961	375	169	4 505	3 929	576	87,2%	2 910	2 910
Social benefits	3 700	367	169	4 236	3 669	567	86,6%	2 910	2 910
Other transfers to households	261	8	-	269	260	9	96,7%	-	-
Payments for capital assets	590 977	782	(103 768)	487 991	600 798	(112 807)	123,1%	571 217	567 817
Buildings and other fixed structures	471 883	74 000	(96 000)	449 883	574 044	(124 161)	127,6%	470 641	470 641
Buildings	471 883	74 000	(96 000)	449 883	574 044	(124 161)	127,8%	470 641	470 641
Machinery and equipment	119 094	(75 074)	(8 338)	35 682	24 575	11 107	68,9%	96 180	92 968
Transport equipment	-	176	-	176	176	-	100,0%	1 259	1 259
Other machinery and equipment	119 094	(75 250)	(8 338)	35 506	24 399	11 107	68,7%	94 921	91 709
Software and other intangible assets	-	1 856	570	2 426	2 179	247	89,8%	4 396	4 208
Payments for financial assets	300	315	45	660	659	1	99,8%	900	900
Total	38 597 416	-	-	38 597 416	38 496 186	101 230	99,7%	36 253 925	36 038 825

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
Programme 1: Administration

	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Inventory: Medical supplies	10	(10)	-	-	-	-	-	22	29
Inventory: Medicine	-	-	-	-	-	-	-	1	-
Consumable supplies	517	(31)	-	486	433	53	89,1%	666	403
Consumable: Stationery, printing and office supplies	11 203	(2 452)	(893)	7 858	7 597	261	96,7%	9 073	8 606
Operating leases	123 865	7 640	(500)	131 005	131 085	(80)	100,1%	128 225	128 104
Property payments	24 583	(7 457)	(533)	16 593	16 634	(41)	100,2%	23 335	23 330
Travel and subsistence	17 312	(1 605)	(1 401)	14 306	14 284	22	99,8%	16 560	15 565
Training and development	6 080	(1 227)	(280)	4 573	4 584	(11)	100,2%	4 042	3 851
Operating payments	3 212	(465)	(699)	2 048	1 788	260	87,3%	1 842	1 837
Venues and facilities	645	(200)	(131)	314	294	20	93,6%	1 033	892
Rental and hiring	-	-	-	-	-	-	-	2	-
Transfers and subsidies	3 179	2	-	3 181	3 136	45	98,6%	3 716	3 413
Departmental agencies and accounts	2 808	-	-	2 808	2 807	1	100,0%	2 742	2 439
Departmental agencies (non-business entities)	2 808	-	-	2 808	2 807	1	100,0%	2 742	2 439
Households	371	2	-	373	328	45	87,9%	974	974
Social benefits	371	2	-	373	328	45	87,9%	974	974
Payments for capital assets	4 451	782	1 793	7 026	6 826	200	97,2%	7 978	7 942
Machinery and equipment	4 451	(827)	1 223	4 847	4 647	200	95,9%	7 978	7 942
Transport equipment	-	176	-	176	176	-	100,0%	1 259	1 259
Other machinery and equipment	4 451	(1 003)	1 223	4 671	4 471	200	95,7%	6 719	6 683
Software and other intangible assets	-	1 609	570	2 179	2 179	-	100,0%	-	-
Payments for financial assets	96	50	-	146	147	(1)	100,7%	210	210
Total	461 964	-	(13 144)	448 820	442 877	5 943	98,7%	443 416	438 501

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

1.1 Ministry

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	31 202	(482)	(952)	29 768	28 732	1 036	96,5%	28 270	28 270
Compensation of employees	18 501	-	-	18 501	17 526	975	94,7%	16 383	16 383
Salaries and wages	16 476	-	-	16 476	15 838	638	96,1%	14 863	14 726
Social contributions	2 025	-	-	2 025	1 688	337	83,4%	1 520	1 657
Goods and services	12 701	(482)	(952)	11 267	11 206	61	99,5%	11 887	11 887
Advertising	43	-	-	43	-	43	-	50	30
Minor assets	235	(20)	(150)	65	-	65	-	80	10
Catering: Departmental activities	150	-	-	150	43	107	28,7%	150	108
Communication (G&S)	1 032	-	-	1 032	972	60	94,2%	929	986
Computer services	-	-	-	-	-	-	-	5	-
Consultants: Business and advisory services	-	-	-	-	20	(20)	-	10	-
Contractors	72	-	-	72	33	39	45,8%	35	6
Agency and support / outsourced services	70	-	-	70	91	(21)	130,0%	40	34
Entertainment	20	-	-	20	-	20	-	35	-
Fleet services (including government motor transport)	2 150	50	-	2 200	2 804	(604)	127,5%	2 195	2 305
Inventory: Clothing material and accessories	10	-	-	10	-	10	-	10	-
Inventory: Food and food supplies	30	-	-	30	9	21	30,0%	36	8
Inventory: Fuel, oil and gas	2	-	-	2	1	1	50,0%	1	1
Inventory: Materials and supplies	1	20	-	21	-	21	-	1	-
Consumable supplies	77	2	-	79	9	70	11,4%	110	25
Consumable: Stationery, printing and office supplies	973	(7)	(250)	716	667	49	93,2%	717	584
Operating leases	360	(2)	-	358	356	2	99,4%	280	331
Travel and subsistence	7 161	(530)	(552)	6 079	5 970	109	98,2%	6 799	7 200

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

1.1 Ministry

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Training and development	50	-	-	50	-	50	-	-	-
Operating payments	125	5	-	130	118	12	90,8%	144	97
Venues and facilities	140	-	-	140	113	27	80,7%	260	162
Transfers and subsidies	-	-	-	-	-	-	-	180	180
Households	-	-	-	-	-	-	-	180	180
Social benefits	-	-	-	-	-	-	-	180	180
Payments for capital assets	325	(26)	-	299	299	-	100,0%	1 471	1 471
Machinery and equipment	325	(26)	-	299	299	-	100,0%	1 471	1 471
Transport equipment	-	176	-	176	176	-	-	1 259	1 259
Other machinery and equipment	325	(202)	-	123	123	-	100,0%	212	212
Payments for financial assets	7	2	-	9	10	(1)	111,1%	31	31
Total	31 534	(506)	(952)	30 076	29 041	1 035	96,6%	29 952	29 952

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
1.2 Management

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	19 476	2 305	-	21 781	21 981	(200)	100,9%	19 647	19 647
Compensation of employees	15 687	1 198	-	16 885	16 886	(1)	100,0%	15 458	15 458
Salaries and wages	14 701	-	-	14 701	15 124	-	102,9%	13 827	13 827
Social contributions	986	1 198	-	2 184	1 762	422	80,7%	1 631	1 631
Goods and services	3 789	1 107	-	4 896	5 095	(199)	104,1%	4 189	4 189
Administrative fees	-	-	-	-	11	(11)		6	7
Advertising	-	-	-	-	-	-		4	-
Minor assets	62	(2)	-	60	29	31	48,3%	21	21
Catering: Departmental activities	100	(5)	-	95	87	8	91,6%	9	9
Communication (G&S)	322	467	(200)	589	369	220	62,6%	397	393
Consultants: Business and advisory services	45	-	-	45	19	26	42,2%	31	29
Legal services	300	-	-	300	231	69	77,0%	5	-
Contractors	6	8	-	14	8	6	57,1%	7	1
Entertainment	5	(5)	-	-	-	-		-	-
Fleet services (including government motor transport)	287	553	-	840	370	470	44,0%	285	268
Inventory: Food and food supplies	22	-	-	22	-	22		22	9
Inventory: Fuel, oil and gas	-	-	-	-	8	(8)		6	-
Inventory: Materials and supplies	2	-	-	2	-	2		3	1
Consumable supplies	8	-	-	8	2	6	25,0%	28	8
Consumable: Stationery, printing and office supplies	180	15	-	195	140	55	71,8%	269	261
Operating leases	80	-	-	80	75	5	93,8%	60	91
Travel and subsistence	2 360	76	200	2 636	3 733	(1 097)	141,6%	3 028	3 085
Operating payments	5	-	-	5	6	(1)	120,0%	4	3
Venues and facilities	5	-	-	5	7	(2)	140,0%	4	3
Transfers and subsidies	57	-	-	57	57	-	100,0%	6	6
Households	57	-	-	57	57	-	100,0%	6	6
Social benefits	57	-	-	57	57	-	100,0%	6	6
Payments for capital assets	536	(253)	-	283	83	200	29,3%	193	193
Machinery and equipment	536	(253)	-	283	83	200	29,3%	193	193
Other machinery and equipment	536	(253)	-	283	83	200	29,3%	193	193
Total	20 069	2 052	-	22 121	22 121	-	100,0%	19 846	19 846

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

1.3 Corporate Services

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	199 660	(496)	(4 861)	194 303	189 841	4 462	97,7%	190 519	190 519
Compensation of employees	131 971	(1 239)	-	130 732	128 149	2 583	98,0%	127 259	127 258
Salaries and wages	114 640	(921)	-	113 719	110 285	3 434	97,0%	111 929	109 605
Social contributions	17 331	(318)	-	17 013	17 864	(851)	105,0%	15 330	17 653
Goods and services	67 689	743	(4 861)	63 571	61 692	1 879	97,0%	63 260	63 261
Administrative fees	247	3	(200)	50	121	(71)	242,0%	227	173
Advertising	3 811	1 409	-	5 220	5 091	129	97,5%	6 352	6 307
Minor assets	2 645	(2 074)	(318)	253	227	26	89,7%	893	797
Bursaries: Employees	2 400	(1 374)	(100)	926	902	24	97,4%	1 500	1 553
Catering: Departmental activities	660	(310)	(50)	300	226	74	75,3%	722	721
Communication (G&S)	6 485	361	-	6 846	7 991	(1 145)	116,7%	8 251	8 287
Computer services	6 947	4 693	(100)	11 540	9 535	2 005	82,6%	5 846	6 151
Consultants: Business and advisory services	2 910	2 620	(100)	5 430	5 690	(200)	104,8%	4 790	4 771
Legal services	5 252	829	(200)	5 881	5 918	(37)	100,6%	6 991	6 990
Contractors	1 016	62	(650)	428	466	(38)	108,9%	846	1 184
Agency and support / outsourced services	1 710	475	(500)	1 685	1 665	20	98,8%	829	836
Entertainment	4	(3)	-	1	-	1	-	7	-
Fleet services (including government motor transport)	3 701	(923)	-	2 778	2 712	66	97,6%	3 214	3 086
Inventory: Clothing material and accessories	322	(300)	-	22	-	22	-	415	414
Inventory: Food and food supplies	59	-	-	59	29	30	49,2%	102	23
Inventory: Fuel, oil and gas	39	(35)	-	4	3	1	75,0%	19	3
Inventory: Materials and supplies	62	(39)	-	23	2	21	8,7%	137	103
Inventory: Medical supplies	10	(10)	-	-	-	-	-	22	29
Inventory: Medicine	-	-	-	-	-	-	-	1	-
Consumable supplies	409	(36)	-	373	407	(34)	109,1%	468	365
Consumable: Stationery, printing and office supplies	9 529	(2 232)	(573)	6 724	6 479	245	96,4%	7 650	7 549
Operating leases	730	771	(500)	1 001	937	64	93,6%	1 019	925
Property payments	3 793	(586)	-	3 207	3 420	(213)	106,6%	2 660	2 635
Travel and subsistence	5 599	(741)	(530)	4 328	3 507	821	81,0%	4 045	4 141
Training and development	6 030	(1 227)	(280)	4 523	4 584	(61)	101,3%	4 042	3 851
Operating payments	2 969	(470)	(640)	1 859	1 632	227	87,8%	1 652	1 651

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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									
Venues and facilities	350	(120)	(120)	110	148	(38)	134,5%	558	716
Rental and hiring	-	-	-	-	-	-	98,5%	2	-
Transfers and subsidies	3 092	-	-	3 092	3 047	45		3 530	3 227
Departmental agencies and accounts	2 808	-	-	2 808	2 807	1	100,0%	2 742	2 439
Departmental agencies (non-business entities)	2 808	-	-	2 808	2 807	1	100,0%	2 742	2 439
Households	284	-	-	284	239	45	84,2%	788	788
Social benefits	284	-	-	284	239	45	84,2%	788	788
Departmental agencies and accounts	2 808	-	-	2 808	2 807	1	100,0%	2 742	2 439
Departmental agencies (non-business entities)	2 808	-	-	2 808	2 807	1	100,0%	2 742	2 439
Households	284	-	-	284	239	45	84,2%	788	788
Social benefits	284	-	-	284	239	45	84,2%	788	788
Payments for capital assets	2 906	1 515	1 793	6 214	6 214	-	100,0%	5 772	5 772
Machinery and equipment	2 906	(94)	1 223	4 035	4 035	-	100,0%	5 772	5 772
Other machinery and equipment	2 906	(94)	1 223	4 035	4 035	-	100,0%	5 772	5 772
Software and other intangible assets	-	1 609	570	2 179	2 179	-	100,0%	175	175
Payments for financial assets	75	48	-	123	123	-	100,0%	175	175
Total	205 733	1 067	(3 068)	203 732	199 225	4 507	97,8%	199 996	199 693

1.4 Office Accommodation

	2016/17						2015/16		
	Adjusted appropriation	Shifting of Funds	Virements	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	143 695	-	(733)	142 962	142 962	-	100,0%	147 624	147 624
Goods and services	143 695	-	(733)	142 962	142 962	-	100,0%	147 624	147 624
Contractors	300	-	(200)	100	94	6	94,0%	235	235
Consumable supplies	-	-	-	-	5	(5)	-	-	4
Operation leases	122 605	6 871	-	129 476	129 649	(173)	100,1%	126 714	126 690
Property payments	20 790	(6 871)	(533)	13 386	13 214	172	98,7%	20 675	20 695
Total	143 695	-	(733)	142 962	142 962	-	100,0%	147 624	147 624

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

1.5 Financial Management

Economic classification	2016/17					2015/16				
	Adjusted appropriation R'000	Shifting of Funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000	
Current payments	60 205	(2 161)	(8 391)	49 653	49 252	401	99,2%	45 452	40 876	
Compensation of employees	24 991	39	-	25 030	25 030	-	100,0%	18 630	18 630	
Salaries and wages	21 823	(131)	-	21 692	21 844	(152)	100,7%	16 297	16 270	
Social contributions	3 168	170	-	3 338	3 186	152	95,4%	2 333	2 360	
Goods and services	35 214	(2 200)	(8 391)	24 623	24 222	401	98,4%	26 822	22 246	
Administrative fees	200	-	-	200	167	33	83,5%	111	110	
Advertising	50	-	(50)	-	79	(79)	-	61	-	
Minor assets	314	7	(100)	221	-	221	-	486	158	
Audit costs: External	28 544	426	(7 152)	21 818	21 818	-	100,0%	20 110	20 110	
Catering: Departmental activities	102	(100)	-	2	62	(60)	3 100,0%	166	39	
Communication (G&S)	247	(100)	(30)	117	110	7	94,0%	243	149	
Computer services	-	-	-	-	-	-	-	312	-	
Consultants: Business and advisory services	700	(700)	-	-	-	-	-	569	-	
Legal services	1 000	(309)	(400)	291	302	(11)	103,8%	288	-	
Contractors	10	-	-	10	1	9	10,0%	324	21	
Agency and support / outsourced services	649	(647)	-	2	1	1	50,0%	4	-	
Fleet services (including government motor transport)	283	(62)	-	221	153	68	69,2%	546	138	
Inventory: Food and food supplies	19	-	-	19	7	12	36,8%	11	5	
Inventory: Materials and supplies	7	-	-	7	1	6	14,3%	1	-	
Consumable supplies	23	3	-	26	10	16	38,5%	60	1	
Consumable: Stationery, printing and office supplies	521	(228)	(70)	223	311	(88)	139,5%	437	212	
Operating leases	90	-	-	90	68	22	75,6%	152	67	
Travel and subsistence	2 192	(410)	(519)	1 263	1 074	189	85,0%	2 688	1 139	
Operating payments	113	-	(59)	54	32	22	59,3%	42	86	
Venues and facilities	150	(80)	(11)	59	26	33	44,1%	211	11	
Transfers and subsidies	30	2	-	32	32	-	100,0%	-	-	
Households	30	2	-	32	32	-	100,0%	-	-	
Social benefits	30	2	-	32	32	-	100,0%	-	-	
Payments for capital assets	684	(454)	-	230	230	-	100,0%	542	506	
Machinery and equipment	684	(454)	-	230	230	-	100,0%	542	506	
Other machinery and equipment	684	(454)	-	230	230	-	100,0%	542	506	
Payments for financial assets	14	-	-	14	14	-	100,0%	4	4	
Total	60 933	(2 613)	(8 391)	49 929	49 528	401	99,2%	45 998	41 386	

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

Programme 2: National Health Insurance, Health Planning and Systems Enablement

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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. Programme Management	3 184	465	-	3 649	3 628	21	99,4%	597	597
2. Technical Policy and Planning	22 011	270	(1 706)	20 575	18 123	2 452	88,1%	14 246	14 028
3. Health Information Management, Monitoring and Evaluation	74 349	5 583	1 792	81 724	81 632	92	99,9%	89 237	57 421
4. Sector-Wide Procurement	39 550	(11 892)	(1 091)	26 567	26 567	-	100,0%	26 282	26 282
5. Health Financing and National Health Insurance	383 528	6 071	96 000	485 599	476 785	8 814	98,2%	393 789	367 663
6. International Health and Development	65 998	(497)	6 978	72 479	72 435	44	99,9%	87 062	87 062
Total for sub programmes	588 620	-	101 973	690 593	679 170	11 423	98,3%	611 213	553 053
Economic classification									
Current payments	466 096	(202)	103 196	569 090	558 188	10 902	98,1%	524 106	467 496
Compensation of employees	97 182	(198)	12 541	109 525	109 525	-	100,0%	98 433	98 433
Salaries and wages	88 680	(1 128)	10 184	97 736	97 736	-	100,0%	88 970	88 029
Social contributions	8 502	930	2 357	11 789	11 789	-	100,0%	9 463	10 404
Goods and services	368 914	(4)	90 655	459 565	448 663	10 902	97,6%	425 673	369 063
Administrative fees	53	(2)	-	51	48	3	94,1%	139	85
Advertising	1 639	(1 093)	-	546	-	546	-	424	229
Minor assets	1 856	(689)	(320)	847	176	671	20,8%	366	220
Bursaries: Employees	200	-	(200)	-	-	-	-	-	-
Catering: Departmental activities	1 121	(430)	-	691	384	307	55,6%	619	493
Communication (G&S)	801	170	-	971	922	49	95,0%	787	928
Computer services	742	192	(142)	792	228	564	28,8%	1 022	453
Consultants: Business and advisory services	28 893	2 318	(500)	30 711	33 783	(3 702)	110,0%	41 921	12 564
Legal services	150	-	(150)	-	-	-	-	-	-
Contractors	252 366	11 929	96 000	360 295	357 963	2 332	99,4%	285 762	278 074
Agency and support / outsourced services	6 901	(180)	(500)	6 221	-	6 221	0,00%	22 910	6 536
Entertainment	10	-	-	10	1	9	10,0%	-	-
Fleet services (including government motor transport)	2 654	557	(370)	2 841	2 759	82	97,1%	1 744	2 028
Inventory: Food and food supplies	60	-	-	60	29	31	48,3%	51	18
Inventory: Fuel, oil and gas	1	-	-	1	6	(5)	600,0%	30	18
Inventory: Materials and supplies	65	2	-	67	2	65	3,0%	2	1
Inventory: Medicine	2	-	-	2	-	1	50,0%	2	-

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

	2016/17					2015/16				
	Adjusted appropriation R'000	Shifting of funds	Virements R'000	Final appropriation	Actual expenditure R'000	Variance	Expenditure as % of final appropriation R'000	Final appropriation	Actual expenditure R'000	
Consumable supplies	235	(24)	(35)	176	34	142	19,3%	349	119	
Consumable: Stationery, printing and office supplies	3 746	(1 022)	(350)	2 374	1 320	1 054	55,6%	1 971	1 289	
Operating leases	1 000	-	-	1 000	696	304	69,6%	824	659	
Property payments	-	80	-	80	16	64	20,0%	-	-	
Travel and subsistence	29 016	(4 735)	(1 490)	22 791	21 869	922	96,0%	26 639	28 260	
Training and development	1 200	(780)	-	420	498	(78)	118,6%	550	500	
Operating payments	30 163	(3 485)	(653)	26 025	25 926	99	99,6%	32 649	31 634	
Venues and facilities	6 000	(2 812)	(635)	2 553	1 999	554	78,3%	6 912	4 955	
Rental and hiring	40	-	-	40	3	37	7,5%	-	-	
Transfers and subsidies	119 680	199	-	119 879	119 878	1	100,0%	86 217	84 667	
Provinces and municipalities	94 227	-	-	94 227	94 227	-	100,0%	61 077	61 077	
Provinces	94 227	-	-	94 227	94 227	-	100,0%	61 077	61 077	
Provincial Revenue Funds	94 227	-	-	94 227	94 227	-	100,0%	61 077	61 077	
Departmental agencies and accounts	-	-	-	-	-	-	-	900	-	
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	900	-	
Non-profit institutions	25 364	-	-	25 364	25 364	-	100,0%	24 120	23 470	
Households	89	199	-	288	287	1	99,7%	120	120	
Social benefits	89	198	-	287	287	-	100,0%	120	120	
Other transfer to households	-	1	-	1	-	1	0,0%	-	-	
Payments for capital assets	2 822	-	(1 223)	1 599	1 080	519	67,5%	828	828	
Machinery and equipment	2 822	-	(1 223)	1 599	1 080	519	67,5%	828	828	
Other machinery and equipment	2 822	-	(1 223)	1 599	1 080	519	67,5%	828	828	
Payments for financial assets	22	3	-	25	24	1	96,0%	62	62	
Total	588 620	-	101 973	690 593	679 170	11 423	98,3%	611 213	553 053	

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
2.1 Programme Management

Economic classification	2016/17				2015/16				
	Adjusted appropriation R'000	Shifting of Funds R'000	Virements R'000	Final appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	3 120	469	-	3 589	3 589	-	100,0%	597	597
Compensation of employees	2 380	733	-	3 113	3 113	-	100,0%	-	-
Salaries and wages	2 216	733	-	2 949	2 736	213	92,8%	-	-
Social contributions	164	-	-	164	377	(213)	229,9%	-	-
Goods and services	740	(264)	-	476	476	-	100,0%	597	597
Administrative fees	7	(2)	-	5	-	5	0,0%	-	-
Minor assets	3	-	-	3	5	(2)	166,7%	70	-
Communication (G&S)	34	-	-	34	52	(18)	152,9%	10	21
Computer services	4	-	-	4	-	4	0,0%	-	-
Fleet services (including government motor transport)	28	-	-	28	31	(3)	110,7%	40	24
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	10	-
Consumable supplies	-	2	-	2	3	(1)	150,0%	-	-
Consumable: Stationery, printing and office supplies	14	-	-	14	2	12	14,3%	20	-
Operating leases	-	-	-	-	-	-	-	20	-
Travel and subsistence	643	(264)	-	379	382	(3)	100,8%	427	405
Operating payments	3	-	-	3	-	3	0,0%	-	-
Venues and facilities	-	-	-	-	-	-	-	-	147
Transfers and subsidies	6	1	-	7	7	-	100,0%	-	-
Households	6	1	-	7	7	-	100,0%	-	-
Social benefits	6	1	-	7	7	-	100,0%	-	-
Payments for capital assets	58	(5)	-	53	32	21	60,4%	-	-
Machinery and equipment	58	(5)	-	53	32	21	60,4%	-	-
Other machinery and equipment	58	(5)	-	53	32	21	60,4%	-	-
Total	3 184	465	-	3 649	3 628	21	99,4%	597	597

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
2.2 Technical Policy and Planning

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	21 596	270	(1 610)	20 256	17 921	2 335	88,5%	14 066	13 848
Compensation of employees	11 434	190	-	11 624	11 624	-	100,0%	9 260	9 260
Salaries and wages	10 636	-	-	10 636	10 318	318	97,0%	7 986	8 261
Social contributions	798	190	-	988	1 306	(318)	132,2%	1 274	999
Goods and services	10 162	80	(1 610)	8 632	6 297	2 335	72,9%	4 806	4 588
Administrative fees	10	-	-	10	40	(30)	400,0%	-	1
Advertising	60	50	-	110	-	110	-	60	70
Minor assets	878	(570)	(120)	188	47	141	25,0%	18	25
Catering: Departmental activities	280	(180)	-	100	18	82	18,0%	35	8
Communication (G&S)	98	50	-	148	83	65	56,1%	55	94
Computer services	-	-	-	-	-	-	-	-	15
Consultants: Business and advisory services	-	10	-	10	1	9	10,0%	-	2
Contractors	-	30	-	30	-	30	-	-	1
Agency and support / outsourced services	-	500	(500)	-	-	-	-	-	-
Fleet services (including government motor transport)	1 210	430	(370)	1 270	1 298	(28)	102,2%	341	308
Inventory: Food and food supplies	20	-	-	20	6	14	30,0%	14	3
Inventory: Materials and supplies	60	-	-	60	-	60	-	-	-
Consumable supplies	-	56	-	56	2	54	3,6%	-	-
Consumable: Stationery, printing and office supplies	620	(300)	(100)	220	124	96	56,4%	96	95
Operating leases	160	-	-	160	88	72	55,0%	130	107
Property payments	-	80	-	80	16	64	20,0%	-	-
Travel and subsistence	3 596	24	(490)	3 130	2 439	691	77,9%	1 582	1 582
Operating payments	2 610	(100)	-	2 510	1 757	753	70,0%	2 225	2 001
Venues and facilities	560	-	(30)	530	378	152	71,3%	250	276
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Social benefits	-	-	-	-	-	-	-	-	-
Payments for capital assets	414	-	(96)	318	201	117	63,2%	110	110
Machinery and equipment	414	-	(96)	318	201	117	63,2%	110	110
Other machinery and equipment	414	-	(96)	318	201	117	63,2%	110	110
Payments for financial assets	1	-	-	1	1	-	100,0%	50	50
Total	22 011	270	(1 706)	20 575	18 123	2 452	88,1%	14 246	14 028

Health Vote 16
 Appropriation Statement for the year ended 31 March 2017
2.3 Health Information Management, Monitoring and Evaluation

Economic classification	2016/17				2015/16				
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	48 044	5 520	2 221	55 785	55 785	-	100,0%	63 839	33 573
Compensation of employees	19 208	(1 465)	3 371	21 114	21 114	-	100,0%	17 850	17 850
Salaries and wages	17 223	(1 205)	2 271	18 289	18 428	(139)	100,8%	15 537	15 537
Social contributions	1 985	(260)	1 100	2 825	2 686	139	95,1%	2 313	2 313
Goods and services	28 836	6 985	(1 150)	34 671	34 671	-	100,0%	45 989	15 723
Administrative fees	20	-	-	20	-	20	0,0%	-	-
Advertising	330	(75)	-	255	-	255	0,0%	100	86
Minor assets	416	-	-	416	27	389	6,5%	110	36
Catering: Departmental activities	300	(100)	-	200	146	54	73,0%	190	118
Communication (G&S)	152	-	-	152	83	69	54,6%	90	63
Computer services	625	-	-	625	226	399	36,2%	410	342
Consultants: Business and advisory services	19 758	7 585	-	27 343	29 945	(2 602)	109,5%	40 672	11 793
Contractors	8	-	-	8	-	8	0,0%	5	2
Agency and support/outsourced services	301	(180)	-	121	-	121	0,0%	-	1
Fleet services (including government motor transport)	407	40	-	447	378	69	84,6%	420	401
Inventory: Food and food supplies	10	-	-	10	6	4	60,0%	10	3
Inventory: Fuel, oil and gas	1	-	-	1	1	-	100,0%	-	-
Inventory: Materials and supplies	3	-	-	3	2	1	66,7%	2	-
Consumable supplies	37	15	-	52	11	41	21,2%	30	14
Consumable: Stationery, printing and office supplies	1 032	(150)	(250)	632	564	68	89,2%	690	278
Operating leases	500	-	-	500	255	245	51,0%	400	252
Travel and subsistence	3 386	-	(700)	2 686	1 339	1 347	49,9%	2 170	1 799
Operating payments	1 000	(150)	-	850	1 564	(714)	184,0%	40	72
Venues and facilities	550	-	(200)	350	124	226	35,4%	650	463
Transfers and subsidies	25 422	60	-	25 482	25 482	-	100,0%	25 029	23 479
Departmental agencies and accounts	-	-	-	-	-	-	-	900	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	900	-
Non-profit institutions	25 364	-	-	25 364	25 364	-	100,0%	24 120	23 470
Households	58	60	-	118	118	-	100,0%	9	9
Social benefits	58	60	-	118	118	-	100,0%	9	9
Payments for capital assets	864	-	(429)	435	343	92	78,9%	369	369
Machinery and equipment	864	-	(429)	435	343	92	78,9%	369	369
Other machinery and equipment	864	-	(429)	435	343	92	78,9%	369	369
Payments for financial assets	19	3	-	22	22	-	100,0%	-	-
Total	74 349	5 583	1 792	81 724	81 632	92	99,9%	89 237	57 421

2.4 Sector-Wide Procurement

Economic classification	2016/17					2015/16			
	Adjusted appropriation	Shifting of funds	Virements	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	39 113	(11 950)	(950)	26 213	26 213	-	100,0%	26 047	26 047
Compensation of employees	30 274	(9 702)	-	20 572	20 572	-	100,0%	19 742	19 742
Salaries and wages	27 485	(9 702)	-	17 783	17 753	30	99,8%	18 320	17 105
Social contributions	2 789	-	-	2 789	2 819	(30)	101,1%	1 422	2 637
Goods and services	8 839	(2 248)	(950)	5 641	5 641	-	100,0%	6 305	6 305
Advertising	190	(190)	-	-	-	-	-	74	73
Minor assets	220	(136)	-	84	85	(1)	101,2%	23	22
Catering: Departmental activities	241	-	-	241	105	136	43,6%	144	143
Communication (G&S)	57	-	-	57	40	17	70,2%	45	40
Computer services	108	190	(142)	156	-	156	-	107	96
Consultants: Business and advisory services	335	67	-	402	858	(456)	213,4%	123	145
Legal services	150	-	(150)	-	-	-	-	-	-
Contractors	100	2	-	102	50	52	49,0%	75	47
Fleet services (including government motor transport)	41	187	-	228	323	(95)	141,7%	103	136
Inventory: Food and food supplies	10	-	-	10	3	7	30,0%	7	3
Inventory: Materials and supplies	2	-	-	2	-	2	-	-	1
Consumable supplies	8	-	-	8	8	-	100,0%	9	5
Consumable: Stationery, printing and office supplies	320	268	-	588	52	536	8,8%	94	94
Operating leases	100	-	-	100	143	(43)	143,0%	119	118
Travel and subsistence	4 494	(1 662)	-	2 832	3 042	(210)	107,4%	2 082	2 082
Operating payments	1 373	(774)	(553)	46	155	(109)	337,0%	2 758	2 758
Venues and facilities	1 090	(200)	(105)	785	777	8	99,0%	542	542
Transfers and subsidies	25	53	-	78	78	-	100,0%	39	39
Households	25	53	-	78	78	-	100,0%	39	39
Social benefits	25	53	-	78	78	-	100,0%	39	39
Payments for capital assets	412	5	(141)	276	276	-	100,0%	196	196
Machinery and equipment	412	5	(141)	276	276	-	100,0%	196	196
Other machinery and equipment	412	5	(141)	276	276	-	100,0%	196	196
Total	39 550	(11 892)	(1 091)	26 567	26 567	-	100,0%	26 282	26 282

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
2.5 Health Financing and National Health Insurance

Economic classification	2016/17				2015/16				
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	288 883	5 987	96 000	390 870	382 302	8 568	97,8%	332 545	306 419
Compensation of employees	8 017	8 099	-	16 116	16 116	-	100,0%	15 202	15 202
Salaries and wages	6 810	7 099	-	13 909	14 250	(341)	102,5%	13 452	13 451
Social contributions	1 207	1 000	-	2 207	1 866	341	84,5%	1 750	1 751
Goods and services	280 866	(2 112)	96 000	374 754	366 186	8 568	97,7%	317 343	291 217
Administrative fees	-	-	-	-	-	-	-	23	-
Advertising	949	(872)	-	77	-	77	-	80	-
Minor assets	85	17	-	102	6	96	5,9%	10	10
Catering: Departmental activities	200	(150)	-	50	84	(34)	168,0%	200	194
Communication (G&S)	-	120	-	120	160	(40)	133,3%	120	90
Computer services	-	2	-	2	2	-	100,0%	500	-
Consultants: Business and advisory services	8 300	(5 344)	-	2 956	2 969	(13)	100,4%	151	150
Contractors	252 248	11 892	96 000	360 140	357 909	2 231	99,4%	285 682	278 024
Agency and support / outsourced services	6 500	(500)	-	6 000	-	6 000	-	22 000	6 535
Fleet services (including government motor transport)	365	(100)	-	265	259	6	97,7%	263	263
Inventory: Food and food supplies	8	-	-	8	9	(1)	112,5%	12	7
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	20	-
Inventory: Materials and supplies	-	2	-	2	-	2	-	-	-
Consumable supplies	100	(97)	-	3	2	1	66,7%	210	9
Consumable: Stationery, printing and office supplies	1 260	(840)	-	420	168	252	40,0%	599	441
Operating leases	150	-	-	150	77	73	51,3%	65	65
Travel and subsistence	6 491	(3 338)	-	3 153	3 417	(264)	108,4%	4 324	3 446
Training and development	800	(380)	-	420	498	(78)	118,6%	550	500
Operating payments	1 610	(1 456)	-	154	147	7	95,5%	496	400
Venues and facilities	1 800	(1 068)	-	732	478	254	65,3%	2 038	1 083

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

2.5 Health Financing and National Health Insurance

Economic classification	2016/17				2015/16				
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Rental and hiring	-	-	-	-	1	(1)	100,0%	-	-
Transfers and subsidies	94 227	84	-	94 311	94 311	-	100,0%	61 129	61 129
Provinces and municipalities	94 227	-	-	94 227	94 227	-	100,0%	61 077	61 077
Provinces	94 227	-	-	94 227	94 227	-	100,0%	61 077	61 077
Provincial Revenue Funds	94 227	-	-	94 227	94 227	-	100,0%	61 077	61 077
Households	-	84	-	84	84	-	100,0%	52	52
Other transfers to households	-	84	-	84	84	-	100,0%	52	52
Payments for capital assets	417	-	-	417	171	246	41,0%	115	115
Machinery and equipment	417	-	-	417	171	246	41,0%	115	115
Other machinery and equipment	417	-	-	417	171	246	41,0%	115	115
Payments for financial assets	1	-	-	1	1	-	100,0	-	-
Total	383 528	6 071	96 000	485 599	476 785	8 814	98,2%	393 789	367 663

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

2.6 International Health and Development

Economic classification	2016/17					2015/16			
	Adjusted appropriation	Shifting of funds	Virements	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	65 340	(498)	7 535	72 377	72 378	(1)	100,0%	87 012	87 012
Compensation of employees	25 869	1 947	9 170	36 986	36 986	-	100,0%	36 379	36 379
Salaries and wages	24 310	1 947	7 913	34 170	34 251	(81)	100,2%	33 675	33 675
Social contributions	1 559	-	1 257	2 816	2 735	81	97,1%	2 704	2 704
Goods and services	39 471	(2 445)	(1 635)	35 391	35 392	(1)	100,0%	50 633	50 633
Administrative fees	16	-	-	16	8	8	50,0%	116	84
Advertising	110	(6)	-	104	-	104	-	110	-
Minor assets	254	-	(200)	54	6	48	11,1%	135	127
Bursaries	200	-	(200)	-	-	-	-	-	-
Catering: Departmental activities	100	-	-	100	31	69	31,0%	50	30
Communication (G&S)	460	-	-	460	504	(44)	109,6%	467	620
Computer services	5	-	-	5	-	5	-	5	-
Consultants: Business and advisory services	500	-	(500)	-	10	(10)	26,7%	975	474
Contractors	10	5	-	15	4	11	-	-	-
Agency and support / outsourced services	100	-	-	100	-	100	-	910	-
Entertainment	10	-	-	10	1	9	10,0%	-	-
Fleet services (including government motor transport)	603	-	-	603	470	133	77,9%	577	896
Inventory: Food and food supplies	8	-	-	8	4	4	50,0%	8	2
Inventory: Fuel, oil and gas	-	-	-	-	5	(5)	-	-	18
Inventory: Medicine	2	-	-	2	1	1	50,0%	2	-
Consumable supplies	90	-	(35)	55	8	47	14,5%	100	91
Consumable: Stationery, printing and office supplies	500	-	-	500	410	90	82,0%	472	381
Operating leases	90	-	-	90	133	(43)	147,8%	90	117
Travel and subsistence	10 406	505	(300)	10 611	11 250	(639)	106,0%	16 054	18 946
Training and development	400	(400)	-	-	-	-	-	-	-
Operating payments	23 567	(1 005)	(100)	22 462	22 303	159	99,3%	27 130	26 403
Venues and facilities	2 000	(1 544)	(300)	156	242	(86)	155,1%	3 432	2 444

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

2.6 International Health and Development

Economic classification	2016/17				2015/16				
	Adjusted appropriation	Shifting of funds	Virements	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Rental and hiring	40	-	-	40	2	38		-	-
Transfers and subsidies	-	1	-	1	-	1		-	-
Households	-	1	-	1	-	1		-	-
Other transfers to households	-	1	-	1	-	1	5,0%	-	-
Payments for capital assets	657	-	(557)	100	57	43	57,0%	38	38
Machinery and equipment	657	-	(557)	100	57	43	57,0%	38	38
Other machinery and equipment	657	-	(557)	100	57	43	57,0%	38	38
Payments for financial assets	1	-	-	1	-	1		12	12
Total	65 998	(497)	6 978	72 479	72 435	44	99,9%	87 062	87 062

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
Programme 3: HIV&AIDS, Tuberculosis, Maternal and Child Health

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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. Programme Management	4 736	329	-	5 065	4 446	619	87,8%	5 388	5 388
2. HIV and AIDS	15 745 915	3 125	-	15 749 040	15 712 480	36 560	99,8%	14 064 158	13 962 474
3. Tuberculosis	27 370	(329)	(2 637)	24 404	24 326	78	99,7%	22 989	20 094
4. Women's Maternal and Reproductive Health	18 924	(3 940)	(405)	14 579	11 569	3 010	79,4%	13 717	13 717
5. Child, Youth and School Health	212 664	815	-	213 479	212 361	1 118	99,5%	218 608	177 328
Total for sub programmes	16 009 609	-	(3 042)	16 006 567	15 965 182	41 385	99,7%	14 324 860	14 179 001
Economic classification									
Current payments									
Compensation of employees	536 837	(18)	7 030	543 849	508 243	35 606	93,5%	488 642	358 495
Salaries and wages	75 733	(4)	4 169	79 898	75 573	4 325	94,6%	71 345	71 345
Social contributions	66 415	(4)	3 169	69 580	66 324	3 256	95,3%	62 808	62 531
Goods and services	9 318	-	1 000	10 318	9 249	1 069	89,6%	8 537	8 814
Administrative fees	461 104	(14)	2 861	463 951	432 670	31 281	93,3%	417 297	287 150
Advertising	121	(120)	-	1	-	1	-	-	1
Minor assets	2 950	(1 785)	-	1 165	1 094	71	93,9%	2 577	2 498
Catering: Departmental activities	4 549	(2 491)	(20)	2 038	1 626	412	79,8%	4 939	3 632
Communication (G&S)	290	54	-	344	234	110	68,0%	710	464
Computer services	2 240	(698)	-	1 542	1 376	166	89,2%	5 169	4 699
Consultants: Business and advisory services	10	-	-	10	-	10	-	-	-
Contractors	40 264	32 405	(3 500)	69 169	69 169	-	100,0%	22 993	19 647
Agency and support / outsourced services	3 085	(2 751)	(309)	25	-	25	-	2 098	47
Fleet services (including government motor transport)	10 075	7 074	7 968	25 117	24 867	250	99,0%	11 560	11 424
Inventory: Food and food supplies	25 355	(2 411)	-	22 944	22 787	157	99,3%	29 741	34 036
Inventory: Fuel, oil and gas	50	-	-	50	24	26	48,0%	39	19
Inventory: Materials and supplies	30	-	-	30	3	27	10,0%	11	2
Inventory: Medical supplies	-	8	-	8	2	-	25,0%	5	3
Inventory: Medicine	160 173	(803)	-	159 370	131 352	28	82,4%	153 572	76 540
Consumable supplies	101 386	18 410	-	119 796	119 796	-	100,0%	130 668	98 280
Consumable: Stationery, printing and office supplies	105	(7)	-	98	41	563	41,8%	107	51
Operating leases	9 204	(3 174)	-	6 030	5 467	(31)	90,7%	5 617	2 744
Property payments	400	(1)	-	399	430	(31)	107,8%	457	375
	15	-	-	15	-	15	-	-	9

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
Programme 3: HIV&AIDS, Tuberculosis, Maternal and Child Health

	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Travel and subsistence	14 607	4 110	(60)	18 657	18 395	262		19 838	15 120
Training and development	-	-	-	-	-	-	98,6%	690	-
Operating payments	47 203	(14 645)	(1 081)	31 477	30 787	690	97,8%	17 426	9 098
Venues and facilities	38 992	(33 189)	(137)	5 666	5 220	446	92,1%	9 080	8 461
Transfers and subsidies	15 463 883	4	(2 104)	15 461 783	15 456 399	5 384	100,0%	13 834 527	13 819 482
Provinces and municipalities	15 290 603	-	-	15 290 603	15 290 603	-	100,0%	13 670 730	13 670 730
Provinces	15 290 603	-	-	15 290 603	15 290 603	-	100,0%	13 670 730	13 670 730
Provincial Revenue Funds	15 290 603	-	-	15 290 603	15 290 603	-	100,0%	13 670 730	13 670 730
Departmental agencies and accounts	16 711	-	-	16 711	16 711	-	100,0%	19 340	19 340
Departmental agencies	16 711	-	-	16 711	16 711	-	100,0%	19 340	19 340
Higher education institutions	3 304	-	(3 304)	-	-	-		3 138	-
Foreign governments and international organisations	14 370	-	-	14 370	14 370	-	100,0%	-	-
Non-profit institutions	138 849	-	1 200	140 049	134 665	5 384	96,6%	140 609	128 702
Households	46	4	-	50	50	-	100,0%	710	710
Social benefits	46	4	-	50	50	-	100,0%	710	710
Payments for capital assets	8 862	-	(7 968)	894	498	396	55,7%	1 466	799
Machinery and equipment	8 862	-	(7 968)	894	498	396	55,7%	1 466	799
Other machinery and equipment	8 862	-	(7 968)	894	498	396	55,7%	1 466	799
Payments for financial assets	27	14	-	41	42	(1)	102,4%	225	225
Total	16 009 609	-	(3 042)	16 006 567	15 965 182	41 385	99,7%	14 324 860	14 179 001

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

3.1 Programme Management

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 678	329	-	5 007	4 446	561	88,8%	5 144	5 144
Compensation of employees	3 975	(117)	-	3 858	3 297	561	85,5%	4 067	4 067
Salaries and wages	3 649	(117)	-	3 532	2 896	636	82,0%	3 886	3 689
Social contributions	326	-	-	326	401	(75)	123,0%	181	378
Goods and services	703	446	-	1 149	1 149	-	100,0%	1 077	1 077
Administrative fees	1	-	-	1	-	1	-	-	1
Minor assets	22	-	-	22	-	22	-	9	8
Communication (G&S)	40	-	-	40	43	(3)	107,5%	54	53
Computer services	10	-	-	10	-	10	-	-	-
Fleet services (including government motor transport)	19	-	-	19	176	(157)	926,3%	73	73
Inventory: Food and food supplies	2	-	-	2	2	-	100,0%	4	2
Inventory: Fuel, oil and gas	12	-	-	12	-	12	-	-	-
Consumable: Stationery, printing and office supplies	5	-	-	5	2	3	40,0%	9	9
Operating leases	-	-	-	-	-	-	-	37	36
Travel and subsistence	592	-	-	592	925	(333)	156,3%	764	763
Operating payments	-	-	-	-	-	-	-	-	5
Venues and facilities	-	446	-	446	1	445	0,2%	127	127
Transfers and subsidies	-	-	-	-	-	-	-	10	10
Households	-	-	-	-	-	-	-	10	10
Social benefits	-	-	-	-	-	-	-	10	10
Payments for capital assets	58	-	-	58	-	58	-	25	25
Machinery and equipment	58	-	-	58	-	58	-	25	25
Other machinery and equipment	58	-	-	58	-	58	-	25	25
Payments for financial assets	-	-	-	-	-	-	-	209	209
Total	4 736	329	-	5 065	4 446	619	87,8%	5 388	5 388

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

3.2 HIV & AIDS

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	281 804	3 111	2 104	287 019	255 874	31 145	89,1%	228 823	142 851
Compensation of employees	30 532	-	4 169	34 701	34 701	-	100,0%	32 899	32 899
Salaries and wages	26 827	-	3 169	29 996	30 289	(293)	101,0%	28 770	28 625
Social contributions	3 705	-	1 000	4 705	4 412	293	93,8%	4 129	4 274
Goods and services	251 272	3 111	(2 065)	252 318	221 173	31 145	87,7%	195 924	109 952
Advertising	749	(710)	-	39	29	10	74,4%	484	460
Minor assets	270	(50)	-	220	11	209	5,0%	225	123
Catering: Departmental activities	100	-	-	100	39	61	39,0%	460	288
Communication (G&S)	410	-	-	410	511	(101)	124,6%	350	2 198
Consultants: Business and advisory services	40 000	15 614	(1 000)	54 614	54 379	235	99,6%	22 770	19 563
Contractors	16	-	-	16	-	16	-	113	47
Agency and support / outsourced services	15	-	-	15	-	15	-	-	-
Fleet services (including government motor transport)	1 920	-	-	1 920	1 407	513	73,3%	1 975	2 074
Inventory: Food and food supplies	20	-	-	20	10	10	50,0%	10	6
Inventory: Fuel, oil and gas	17	-	-	17	1	16	5,9%	5	2
Inventory: Materials and supplies	-	7	-	7	2	5	28,6%	-	-
Medical supplies	159 153	(414)	-	158 739	130 721	28 018	82,3%	150 852	75 536
Consumable supplies	55	(7)	-	48	14	34	29,2%	45	28
Consumable: Stationery, printing and office supplies	375	150	-	525	204	321	38,9%	216	237
Operating leases	100	-	-	100	138	(38)	138,0%	150	83
Property payments	15	-	-	15	-	15	-	-	9
Travel and subsistence	5 551	3 000	-	8 551	8 278	273	96,8%	4 949	4 347
Operating payments	42 306	(14 479)	(1 065)	26 762	25 285	1 477	94,5%	12 905	4 529
Venues and facilities	200	-	-	200	144	56	72,0%	415	422
Transfers and subsidies	15 463 876	-	(2 104)	15 461 772	15 456 388	5 384	100,0%	13 834 242	13 819 197

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

3.2 HIV & AIDS

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provinces and municipalities	15 290 603	-	-	15 290 603	15 290 603	-	100,0%	13 670 730	13 670 730
Provinces									
Provincial Revenue Funds	15 290 603	-	-	15 290 603	15 290 603	-		13 670 730	13 670 730
Departmental agencies and accounts	15 290 603	-	-	15 290 603	15 290 603	-	100,0%	13 670 730	13 670 730
Departmental agencies (non-business related)	16 711	-	-	16 711	16 711	-	100,0%	19 340	19 340
Higher education institutions	16 711	-	-	16 711	16 711	-	100,0%	19 340	19 340
Foreign governments and international organisations	3 304	-	(3 304)	-	-	-	100,0%	3 138	-
Non-profit institutions	14 370	-	-	14 370	14 370	-	100,0%	-	-
Households	138 849	-	1 200	140 049	135 226	4 823	96,6%	140 609	128 702
Social benefits	39	-	-	39	39	-	100,0%	425	425
Payments for capital assets	234	-	-	234	203	31	86,8%	1 077	410
Machinery and equipment	234	-	-	234	203	31	86,8%	1 077	410
Other machinery and equipment	234	-	-	234	203	31	86,8%	1 077	410
Payments for financial assets	1	14	-	15	15	-	100,0%	16	16
Total	15 745 915	3 125	-	15 749 040	15 712 480	36 5680	99,8%	14 064 158	13 962 474

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
3.3 Tuberculosis

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	27 143	(329)	(2 637)	24 177	24 177	-	100,0%	22 826	19 931
Compensation of employees	12 733	117	-	12 850	12 850	-	100,0%	11 901	11 901
Salaries and wages	11 180	117	-	11 297	11 374	(77)	100,7%	10 388	10 501
Social contributions	1 553	-	-	1 553	1 476	77	95,0%	1 513	1 400
Goods and services	14 410	(446)	(2 637)	11 327	11 327	-	100,0%	10 925	8 030
Administrative fees	120	(120)	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	1 400	1 400
Minor assets	172	-	-	172	-	172	-	230	106
Catering: Departmental activities	60	-	-	60	31	29	51,7%	40	38
Communication (G&S)	150	-	-	150	140	10	93,3%	150	146
Consultants: Business and advisory services	-	4 789	(2 500)	2 289	2 604	(315)	113,8%	-	-
Contractors	2 600	(2 600)	-	-	-	-	-	1 285	-
Fleet services (including government motor transport)	670	20	-	690	711	(21)	103,0%	590	587
Inventory: Food and food supplies	18	-	-	18	9	9	50,0%	16	7
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	2	-
Inventory: Materials and supplies	-	1	-	1	-	1	-	4	2
Consumable supplies	40	-	-	40	1	39	2,5%	47	22
Consumable: Stationery, printing and office supplies	5 400	(2 040)	-	3 360	3 127	233	93,1%	1 159	1 158
Operating leases	70	(1)	-	69	52	17	75,4%	50	61
Travel and subsistence	3 580	390	-	3 970	4 137	(167)	104,2%	3 952	3 370
Training and development	-	-	-	-	-	-	-	170	-
Operating payments	830	(455)	-	375	395	(20)	105,3%	830	154
Venues and facilities	700	(430)	(137)	133	120	13	90,2%	1 000	979
Transfers and subsidies	-	-	-	-	-	-	-	4	4
Households	-	-	-	-	-	-	-	4	4
Social benefits	-	-	-	-	-	-	-	4	4
Payments for capital assets	201	-	-	201	123	78	61,2%	159	159
Machinery and equipment	201	-	-	201	123	78	61,2%	159	159
Other machinery and equipment	201	-	-	201	123	78	61,2%	159	159
Payments for financial assets	26	-	-	26	26	-	100,0%	-	-
Total	27 370	(329)	(2 637)	24 404	24 326	78	99,7%	22 989	20 094

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

3.4 Women's Maternal and Reproductive Health

	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Vire-ments R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	18 805	(3 940)	(405)	14 460	11 523	2 937	79,7%	13 410	13 410
Compensation of employees	12 433	-	-	12 433	9 623	2 810	77,4%	8 964	8 964
Salaries and wages	11 080	-	-	11 080	8 533	2 547	77,0%	7 937	7 889
Social contributions	1 353	-	-	1 353	1 090	263	80,6%	1 027	1 075
Goods and services	6 372	(3 940)	(405)	2 027	1 900	127	93,7%	4 446	4 446
Advertising	2 060	(2 000)	-	60	-	60	-	448	619
Minor assets	67	(36)	(20)	11	5	6	45,5%	58	45
Catering: Departmental activities	30	-	-	30	13	17	43,3%	50	17
Communication (G&S)	60	-	-	60	62	(2)	103,3%	30	41
Consultants: Business and advisory services	74	(36)	-	38	2	36	5,3%	15	7
Contractors	469	(155)	(309)	5	-	5	-	-	-
Agency and support / outsourced services	60	-	-	60	20	40	33,3%	-	-
Fleet services (including government motor transport)	113	(23)	-	90	85	5	94,4%	150	119
Inventory: Food and food supplies	6	-	-	6	2	4	33,3%	5	2
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	2	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	1	1
Consumable: Stationery, printing and office supplies	620	(439)	-	181	158	23	87,3%	696	591
Operating leases	80	-	-	80	60	20	75,0%	100	73
Travel and subsistence	1 703	(547)	(60)	1 096	1 086	10	99,1%	1 545	1 236
Operating payments	730	(509)	(16)	205	325	(120)	158,5%	1 160	1 254
Venues and facilities	300	(195)	-	105	81	24	77,1%	186	441
Transfers and subsidies	-	-	-	-	-	-	-	230	230
Households	-	-	-	-	-	-	-	230	230
Social benefits	-	-	-	-	-	-	-	230	230
Payments for capital assets	119	-	-	119	45	74	37,8%	77	77
Machinery and equipment	119	-	-	119	45	74	37,8%	77	77
Other machinery and equipment	119	-	-	119	45	74	37,8%	77	77
Payments for financial assets	-	-	-	-	1	(1)	37,8%	-	-
Total	18 924	(3 940)	(405)	14 579	11 569	3 010	79,4%	13 717	13 717

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
3.5 Child, Youth and School Health

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	204 407	811	7 968	213 186	212 223	963	99,5%	218 439	177 159
Compensation of employees	16 060	(4)	-	16 056	15 102	954	94,1%	13 514	13 514
Salaries and wages	13 679	(4)	-	13 675	13 232	443	96,8%	11 827	11 827
Social contributions	2 381	-	-	2 381	1 870	511	78,5%	1 687	1 687
Goods and services	188 347	815	7 968	197 130	197 121	9	100,0%	204 925	163 645
Advertising	141	925	-	1 066	1 065	1	99,9%	245	19
Minor assets	4 018	(2 405)	-	1 613	1 610	3	99,8%	4 417	3 350
Catering: Departmental activities	100	54	-	154	151	3	98,1%	160	121
Communication (G&S)	1 580	(698)	-	882	620	262	70,3%	4 585	2 261
Consultants: Business and advisory services	190	12 038	-	12 228	12 184	44	99,6%	208	77
Contractors	-	4	-	4	-	4	-	700	-
Agency and support / outsourced services	10 000	7 074	7 968	25 042	24 847	195	99,2%	11 560	11 424
Fleet services (including government motor transport)	22 633	(2 408)	-	20 225	20 408	(183)	100,9%	26 953	31 183
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	4	2
Inventory: Fuel, oil and gas	1	-	-	1	1	-	100,0%	2	-
Inventory: Medical supplies	1 020	(389)	-	631	631	-	100,0%	2 720	1 004
Inventory: Medicine	101 386	18 410	-	119 796	119 796	-	100,0%	130 668	98 280
Consumable supplies	10	-	-	10	26	(16)	260,0%	15	1
Consumable: Stationery, printing and office supplies	2 804	(845)	-	1 959	1 976	(17)	100,9%	3 537	749
Operating leases	150	-	-	150	180	(30)	120,0%	120	122
Travel and subsistence	3 181	1 267	-	4 448	3 969	479	89,2%	8 628	5 404
Training and development	-	-	-	-	-	-	-	520	-
Operating payments	3 337	798	-	4 135	4 782	(647)	115,6%	2 531	3 156
Venues and facilities	37 792	(33 010)	-	4 782	4 874	(92)	101,9%	7 352	6 492
Transfers and subsidies	7	4	-	11	11	-	100,0%	41	41
Households	7	4	-	11	11	-	100,0%	41	41
Social benefits	7	4	-	11	11	-	100,0%	41	41
Payments for capital assets	8 250	-	(7 968)	282	127	155	45,0%	128	128
Machinery and equipment	8 250	-	(7 968)	282	127	155	45,0%	128	128
Other machinery and equipment	8 250	-	(7 968)	282	127	155	45,0%	128	128
Total	212 664	815	-	213 479	212 361	1 118	99,5%	218 608	177 328

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

Programme 4: Primary Health Care Services

	2016/17										2015/16	
	Adjusted appropriation	Shifting of funds	Virements	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure			
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000	
Sub programme												
1. Programme Management	2 994	100	244	3 338	3 336	2	99,9%	3 245	3 245		3 245	
2. District Health Services	26 047	110	(4 004)	22 153	19 550	2 603	88,2%	10 864	10 864		9 784	
3. Communicable Diseases	21 561	(451)	(2 399)	18 711	17 589	1 122	94,0%	21 133	21 133		21 133	
4. Non-Communicable Diseases	21 598	(24)	339	21 913	19 425	2 488	88,6%	22 150	22 150		20 562	
5. Health Promotion and Nutrition	22 723	265	356	23 344	19 135	4 209	82,0%	22 107	22 107		22 107	
6. Environmental and Port Health Services	161 616	-	(13 020)	148 596	146 696	1 900	98,7%	135 740	135 740		135 740	
Total for sub programmes	256 539	-	(18 484)	238 055	225 731	12 324	94,8%	215 239	215 239		212 571	
Economic classification												
Current payments	249 918	(107)	(17 914)	231 897	221 809	10 088	95,6%	209 643	209 643		207 024	
Compensation of employees	212 643	(86)	(26 147)	186 410	177 860	8 550	95,4%	167 726	167 726		167 726	
Salaries and wages	187 174	179	(26 147)	161 206	154 076	7 130	95,6%	146 079	146 079		146 106	
Social contributions	25 469	(265)	-	25 204	23 784	1 420	94,4%	21 647	21 647		21 620	
Goods and services	37 275	(21)	8 233	45 487	43 949	1 538	96,6%	41 917	41 917		39 298	
Administrative fees	161	(110)	-	51	68	(17)	133,3%	112	112		301	
Advertising	670	(350)	-	320	314	6	98,1%	1 369	1 369		249	
Minor assets	713	2 459	-	3 172	2 939	233	92,7%	1 148	1 148		404	
Bursaries: Employees	-	-	-	-	-	-	-	120	120		-	
Catering: Departmental activities	520	227	-	747	722	25	96,7%	784	784		636	
Communication (G&S)	847	(236)	1 000	1 611	1 587	24	98,5%	1 098	1 098		866	
Computer services	4	(4)	-	-	-	-	-	13	13		6	
Consultants: Business and advisory services	2 074	(853)	339	1 560	1 471	89	94,3%	4 771	4 771		3 198	
Contractors	324	164	-	488	293	195	60,0%	415	415		301	
Agency and support / outsourced services	500	(500)	-	-	-	-	-	45	45		-	
Entertainment	2	-	-	2	-	2	-	11	11		-	
Fleet services (including government motor transport)	7 223	1 248	5 256	13 727	13 566	161	98,8%	3 663	3 663		10 647	
Inventory: Clothing material and supplies	1 000	240	-	1 240	134	1 106	-	3 500	3 500		-	
Inventory: Food and food supplies	34	-	-	34	14	20	10,8%	50	50		12	
Inventory: Fuel, oil and gas	3	-	-	3	2	1	41,2%	22	22		1	
Inventory: Materials and supplies	7	-	-	7	-	7	66,7%	71	71		19	
Inventory: Medical supplies	101	769	-	870	869	1	99,9%	60	60		50	

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

Programme 4: Primary Health Care Services

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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: Medicine	-	-	-	-	3	(3)		55	54
Inventory: Other supplies	-	-	-	-	75	(75)		350	270
Consumable supplies	111	(55)	-	56	51	5	91,1%	2 264	2 256
Consumable: Stationery, printing and office supplies	4 516	(3 830)	-	686	719	(33)	104,8%	4 248	4 154
Operating leases	637	266	144	1 047	810	237	77,4%	838	642
Property payments	-	-	-	-	90	(90)		10	-
Travel and subsistence	12 735	(1 761)	1 142	12 116	12 116	-	100,0%	10 485	9 879
Training and development	50	(50)	-	-	-	-		50	-
Operating payments	1 827	802	-	2 629	2 977	(348)	113,2%	3 058	2 115
Venues and facilities	3 216	1 553	352	5 121	5 129	(8)	100,2%	3 287	3 238
Rental and hiring	-	-	-	-	-	-		20	-
Transfers and subsidies	4 726	93	-	4 819	2 894	1 925	60,1%	3 467	3 417
Non-profit institutions	3 036	-	-	3 036	1 641	1 395	54,1%	2 951	2 901
Households	1 690	93	-	1 783	1 253	530	70,3%	516	516
Social benefits	1 690	86	-	1 776	1 253	523	70,6%	516	516
Other transfers to households	-	7	-	7	-	7		-	-
Payments for capital assets	1 881	-	(570)	1 311	1 000	311	76,3%	2 098	2 098
Machinery and equipment	1 881	-	(570)	1 311	1 000	311	76,3%	2 098	2 098
Other machinery and equipment	1 881	-	(570)	1 311	1 000	311	76,3%	2 098	2 098
Payments for financial assets	14	14	-	28	28	-	100,0%	31	32
Total	256 539	-	(18 484)	238 055	225 731	12 324	94,8%	215 239	212 571

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
4.1 Programme Management

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	2 936	145	244	3 325	3 325	-	100,0%	3 144	3 144
Compensation of employees	2 560	121	-	2 681	2 681	-	100,0%	2 432	2 432
Salaries and wages	2 284	121	-	2 405	2 391	14	99,4%	2 156	2 183
Social contributions	276	-	-	276	290	(14)	105,1%	276	249
Goods and services	376	24	244	644	644	-	100,0%	712	712
Minor assets	4	-	-	4	-	4	-	45	5
Catering: Departmental activities	50	-	-	50	62	(12)	124,0%	50	51
Communication (G&S)	45	-	-	45	41	4	91,1%	40	46
Contractors	-	-	-	-	-	-	-	20	9
Fleet services (including government motor transport)	29	24	-	53	43	10	81,1%	44	24
Inventory: Food and food supplies	2	-	-	2	2	-	100,0%	2	1
Inventory: Materials and supplies	1	-	-	1	-	1	-	1	1
Consumable supplies	3	-	-	3	1	2	33,3%	15	5
Consumable: Stationery, printing and office supplies	49	-	-	49	43	6	87,8%	65	51
Operating leases	45	-	44	89	41	48	46,1%	36	49
Travel and subsistence	148	-	200	348	411	(63)	118,1%	394	470
Payments for capital assets	58	(45)	-	13	11	2	84,6%	101	101
Machinery and equipment	58	(45)	-	13	11	2	84,6%	101	101
Other machinery and equipment	58	(45)	-	13	11	2	84,6%	101	101
Total	2 994	100	244	3 338	3 336	2	99,9%	3 245	3 245

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

4.2 District Health Services

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Current payments	25 855	(23)	(4 004)	21 828	19 225	2 603	88,1%	10 520	9 440
Compensation of employees	13 130	(23)	(4 935)	8 172	5 777	2 395	70,7%	6 418	6 418
Salaries and wages	11 268	(23)	(4 935)	6 310	5 119	1 191	81,1%	5 690	5 690
Social contributions	1 862	-	-	1 862	658	1 204	35,3%	728	728
Goods and services	12 725	-	931	13 656	13 448	208	98,5%	4 102	3 022
Administrative fees	-	-	-	-	-	-	-	10	83
Advertising	-	48	-	48	48	-	100,0%	531	0
Minor assets	355	2 663	-	3 018	2 798	220	92,7%	270	86
Bursaries: Employees	-	-	-	-	-	-	-	20	-
Catering: Departmental activities	40	25	-	65	80	(15)	123,1%	60	60
Communication (G&S)	90	(35)	-	55	63	(8)	114,5%	110	54
Computer services	-	-	-	-	-	-	-	3	-
Consultants: Business and advisory services	500	(500)	-	-	309	(309)	-	247	168
Contractors	2	-	-	2	-	2	-	227	227
Fleet services (including government motor transport)	1 075	388	500	1 963	1 356	607	69,1%	290	378
Inventory: Food and food supplies	7	-	-	7	1	6	14,3%	20	2
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	7	-
Inventory: Materials and supplies	-	2	-	2	-	2	-	-	-
Inventory: Medical supplies	1	-	-	1	-	1	-	-	-
Consumable supplies	65	(49)	-	16	11	5	68,8%	53	50
Consumable: Stationery, printing and office supplies	2 795	(2 757)	-	38	153	(115)	402,6%	226	215
Operating leases	75	(75)	-	-	44	(44)	-	100	38
Travel and subsistence	5 970	(1 090)	431	5 311	5 074	237	95,5%	1 273	1 294
Operating payments	250	530	-	780	993	(213)	127,3%	300	259
Venues and facilities	1 500	850	-	2 350	2 518	(168)	107,1%	335	335
Rental and hiring	-	-	-	-	-	-	-	20	-
Transfers and subsidies	32	14	-	46	46	-	100,0%	-	-

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

4.2 District Health Services

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Households	32	14	-	46	46	-	100,0%	-	-
Social benefits	32	14	-	46	46	-	100,0%	-	-
Payments for capital assets	160	119	-	279	279	-	100,0%	335	335
Machinery and equipment	160	119	-	279	279	-	100,0%	335	335
Other machinery and equipment	160	119	-	279	279	-	100,0%	335	335
Payments for financial assets	-	-	-	-	-	-	-	9	9
Total	26 047	110	(4 004)	22 153	19 550	2 603	88,2%	10 864	9 784

4.3 Communicable Diseases

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	21 051	(377)	(2 119)	18 555	17 434	1 121	94,0%	20 610	20 610
Compensation of employees	15 752	(377)	(3 371)	12 004	10 882	1 122	90,7%	9 933	9 933
Salaries and wages	14 050	(112)	(3 371)	10 567	9 467	1 100	89,6%	8 644	8 644
Social contributions	1 702	(265)	-	1 437	1 415	22	98,5%	1 289	1 289
Goods and services	5 299	-	1 252	6 551	6 552	(1)	100,0%	10 677	10 677
Administrative fees	110	(110)	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	100	79
Minor assets	125	(95)	-	30	29	1	96,7%	78	67
Catering: Departmental activities	200	(22)	-	178	168	10	94,4	150	130
Communication (G&S)	110	(33)	-	77	109	(32)	141,6%	100	115
Computer services	4	(4)	-	-	-	-	-	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	2 933	2 663
Contractors	5	(3)	-	2	4	(2)	200,0%	2	1
Fleet services (including government motor transport)	460	900	900	2 260	2 454	(194)	108,6%	548	575
Inventory: Food and food supplies	10	-	-	10	4	6	40,0%	7	6
Inventory: Fuel, oil and gas	2	-	-	2	1	1	50,0%	1	-
Inventory: Materials and supplies	2	(2)	-	-	-	-	-	-	-
Inventory: Medicine	-	-	-	-	2	(2)	-	55	54
Consumable supplies	15	(7)	-	8	12	(4)	150,0%	2 180	2 179
Consumable: Stationery, printing and office supplies	976	(815)	-	161	152	9	94,4%	227	228

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
4.3 Communicable Diseases

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	150	(60)	-	90	123	(33)	136,7%	150	129
Travel and subsistence	2 370	(555)	-	1 815	1 807	8	99,6%	1 840	2 400
Operating payments	360	106	-	466	400	66	85,8%	629	375
Venues and facilities	400	700	352	1 452	1 287	165	88,6%	1 677	1 676
Transfers and subsidies	-	-	-	-	-	-	-	5	5
Households	-	-	-	-	-	-	-	5	5
Social benefits	-	-	-	-	-	-	-	5	5
Payments for capital assets	510	(74)	(280)	156	155	1	99,4%	511	511
Machinery and equipment	510	(74)	(280)	156	155	1	99,4%	511	511
Other machinery and equipment	510	(74)	(280)	156	155	1	-	511	511
Payments for financial assets	-	-	-	-	-	-	-	7	7
Total	21 561	(451)	(2 399)	18 711	17 589	1 122	94,0%	21 133	21 133

4.4 Non-Communicable Diseases

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	19 147	(110)	339	19 376	17 479	1 897	90,2%	19 717	18 178
Compensation of employees	16 274	(72)	-	16 202	14 305	1 897	88,3%	13 950	13 950
Salaries and wages	14 547	(72)	-	14 475	12 701	1 774	87,7%	12 453	12 453
Social contributions	1 727	-	-	1 727	1 604	123	92,9%	1 497	1 497
Goods and services	2 873	(38)	339	3 174	3 174	-	100,0%	5 767	4 228
Administrative fees	-	-	-	-	-	-	-	-	147
Advertising	40	-	-	40	39	1	97,5%	281	-
Minor assets	37	(22)	-	15	7	8	46,7%	101	93
Catering: Departmental activities	30	23	-	53	37	16	69,8%	129	96
Communication (G&S)	55	(20)	-	35	113	(78)	322,9%	78	120
Consultants: Business and advisory services	1 574	(353)	339	1 560	1 162	398	74,5%	1 591	535
Contractors	-	-	-	-	-	-	-	64	73
Fleet services (including government motor transport)	38	-	-	38	136	(98)	357,9%	198	188

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

4.4 Non-Communicable Diseases

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Inventory: Food and food supplies	2	-	-	2	2	-	100,0%	4	1
Inventory: Fuel, oil and gas	1	-	-	1	-	1		1	-
Inventory: Medical supplies	-	-	-	-	-	-		50	50
Inventory: Medicine	-	-	-	-	1	(1)		-	-
Inventory: Other supplies	-	-	-	-	75	(75)		350	270
Consumable supplies	7	(2)	-	5	2	3	40,0%	5	6
Consumable: Stationery, printing and office supplies	73	(1)	-	72	49	23	68,1%	144	126
Operating leases	45	21	-	66	71	(5)	107,6%	192	129
Travel and subsistence	549	369	-	918	1 094	(176)	119,2%	1 665	1 705
Operating payments	282	(18)	-	264	289	(25)	109,5%	439	220
Venues and facilities	140	(35)	-	105	97	8	92,4%	475	469
Transfers and subsidies	2 322	72	-	2 394	1 844	550	77,0%	2 204	2 154
Non-profit institutions	2 191	-	-	2 191	1 641	550	74,9%	2 148	2 098
Households	131	72	-	203	203	-	100,0%	56	56
Social benefits	131	72	-	203	203	-	100,0%	56	56
Payments for capital assets	129	-	-	129	88	41	68,2%	214	214
Machinery and equipment	129	-	-	129	88	41	68,2%	214	214
Other machinery and equipment	129	-	-	129	88	41	68,2%	214	214
Payments for financial assets	-	14	-	14	14	-	100,0%	15	16
Total	21 598	(24)	339	21 913	19 425	2 488	88,6%	22 150	20 562

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
4.5 Health Promotion and Nutrition

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	21 270	265	356	21 891	18 755	3 136	85,7%	21 240	21 240
Compensation of employees	17 039	265	-	17 304	14 168	3 136	81,9%	14 089	14 089
Salaries and wages	15 237	265	-	15 502	12 413	3 089	80,1%	12 356	12 356
Social contributions	1 802	-	-	1 802	1 755	47	97,4%	1 733	1 733
Goods and services	4 231	-	356	4 587	4 587	-	100,0%	7 151	7 151
Advertising	500	(286)	-	214	210	4	98,1%	187	147
Minor assets	130	(112)	-	18	9	9	50,0%	242	148
Catering: Departmental activities	120	151	-	271	244	27	90,0%	245	222
Communication (G&S)	207	(122)	-	85	155	(70)	182,4%	110	158
Contractors	147	(89)	-	58	-	58	-	77	48
Agency and support / outsourced services	500	(500)	-	-	-	-	-	-	-
Entertainment	-	-	-	-	-	-	-	1	-
Fleet services (including government motor transport)	291	(14)	256	533	470	63	88,2%	430	613
Inventory: Food and food supplies	3	-	-	3	3	-	100,0%	4	1
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	3	1
Inventory: Materials and supplies	-	-	-	-	-	-	-	60	18
Inventory: Medical supplies	100	769	-	869	869	-	100,0%	-	-
Consumable supplies	8	3	-	11	-	11	-	11	5
Consumable: Stationery, printing and office supplies	24	53	-	77	31	46	40,3%	2 902	2 901
Operating leases	72	120	100	292	138	154	47,3%	110	119
Travel and subsistence	1 283	(96)	-	1 187	1 315	(128)	110,8%	1 729	1 865
Operating payments	570	(121)	-	449	609	(160)	135,6%	940	842
Venues and facilities	276	244	-	520	533	(13)	102,5%	100	63
Transfers and subsidies	1 215	-	-	1 215	237	978	19,5%	814	814
Non-profit institutions	845	-	-	845	-	845	-	803	803
Households	370	-	-	370	237	133	64,1%	11	11
Social benefits	370	-	-	370	237	133	64,1%	11	11
Payments for capital assets	224	-	-	224	130	94	58,0%	53	53
Machinery and equipment	224	-	-	224	130	94	58,0%	53	53
Other machinery and equipment	224	-	-	224	130	94	58,0%	53	53
Payments for financial assets	14	-	-	14	13	1	92,9%	-	-
Total	22 723	265	356	23 344	19 135	4 209	82,0%	22 107	22 107

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
4.6 Environmental and Port Health Services

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditures % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Current payments	159 659	(7)	(12 730)	146 922	145 591	1 331	99,1%	134 412	134 412
Compensation of employees	147 888	-	(17 841)	130 047	130 047	-	100,0%	120 904	120 904
Salaries and wages	129 788	-	(17 841)	111 947	111 985	(38)	100,0%	104 780	104 780
Social contributions	18 100	-	-	18 100	18 062	38	99,8%	16 124	16 124
Goods and services	11 771	(7)	5 111	16 875	15 544	1 331	92,1%	13 508	13 508
Administrative fees	51	-	-	51	68	(17)	133,3%	102	71
Advertising	130	(112)	-	18	17	1	94,4%	270	23
Minor assets	62	25	-	87	96	(9)	110,3%	412	5
Bursaries: Employees	-	-	-	-	-	-	-	100	-
Catering: Departmental activities	80	50	-	130	131	(1)	100,8%	150	77
Communication (G&S)	340	(26)	1 000	1 314	1 106	208	84,2%	660	373
Computer services	-	-	-	-	-	-	-	10	6
Contractors	170	256	-	426	289	137	67,8%	25	2
Agency and support / outsourced services	-	-	-	-	-	-	-	45	-
Entertainment	2	-	-	2	-	2	-	10	-
Fleet services (including government motor transport)	5 330	(50)	3 600	8 880	9 107	(227)	102,6%	2 153	8 869
Inventory: Clothing material and supplies	1 000	240	-	1 240	134	1 106	10,8%	3 500	-
Inventory: Food and food supplies	10	-	-	10	2	8	20,0%	13	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	10	-
Inventory: Materials and supplies	4	-	-	4	-	4	-	10	-
Inventory: Medical supplies	-	-	-	-	-	-	-	10	-
Consumable supplies	13	-	-	13	25	(12)	192,3%	-	11
Consumable: Stationery, printing and office supplies	599	(310)	-	289	291	(2)	100,7%	684	633
Operating leases	250	260	-	510	393	117	77,1%	250	178
Property payments	-	-	-	-	90	(90)	-	10	-
Travel and subsistence	2 415	(389)	511	2 537	2 415	122	95,2%	3 584	2 145

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
4.6 Environmental and Port Health Services

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditures % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Training and development	50	(50)	-	-	-	-	-	50	-
Operating payments	365	305	-	670	686	(16)		750	419
Venues and facilities	900	(206)	-	694	694	-		700	695
Transfers and subsidies	1 157	7	-	1 164	767	397	102,4%	444	444
Households	1 157	7	-	1 164	767	397	100,0%	444	444
Social benefits	1 157	-	-	1 157	767	390	65,9%	444	444
Other transfers to households	-	7	-	7	-	7	65,9%	-	-
Payments for capital assets	800	-	(290)	510	337	173	66,3%	884	884
Machinery and equipment	800	-	(290)	510	337	173	66,1%	884	884
Other machinery and equipment	800	-	(290)	510	337	173	66,1%	884	884
Payments for capital assets	-	-	-	-	1	(1)	66,1%	-	-
Total	161 616	-	(13 020)	148 596	146 696	1 900	98,7%	135 740	135 740

Programme 5: Hospital, Tertiary Health Services and Human Resource Development

Sub programme	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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. Programme Management	3 713	(897)	-	2 816	2 614	202	92,8%	3 738	3 738
2. Health Facilities Infrastructure Management	6 078 821	-	(94 776)	5 984 045	5 973 459	10 586	99,8%	6 093 069	6 092 904
3. Tertiary Health Care Planning and Policy	10 851 438	(1 121)	-	10 850 317	10 850 183	134	100,0%	10 384 335	10 384 336
4. Hospital Management	5 659	(1 188)	3 802	8 273	8 108	165	98,0%	4 771	4 771
5. Human Resources for Health	2 500 069	2 225	13 106	2 515 400	2 515 297	103	100,0%	2 449 047	2 448 222
6. Nursing Services	6 627	670	-	7 297	7 289	8	99,9%	4 230	4 229
7. Forensic Chemistry Laboratories	120 533	-	286	120 819	104 446	16 373	86,4%	112 959	112 764
8. Violence, Trauma and EMS	7 138	311	-	7 449	7 320	129	98,3%	5 316	5 315
Total for sub programmes	19 573 998	-	(77 582)	19 496 416	19 468 716	27 700	99,9%	19 057 465	19 056 279
Economic classification									
Current payments	409 831	(311)	13 872	423 392	279 872	143 520	66,1%	284 048	284 070
Compensation of employees	131 606	(77)	8 776	140 305	138 008	2 297	98,4%	110 874	110 874
Salaries and wages	119 130	(863)	7 080	125 347	122 324	3 023	97,6%	98 346	96 447
Social contributions	12 476	786	1 696	14 958	15 684	(726)	104,9%	12 528	14 427
Goods and services	278 225	(234)	5 096	283 087	141 864	141 223	50,1%	173 174	173 196
Administrative fees	200	38	-	238	227	11	95,4%	-	-
Advertising	191	3	-	194	53	141	27,3%	188	188
Minor assets	10 428	(16)	-	10 412	3 993	6 419	38,3%	1 093	1 093
Catering: Departmental activities	365	(146)	-	219	160	59	73,1%	218	193
Communication	1 008	252	169	1 429	1 329	100	93,0%	1 282	1 279
Computer services	1 205	(76)	-	1 129	1 142	(13)	101,2%	1 187	1 186
Consultants: Business and advisory services	1 535	(620)	1 422	2 337	1 140	1 197	48,8%	1 652	1 652
Infrastructure and planning services	31 000	-	-	31 000	-	31 000	-	-	-
Contractors	6 905	(303)	-	6 602	4 852	1 750	73,5%	5 349	5 318
Agency and support / outsourced services	189 704	90	-	189 794	101 976	87 818	53,7%	131 786	131 620

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

Programme 5: Hospital, Tertiary Health Services and Human Resource Development

	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Entertainment	18	(10)	-	8	-	8		8	-
Fleet services (including government motor transport)	1 060	502	2 180	3 742	1 894	1 848		1 528	1 462
Inventory: Clothing material and accessories	55	50	-	105	75	30	50,6%	65	58
Inventory: Food and food supplies	41	7	-	48	944	(896)	71,4%	44	13
Inventory: Fuel, oil and gas	1 816	(350)	(500)	966	-	966	1 966,7%	2 000	1 997
Inventory: Materials and supplies	6	-	-	6	729	(723)	12 150,0%	14	2
Inventory: Medical supplies	7 080	-	-	7 080	114	6 966	1,6%	735	731
Inventory: Medicine	50	-	-	50	-	50		5	4
Inventory: Other supplies	13 100	(879)	(856)	11 365	9 068	2 297	79,8%	11 612	11 612
Consumable supplies	214	4	-	218	106	112	48,6%	203	103
Consumable: Stationery, printing and office supplies	1 345	(345)	-	1 000	525	475	52,5%	1 484	1 426
Operating leases	826	(36)	-	790	628	162	79,5%	723	723
Property payments	-	-	-	-	5	(5)		-	-
Travel and subsistence	8 774	2 298	1 412	12 484	11 416	1 068	91,4%	9 489	9 835
Training and development	-	-	-	-	-	-		-	186
Operating payments	764	323	(36)	1 051	1 086	(35)	103,3%	1 022	1 009
Venues and facilities	345	(1 070)	1 305	580	213	367	36,7%	1 387	1 408
Rental and hiring	190	50	-	240	189	51	78,8%	100	98
Transfers and subsidies	18 596 302	77	1 661	18 598 040	18 598 040	-	100,0%	18 228 113	18 227 288
Provinces and municipalities	18 596 182	-	-	18 596 182	18 596 182	-	100,0%	18 172 941	18 172 941
Provinces	18 596 182	-	-	18 596 182	18 596 182	-	100,0%	18 172 941	18 172 941
Provincial Revenue Funds	18 596 182	-	-	18 596 182	18 596 182	-	100,0%	18 172 941	18 172 941
Higher education institutions	-	-	-	-	-	-		54 789	53 964
Foreign governments and international organisations	-	-	1 661	1 661	1 661	-	100,0%	-	-
Households	120	77	-	197	197	-	100,0%	383	383
Social benefits	120	77	-	197	197	-	100,0%	383	383
Payments for capital assets	567 724	-	(93 115)	474 609	590 431	(115 822)	124,4%	545 165	544 782
Buildings and other fixed structures	471 883	74 000	(96 000)	449 883	574 044	(124 161)	127,6%	470 641	470 641
Buildings	471 883	74 000	(96 000)	449 883	574 044	(124 161)	127,6%	470 641	470 641
Machinery and equipment	95 841	(74 247)	2 885	24 479	16 387	8 092	66,9%	74 524	74 141
Other machinery and equipment	95 841	(74 247)	2 885	24 479	16 387	8 092	66,9%	74 524	74 141
Software and other intangible assets	-	247	-	247	-	247		139	139
Payments for financial assets	141	234	-	375	373	2	99,5%	19 057 465	19 056 279
Total	19 573 998	-	(77 582)	19 496 416	19 468 716	27 700	99,9%	19 057 465	19 056 279

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.1 Programme Management

	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 652	(897)	-	2 755	2 614	141	94,9%	3 698	3 698
Compensation of employees	3 042	(897)	-	2 145	2 145	-	100,0%	2 776	2 776
Salaries and wages	2 880	(897)	-	1 983	2 011	(28)	101,4%	2 658	2 540
Social contributions	162	-	-	162	134	28	82,7%	118	236
Goods and services	610	-	-	610	469	141	76,9%	922	922
Administrative fees	5	-	-	5	1	4	20,0%	-	-
Advertising	-	53	-	53	53	-	100,0%	-	-
Minor assets	20	-	-	20	-	20	-	24	-
Catering: Departmental activities	10	(5)	-	5	2	3	40,0%	10	5
Communication (G&S)	21	(5)	-	16	13	3	81,3%	18	18
Consultants: Business and advisory services	10	(10)	-	-	-	-	-	41	73
Contractors	-	-	-	-	-	-	-	12	3
Entertainment	2	-	-	2	-	2	-	7	-
Fleet services (including government motor transport)	32	-	-	32	43	(11)	134,4%	78	26
Inventory: Food and food supplies	5	-	-	5	2	3	40,0%	5	3
Inventory: Materials and supplies	-	-	-	-	-	-	-	5	-
Consumable supplies	5	-	-	5	-	5	-	16	-
Consumable: Stationery, printing and office supplies	39	(20)	-	19	3	16	15,8%	51	25
Operating leases	13	-	-	13	10	3	76,9%	-	-
Travel and subsistence	440	(13)	-	427	275	152	64,4%	644	751
Operating payments	8	-	-	8	67	(59)	837,5%	10	3
Venues and facilities	-	-	-	-	-	-	-	-	15
Rental and hiring	-	-	-	-	-	-	-	1	-
Transfers and subsidies	-	-	-	-	-	-	-	40	40
Households	-	-	-	-	-	-	-	40	40
Social benefits	-	-	-	-	-	-	-	40	40
Payments for capital assets	58	-	-	58	-	58	-	-	-
Machinery and equipment	58	-	-	58	-	58	-	-	-
Other machinery and equipment	58	-	-	58	-	58	-	-	-
Payments for financial assets	3	-	-	3	-	3	-	-	-
Total	3 713	(897)	-	2 816	2 614	202	92,8%	3 738	3 738

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.2 Health Facilities Infrastructure Management

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	250 884	-	1 293	252 177	119 629	132 548	47,4%	147 679	147 514
Compensation of employees	12 410	-	(1 525)	10 885	10 885	-	100,0%	10 300	10 300
Salaries and wages	12 138	-	(1 525)	10 613	9 654	959	91,0%	9 112	9 112
Social contributions	272	-	-	272	1 231	(959)	452,6%	1 188	1 188
Goods and services	238 474	-	2 818	241 292	108 744	132 548	45,1%	137 379	137 214
Advertising	6	-	-	6	-	6	-	7	62
Minor assets	10 130	-	-	10 130	3 918	6 212	38,7%	890	994
Catering: Departmental activities	10	-	-	10	1	9	10,0%	11	11
Communication (G&S)	40	-	-	40	126	(86)	315,0%	140	116
Computer services	-	-	-	-	-	-	-	20	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	131	119
Infrastructure and planning services	31 000	-	-	31 000	-	31 000	-	-	-
Contractors	-	-	-	-	-	-	-	50	-
Agency and support / outsourced services	187 000	-	-	187 000	100 218	86 782	53,6%	129 905	129 739
Fleet services (including government motor transport)	20	-	2 027	2 047	442	1 605	21,6%	351	342
Inventory: Food and food supplies	10	-	-	10	2	8	20,0%	20	1
Inventory: Materials and supplies	-	-	-	-	726	(726)	-	-	-
Inventory: Medical supplies	7 000	-	-	7 000	-	7 000	-	640	640
Consumable supplies	35	-	-	35	1	34	2,9%	12	3
Consumable: Stationery, printing and office supplies	103	-	-	103	54	49	52,4%	135	133
Operating leases	-	-	-	-	-	-	-	74	61
Travel and subsistence	3 115	-	791	3 906	3 245	661	83,1%	4 904	4 876
Operating payments	-	-	-	-	-	-	-	19	47
Venues and facilities	5	-	-	5	11	(6)	220,0%	70	70
Transfers and subsidies	5 272 680	-	-	5 272 680	5 272 680	-	100,0%	5 417 071	5 417 071

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.2 Health Facilities Infrastructure Management

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Provinces and municipalities	5 272 680	-	-	5 272 680	5 272 680	-		5 417 045	5 417 045
Provinces	5 272 680	-	-	5 272 680	5 272 680	-		5 417 045	5 417 045
Provincial Revenue Funds	5 272 680	-	-	5 272 680	5 272 680	-		5 417 045	5 417 045
Households	-	-	-	-	-	-	100,0%	26	26
Social benefits	-	-	-	-	-	-	100,0%	26	26
Payments for capital assets	555 257	-	(96 069)	459 188	581 150	(121 962)	100,0%	528 313	528 313
Buildings and other fixed structures	471 883	74 000	(96 000)	449 883	574 044	(124 161)	126,6%	470 641	470 641
Buildings	471 883	74 000	(96 000)	449 883	574 044	(124 161)	127,6%	470 641	470 641
Machinery and equipment	83 374	(74 000)	(69)	9 305	7 106	2 199	127,6%	57 672	57 672
Other machinery and equipment	83 374	(74 000)	(69)	9 305	7 106	2 199	76,4%	57 672	57 672
Payments for financial assets	-	-	-	-	-	-	76,4%	6	6
Total	6 078 821	-	(94 776)	5 984 045	5 973 459	10 586	99,8%	6 093 069	6 092 904

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.3 Tertiary Health Care Planning and Policy

Economic classification	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	Final appropriation	Actual expenditure	Variance	Expenditure as % of final appropriation	Final appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 605	(1 121)	-	3 484	3 405	79	97,7%	3 101	3 102
Compensation of employees	3 798	(1 121)	-	2 677	2 677	-	100,0%	2 329	2 330
Salaries and wages	3 336	(1 121)	-	2 215	2 343	(128)	105,8%	1 898	2 054
Social contributions	462	-	-	462	334	128	72,3%	431	276
Goods and services	807	-	-	807	728	79	90,2%	772	772
Advertising	20	(20)	-	-	-	-	-	-	-
Minor assets	50	29	-	79	27	52	34,2%	25	-
Catering: Departmental activities	45	(1)	-	44	41	3	93,2%	48	46
Communication (G&S)	50	(30)	-	20	14	6	70,0%	49	51
Fleet services (including government motor transport)	63	(20)	-	43	40	3	93,0%	63	74
Inventory: Food and food supplies	6	(2)	-	4	3	1	75,0%	5	2
Consumable supplies	9	(3)	-	6	5	1	83,3%	-	2
Consumable: Stationery, printing and office supplies	10	(9)	-	1	-	1	-	9	9
Operating leases	35	3	-	38	21	17	55,3%	20	23
Travel and subsistence	519	53	-	572	577	(5)	100,9%	551	564
Operating payments	-	-	-	-	-	-	-	2	1
Transfers and subsidies	10 846 778	-	-	10 846 778	10 846 778	-	100,0%	10 381 213	10 381 213
Provinces and municipalities	10 846 778	-	-	10 846 778	10 846 778	-	100,0%	10 381 174	10 381 174
Provinces	10 846 778	-	-	10 846 778	10 846 778	-	100,0%	10 381 174	10 381 174
Provincial Revenue Funds	10 846 778	-	-	10 846 778	10 846 778	-	100,0%	10 381 174	10 381 174
Households	-	-	-	-	-	-	-	39	39
Social benefits	-	-	-	-	-	-	-	39	39
Payments for capital assets	55	-	-	55	55	55	-	-	-
Machinery and equipment	55	-	-	55	-	55	-	-	-
Other machinery and equipment	55	-	-	55	-	55	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	21	21
Total	10 851 438	(1 121)	-	10 850 317	10 850 183	134	100,0%	10 384 335	10 384 336

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.4 Hospital Management

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	5 581	(1 188)	2 141	6 534	6 402	132	98,0%	4 761	4 761
Compensation of employees	3 837	359	-	4 196	4 196	-	100,0%	3 028	3 028
Salaries and wages	3 366	359	-	3 725	3 716	9	99,8%	2 691	2 691
Social contributions	471	-	-	471	480	(9)	101,9%	337	337
Goods and services	1 744	(1 547)	2 141	2 338	2 206	132	94,4%	1 733	1 733
Minor assets	15	(5)	-	10	10	-	100,0%	10	2
Catering: Departmental activities	50	(27)	-	23	8	15	34,8%	27	27
Communication (G&S)	75	(28)	-	47	46	1	97,9%	40	65
Consultants: Business and advisory services	400	(500)	422	322	780	(458)	242,2%	-	-
Contractors	-	10	-	10	-	10	-	-	-
Entertainment	1	-	-	1	-	1	-	1	-
Fleet services (including government motor transport)	84	-	53	137	94	43	68,6%	65	46
Inventory: Food and food supplies	3	-	-	3	1	2	33,3%	3	-
Consumable supplies	3	-	-	3	-	3	-	3	-
Consumable: Stationery, printing and office supplies	65	(13)	-	52	47	5	90,4%	31	30
Operating leases	8	-	-	8	-	8	-	-	-
Travel and subsistence	820	93	397	1 310	1 159	151	88,5%	311	310
Operating payments	130	(70)	(36)	24	22	2	91,7%	60	54
Venues and facilities	90	(1 007)	1 305	388	39	349	10,1%	1 182	1 199
Transfers and subsidies	-	-	1 661	1 661	1 661	-	100,0%	-	-
Foreign governments and international organisations	-	-	1 661	1 661	1 661	-	100,0%	-	-
Payments for capital assets	78	-	-	78	45	33	57,7%	10	10
Machinery and equipment	78	-	-	78	45	33	57,7%	10	10
Other machinery and equipment	78	-	-	78	45	33	57,7%	10	10
Total	5 659	(1 188)	3 802	8 273	8 108	165	98,0%	4 771	4 771

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.5 Human Resources for Health

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	23 017	1 921	13 106	38 044	38 043	1	100,0%	19 237	19 237
Compensation of employees	19 221	558	13 106	32 885	32 885	-	100,0%	15 670	15 670
Salaries and wages	17 418	558	12 935	30 911	30 924	(13)	100,0%	14 209	13 679
Social contributions	1 803	-	171	1 974	1 961	13	99,3%	1 461	1 991
Goods and services	3 796	1 363	-	5 159	5 158	1	100,0%	3 567	3 567
Administrative fees	150	73	-	223	223	-	100,0%	-	-
Advertising	100	20	-	120	-	120	-	-	-
Minor assets	11	17	-	28	5	23	17,9%	66	16
Catering: Departmental activities	100	(65)	-	35	32	3	91,4%	100	77
Communication (G&S)	105	(55)	-	50	58	(8)	116,0%	103	58
Consultants: Business and advisory services	100	(100)	-	-	-	-	-	480	454
Contractors	303	(143)	-	160	158	2	98,8%	5	2
Fleet services (including government motor transport)	383	(38)	-	345	335	10	97,1%	335	344
Inventory: Food and food supplies	5	3	-	8	3	5	37,5%	4	1
Inventory: Fuel, oil and gas	1	-	-	1	-	1	-	3	-
Inventory: Materials and supplies	1	-	-	1	-	1	-	2	-
Consumable supplies	2	5	-	7	5	2	71,4%	-	-
Consumable: Stationery, printing and office supplies	230	(126)	-	104	98	6	94,2%	564	485
Operating leases	265	(150)	-	115	76	39	66,1%	107	102
Travel and subsistence	1 490	2 229	-	3 719	3 907	(188)	105,1%	1 143	1 391
Operating payments	300	(229)	-	71	95	(24)	133,8%	615	602
Venues and facilities	250	(78)	-	172	163	9	94,8%	40	35
Transfers and subsidies	2 476 792	74	-	2 476 866	2 476 866	-	100,0%	2 429 640	2 428 815

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.5 Human Resources for Health

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Provinces and municipalities	2 476 724	-	-	2 476 724	2 476 724	-	100,0%	2 397 722	2 397 722
Provinces	2 476 724	-	-	2 476 724	2 476 724	-	100,0%	2 397 722	2 397 722
Provincial Revenue Funds	2 476 724	-	-	2 476 724	2 476 724	-	100,0%	2 397 722	2 397 722
Higher education institutions	-	-	-	-	-	-	-	54 789	53 964
Households	68	74	-	142	142	-	100,0%	129	129
Social benefits	68	74	-	142	142	-	100,0%	129	129
Payments for capital assets	130	-	-	130	27	103	20,8%	66	66
Machinery and equipment	130	-	-	130	27	103	20,8%	66	66
Other machinery and equipment	130	-	-	130	27	103	20,8%	66	66
Payments for financial assets	130	230	-	360	361	(1)	100,3%	104	104
Total	2 500 069	2 225	13 106	2 515 400	2 515 297	103	100,0%	2 449 047	2 448 222

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.6 Nursing Services

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	6 572	670	-	7 242	7 242	-	100,0%	4 153	4 152
Compensation of employees	6 014	486	-	6 500	6 500	-	100,0%	3 391	3 390
Salaries and wages	5 919	-	-	5 919	5 743	176	97,0%	3 012	3 027
Social contributions	95	486	-	581	757	(176)	130,3%	379	363
Goods and services	558	184	-	742	742	-	100,0%	762	762
Advertising	-	-	-	-	-	-	-	166	108
Minor assets	7	(2)	-	5	7	(2)	140,0%	2	15
Catering: Departmental activities	30	(3)	-	27	19	8	70,4%	10	10
Communication (G&S)	20	94	-	114	70	44	61,4%	24	30
Fleet services (including government motor transport)	8	90	-	98	35	63	35,7%	20	22
Inventory: Food and food supplies	12	-	-	12	9	3	75,0%	7	4
Inventory: Medicine	-	-	-	-	-	-	-	1	1
Consumable supplies	1	2	-	3	1	2	33,3%	25	12
Consumable: Stationery, printing and office supplies	38	-	-	38	28	10	73,7%	15	66
Operating leases	30	-	-	30	24	6	80,0%	-	-
Travel and subsistence	386	(60)	-	326	489	(163)	150,0%	417	433
Operating payments	26	63	-	89	60	29	67,4%	75	61
Payments for capital assets	55	-	-	55	47	8	85,5%	77	77
Machinery and equipment	55	-	-	55	47	8	85,5%	77	77
Other machinery and equipment	55	-	-	55	47	8	85,5%	77	77
Total	6 627	670	-	7 297	7 289	8	99,9%	4 230	4 229

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.7 Forensic Chemistry Laboratory

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	108 524	(7)	(2 668)	105 849	95 294	10 555	90,0%	96 133	96 320
Compensation of employees	78 104	(3)	(2 805)	75 296	72 998	2 298	96,9%	69 125	69 125
Salaries and wages	69 144	(3)	(4 330)	64 811	62 745	2 066	96,8%	60 817	59 507
Social contributions	8 960	-	1 525	10 485	10 253	232	97,8%	8 308	9 618
Goods and services	30 420	(4)	137	30 553	22 296	8 257	73,0%	27 008	27 195
Administrative fees	5	(5)	-	-	3	(3)	-	-	-
Minor assets	117	(35)	-	82	14	68	17,1%	74	66
Communication (G&S)	692	276	169	1 137	935	202	82,2%	883	881
Computer services	1 200	(76)	-	1 124	1 142	(18)	101,6%	1 167	1 186
Consultants: Business and advisory services	1 000	-	1 000	2 000	360	1 640	18,0%	1 000	1 006
Contractors	6 590	(165)	-	6 425	4 694	1 731	73,1%	5 232	5 259
Agency and support / outsourced services	2 704	90	-	2 794	1 758	1 036	62,9%	1 881	1 881
Fleet services (including government motor transport)	420	335	100	855	641	214	75,0%	549	531
Inventory: Clothing material and supplies	55	20	-	75	75	-	100,0%	65	58
Inventory: Food and food supplies	-	-	-	-	920	(920)	-	-	-
Inventory: Fuel, oil and gas	1 805	(345)	(500)	960	-	960	-	1 997	1 997
Inventory: Materials and supplies	5	-	-	5	3	2	60,0%	7	2
Inventory: Medical supplies	80	-	-	80	114	(34)	142,5%	95	91
Inventory: Medicine	50	-	-	50	-	50	-	4	3
Inventory: Other supplies	13 100	(879)	(856)	11 365	9 068	2 297	79,8%	11 612	11 612
Consumable supplies	112	5	-	117	36	81	30,8%	85	81
Consumable: Stationery, printing and office supplies	640	-	-	640	197	443	30,8%	504	514
Operating leases	475	91	-	566	465	101	82,8%	522	522
Travel and subsistence	880	245	224	1 349	964	385	71,5%	991	980
Training and development	-	-	-	-	-	-	-	-	186
Operating payments	300	389	-	689	713	(24)	103,5%	241	241

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
5.7 Forensic Chemistry Laboratory

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Rental and hiring	190	50	-	240	189	51		99	98
Transfers and subsidies	52	3	-	55	55	-	78,8%	149	149
Households	52	3	-	55	55	-	100,0%	149	149
Social benefits	52	3	-	55	55	-	100,0%	149	149
Payments for capital assets	11 949	-	2 954	14 903	9 085	5 818	100,0%	16 669	16 287
Machinery and equipment	11 949	(247)	2 954	14 656	9 085	5 571	61,0%	16 669	16 287
Other machinery and equipment	11 949	(247)	2 954	14 656	9 085	5 571	62,0%	16 669	16 287
Software and other intangible assets	-	247	-	247	-	247	62,0%	-	-
Payments for financial assets	8	4	-	12	12	-	100,0%	8	8
Total	120 533	-	286	120 819	104 446	16 373	86,4%	112 959	112 764

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

5.8 Violence, Trauma and EMS

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	6 996	311	-	7 307	7 243	64	99,1%	5 286	5 286
Compensation of employees	5 180	541	-	5 721	5 722	(1)	100,0%	4 255	4 255
Salaries and wages	4 929	241	-	5 170	5 188	(18)	100,3%	3 949	3 837
Social contributions	251	300	-	551	534	17	96,6%	306	418
Goods and services	1 816	(230)	-	1 586	1 521	65	95,9%	1 031	1 031
Administrative fees	40	(30)	-	10	-	10	-	-	-
Advertising	65	(50)	-	15	-	15	-	15	18
Minor assets	78	(20)	-	58	12	46	20,7%	2	-
Catering: Departmental activities	120	(45)	-	75	57	18	76,0%	12	17
Communication (G&S)	5	-	-	5	67	(62)	1 340,0%	25	60
Computer services	5	-	-	5	-	5	-	-	-
Consultants: Business and advisory services	25	(10)	-	15	-	15	-	-	-
Contractors	12	(5)	-	7	-	7	-	50	54
Entertainment	15	(10)	-	5	-	5	-	-	-
Fleet services (including government motor transport)	50	135	-	185	264	(79)	142,7%	67	77
Inventory: Clothing material and accessories	-	30	-	30	-	30	-	-	-
Inventory: Food and food supplies	-	6	-	6	4	2	66,7%	-	2
Inventory: Fuel, oil and gas	10	(5)	-	5	-	5	-	-	-
Consumable supplies	47	(5)	-	42	58	(16)	138,1%	62	5
Consumable: Stationery, printing and office supplies	220	(177)	-	43	98	(55)	227,9%	175	164
Operating leases	-	20	-	20	32	(12)	160,0%	-	15
Travel and subsistence	1 124	(249)	-	875	800	75	91,4%	528	530
Operating payments	-	170	-	170	129	41	75,9%	-	-
Venues and facilities	-	15	-	15	-	15	-	95	89
Payments for capital assets	142	-	-	142	77	65	54,2%	30	29
Machinery and equipment	142	-	-	142	77	65	54,2%	30	29
Other machinery and equipment	142	-	-	142	77	65	54,2%	30	29
Total	7 138	311	-	7 449	7 320	129	98,3%	5 316	5 315

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
Programme 6: Health Regulation and Compliance Management

Sub programme	2016/17							2015/16	
	Adjusted appropriation	Shifting of funds	Virements	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. Programme Management	4 062	110	-	4 172	4 114	58	98,6%	3 502	3 502
2. Food Control	9 972	(318)	(201)	9 453	8 570	883	90,7%	8 346	8 347
3. Pharmaceutical Trade and Product Regulation	156 072	-	7 771	163 843	163 843	-	100,0%	139 545	138 303
4. Public Entities Management	1 474 937	208	2 680	1 477 825	1 477 814	11	100,0%	1 399 104	1 399 104
5. Compensation Commissioner for Occupational Diseases and Occupational Health	61 643	-	29	61 672	60 169	1 503	97,6%	51 235	50 164
Total for sub programmes	1 706 686	-	10 279	1 716 965	1 714 510	2 455	99,9%	1 601 732	1 599 420
Economic classification									
Current payments	224 654	-	10 070	234 724	233 859	865	99,6%	189 967	189 970
Compensation of employees	149 084	-	492	149 576	148 712	864	99,4%	123 989	123 990
Salaries and wages	136 609	(4 856)	-	131 753	130 191	1 562	98,8%	109 121	108 316
Social contributions	12 475	4 856	492	17 823	18 521	(698)	103,9%	14 868	15 674
Goods and services	75 570	-	9 578	85 148	85 147	1	100,0%	65 978	65 980
Administrative fees	141	(40)	-	101	62	39	61,4%	150	12
Advertising	1 260	(895)	-	365	351	14	96,2%	700	901
Minor assets	1 939	(1 029)	(80)	830	388	442	46,7%	1 178	720
Audit costs: External	1 621	1 200	-	2 821	2 640	181	93,6%	80	22
Catering: Departmental activities	741	(147)	-	594	416	178	70,0%	804	487
Communication (G&S)	1 732	(301)	63	1 494	1 903	(409)	127,4%	1 442	1 963
Computer services	5 148	(2 083)	-	3 065	2 120	945	69,2%	3 530	4 119
Consultants: Business and advisory services	21 994	1 280	4 283	27 557	31 704	(4 147)	115,0%	23 793	23 734
Laboratory services	540	(513)	4 472	4 499	4 499	-	100,0%	-	-
Legal services	250	(200)	-	50	-	50	-	100	-
Contractors	1 315	(730)	-	585	109	476	18,6%	298	1 056
Agency and support / outsourced services	4 720	2 527	-	7 247	6 961	286	96,1%	1 933	3 837
Entertainment	20	-	-	20	2	18	-	5	2
Fleet services (including government motor transport)	5 085	1 857	961	7 903	7 875	28	10,0%	6 726	6 811
Inventory: Clothing material and accessories	101	(50)	-	51	-	51	99,6%	62	22
Inventory: Food and food supplies	70	(34)	-	36	9	27	25,0%	67	7
Inventory: Fuel, oil and gas	133	(128)	-	5	2	3	40,0%	141	18
Inventory: Materials and supplies	160	(153)	-	7	19	(12)	271,4%	81	2
Inventory: Medical supplies	460	(210)	-	250	118	132	47,2%	470	188
Inventory: Medicine	60	-	-	60	21	39	35,0%	96	-
Inventory: Other supplies	200	(80)	-	120	95	25	79,2%	205	112

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
Programme 6: Health Regulation and Compliance Management

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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. Programme Management	4 062	110	-	4 172	4 114	58	98,6%	3 502	3 502
2. Food Control	9 972	(318)	(201)	9 453	8 570	883	90,7%	8 346	8 347
3. Pharmaceutical Trade and Product Regulation	156 072	-	7 771	163 843	163 843	-	100,0%	139 545	138 303
Consumable supplies	320	52	-	372	175	197	47,0%	177	75
Consumable: Stationery, printing and office supplies	3 335	(657)	-	2 678	1 780	898	66,5%	2 430	1 977
Operating leases	1 402	-	-	1 402	1 236	166	88,2%	1 254	1 163
Property payments	1 000	(472)	-	528	437	91	82,8%	1 050	322
Travel and subsistence	10 727	4 879	(121)	15 485	14 588	897	94,2%	14 158	14 089
Training and development	4 150	(3 920)	-	230	-	230		75	9
Operating payments	4 546	(499)	-	4 047	3 958	89	97,8%	4 523	3 876
Venues and facilities	2 350	396	-	2 746	3 679	(933)	134,0%	450	456
Rental and hiring	50	(50)	-	-	-	-		-	-
Transfers and subsidies	1 476 795	-	2 849	1 479 644	1 479 643	1	100,0%	1 397 850	1 397 850
Departmental agencies and accounts	1 475 150	-	2 680	1 477 830	1 477 829	1	100,0%	1 397 643	1 397 643
Social security funds	3 541	-	-	3 541	3 541	-	100,0%	-	-
Departmental agencies (non-business entities)	1 471 609	-	2 680	1 474 289	1 474 288	1	100,0%	1 397 643	1 397 643
Households	1 645	-	169	1 814	1 814	-	100,0%	207	207
Social benefits	1 384	-	169	1 553	1 554	(1)	100,1%	207	207
Other transfers to households	261	-	-	261	260	1	99,6%	-	-
Payments for capital assets	5 237	-	(2 685)	2 552	963	1 589	37,7%	13 682	11 368
Machinery and equipment	5 237	-	(2 685)	2 552	963	1 589	37,7%	9 286	7 160
Other machinery and equipment	5 237	-	(2 685)	2 552	963	1 589		9 286	7 160
Software and Intangible assets	-	-	-	-	-	-	37,7%	4 396	4 208
Payments for financial assets	-	-	45	45	45	-	100,0%	233	232
Total	1 706 686	-	10 279	1 716 965	1 714 510	2 455	99,9%	1 601 732	1 599 420

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
6.1 Programme Management

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Sub programme									
1. Programme Management	4 062	110	-	4 172	4 114	58	98,6%	3 502	3 502
2. Food Control	9 972	(318)	(201)	9 453	8 570	883	90,7%	8 346	8 347
3. Pharmaceutical Trade and Product Regulation	156 072	-	7 771	163 843	163 843	-	100,0%	139 545	138 303
Current payments	4 004	110	-	4 114	4 114	-	100,0%	3 440	3 441
Compensation of employees	3 473	77	-	3 550	3 550	-	100,0%	3 249	3 250
Salaries and wages	3 115	-	-	3 115	3 153	(38)	101,2%	3 090	2 887
Social contributions	358	77	-	435	397	38	91,3%	159	363
Goods and services	531	33	-	564	564	-	100,0%	191	191
Minor assets	-	-	-	-	-	-	-	-	11
Catering: Departmental activities	20	-	-	20	7	13	35,0%	15	6
Communication (G&S)	40	-	-	40	41	(1)	102,5%	38	49
Fleet services (including government motor transport)	33	33	-	66	37	29	56,1%	2	1
Inventory: Food and food supplies	6	-	-	6	1	5	16,7%	12	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	10	-
Consumable: Stationery, printing and office supplies	47	-	-	47	6	41	12,8%	39	38
Operating leases	24	-	-	24	30	(6)	125,0%	20	30
Travel and subsistence	361	-	-	361	442	(81)	122,4%	53	53
Operating payments	-	-	-	-	-	-	-	2	2
Payments for capital assets	58	-	-	58	-	58	-	62	61
Machinery and equipment	58	-	-	58	-	58	-	62	61
Other machinery and equipment	58	-	-	58	-	58	-	62	61
Total	4 062	110	-	4 172	4 114	58	98,6%	3 502	3 502

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

6.2 Food Control

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final appropriation R'000	Actual expenditure R'000
Current payments	9 916	(318)	(201)	9 397	8 532	865	90,8%	8 299	8 300
Compensation of employees	8 859	(201)	-	8 658	7 793	865	90,0%	7 249	7 250
Salaries and wages	7 975	(201)	-	7 774	6 787	987	87,3%	6 302	6 302
Social contributions	884	-	-	884	1 006	(122)	113,8%	947	948
Goods and services	1 057	(117)	(201)	739	739	-	100,0%	1 050	1 050
Minor assets	55	77	(80)	52	27	25	51,9%	17	16
Catering: Departmental activities	6	3	-	9	3	6	33,3%	5	5
Communication (G&S)	45	(21)	-	24	34	(10)	141,7%	35	40
Consultants: Business and advisory services	120	(105)	-	15	-	15	-	-	-
Laboratory services	40	(40)	-	-	-	-	-	-	-
Fleet services (including government motor transport)	155	(28)	-	127	148	(21)	116,5%	131	131
Inventory: Food and food supplies	1	-	-	1	-	1	-	-	-
Inventory: Materials and supplies	-	-	-	-	10	(10)	-	-	-
Consumable supplies	3	9	-	12	7	5	58,3%	5	5
Consumable: Stationery, printing and office supplies	265	(141)	-	124	136	(12)	109,7%	96	86
Operating leases	50	-	-	50	43	7	86,0%	34	38
Travel and subsistence	317	127	(121)	323	329	(6)	101,9%	647	646
Operating payments	-	2	-	2	2	-	100,0%	80	83
Payments for capital assets	56	-	-	56	38	18	67,9%	47	47
Machinery and equipment	56	-	-	56	38	18	67,9%	47	47
Other machinery and equipment	56	-	-	56	38	18	67,9%	47	47
Total	9 972	(318)	(201)	9 453	8 570	883	90,7%	8 346	8 347

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
6.3 Pharmaceutical Trade and Product Regulation

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	152 582	-	9 333	161 915	161 915	-	100,0%	128 726	128 727
Compensation of employees	102 944	-	102	103 046	103 046	-	100,0%	81 552	81 551
Salaries and wages	95 832	(4 655)	-	91 177	91 177	-	100,0%	72 029	72 027
Social contributions	7 112	4 655	102	11 869	11 869	-	100,0%	9 523	9 524
Goods and services	49 638	-	9 231	58 869	58 869	-	100,0%	47 174	47 176
Administrative fees	101	-	-	101	62	39	61,4%	110	12
Advertising	400	(300)	-	100	64	36	64,0%	100	128
Minor assets	1 035	(320)	-	715	264	451	36,9%	465	325
Catering: Departmental activities	400	120	-	520	382	138	73,5%	454	307
Communication (G&S)	702	-	63	765	1 005	(240)	131,4%	454	923
Computer services	4 738	(1 830)	-	2 908	1 968	940	67,7%	3 370	3 868
Consultants: Business and advisory services	19 424	(900)	4 438	23 007	27 279	(4 272)	118,6%	21 700	21 700
Laboratory services	-	27	4 472	4 499	4 499	-	100,0%	-	-
Legal services	150	(100)	-	50	-	50	-	100	-
Contractors	235	-	-	235	2	233	0,9%	76	36
Agency and support / outsourced services	620	(120)	-	500	282	218	56,4%	406	217
Entertainment	20	-	-	20	2	18	10,0%	5	2
Fleet services (including government motor transport)	3 188	2 250	213	5 651	5 458	193	96,6%	5 063	5 103
Inventory: Clothing material and accessories	51	-	-	51	-	51	-	12	-
Inventory: Food and food supplies	22	-	-	22	4	18	18,2%	13	3
Inventory: Fuel, oil and gas	3	-	-	3	-	3	-	1	3
Inventory: Materials and supplies	-	-	-	-	7	(7)	-	11	-
Inventory: Medical supplies	-	-	-	-	-	-	-	10	-
Inventory: Medicine	60	-	-	60	21	39	35,0%	96	-
Inventory: Other supplies	20	-	-	20	-	20	-	5	-
Consumable supplies	157	200	-	357	167	190	46,8%	69	43
Consumable: Stationery, printing and office supplies	1 748	(107)	-	1 641	1 011	630	61,6%	1 024	935
Operating leases	928	-	-	928	881	47	94,9%	800	819
Property payments	-	-	-	-	-	-	-	-	17
Travel and subsistence	8 176	4 404	-	12 580	10 947	1 633	87,0%	11 681	11 551

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

6.3 Pharmaceutical Trade and Product Regulation

Economic classification	2016/17				2015/16				
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Training and development	4 100	(3 870)	-	230	-	230	-	25	-
Operating payments	1 110	50	-	1 160	885	275	76,3%	774	774
Venues and facilities	2 250	496	-	2 746	3 679	(933)	134,0%	350	410
Transfers and subsidies	1 026	-	154	1 180	1 180	-	100,0%	125	125
Households	1 026	-	154	1 180	1 180	-	100,0%	125	125
Social benefits	1 026	-	154	1 180	1 180	-	100,0%	125	125
Payments for capital assets	2 464	-	(1 747)	717	717	-	100,0%	10 461	9 219
Machinery and equipment	2 464	-	(1 747)	717	717	-	100,0%	7 065	5 827
Other machinery and equipment	2 464	-	(1 747)	717	717	-	100,0%	7 065	5 827
Software and Intangible assets	-	-	-	-	-	-	-	3 396	3 392
Payments for financial assets	-	-	31	31	31	-	100,0%	233	232
Total	156 072	-	7 771	163 843	163 843	-	100,0%	139 545	138 303

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
6.4 Public Entities Management

	2016/17						2015/16		
	Adjusted appropriation	Shifting of funds	Virements	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	3 243	208	-	3 451	3 451	-	100,0%	4 824	4 824
Compensation of employees	2 675	124	-	2 799	2 799	-	100,0%	2 654	2 654
Salaries and wages	2 348	-	-	2 348	2 474	(126)	105,4%	2 328	2 329
Social contributions	327	124	-	451	325	126	72,0%	326	325
Goods and services	568	84	-	652	652	-	100,0%	2 170	2 170
Advertising	130	135	-	265	287	(22)	108,3%	500	679
Minor assets	-	-	-	-	9	(9)	-	42	38
Catering: Departmental activities	15	-	-	15	-	15	-	30	15
Communication (G&S)	45	(10)	-	35	33	2	94,3%	35	39
Consultants: Business and advisory services	-	-	-	-	7	(7)	-	943	937
Legal services	100	(100)	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	5	(5)	-	50	2
Inventory: Food and food supplies	1	-	-	1	-	1	-	2	1
Consumable supplies	-	-	-	-	-	-	-	3	2
Consumable: Stationery, printing and office supplies	145	(5)	-	140	82	58	58,6%	146	140
Travel and subsistence	103	(5)	-	98	72	26	73,5%	312	292
Operating payments	29	(69)	-	98	157	(59)	160,2%	107	17
Venues and facilities	-	-	-	-	-	-	-	-	8
Transfers and subsidies	1 471 639	-	2 680	1 474 319	1 474 318	1	100,0%	1 394 280	1 394 280
Departmental agencies and accounts	1 471 609	-	2 680	1 474 289	1 474 288	1	100,0%	1 394 280	1 394 280
Departmental agencies (non-business entities)	1 471 609	-	2 680	1 474 289	1 474 288	1	100,0%	1 394 280	1 394 280
Households	30	-	-	30	30	-	100,0%	-	-
Social benefits	30	-	-	30	30	-	100,0%	-	-
Payments for capital assets	55	-	-	55	45	10	81,8%	-	-
Machinery and equipment	55	-	-	55	45	10	81,8%	-	-
Other machinery and equipment	55	-	-	55	45	10	81,8%	-	-
Total	1 474 937	208	2 680	1 477 825	1 477 814	11	100,0%	1 399 104	1 399 104

Health Vote 16
Appropriation Statement for the year ended 31 March 2017
6.5 Compensation Commissioner for Occupational Diseases

Economic classification	2016/17						2015/16		
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Current payments	54 909	-	938	55 847	55 847	-	100,0%	44 678	44 678
Compensation of employees	31 133	-	390	31 523	31 524	(1)	100,0%	29 285	29 285
Salaries and wages	27 339	-	-	27 339	26 600	739	97,3%	25 372	24 771
Social contributions	3 794	-	390	4 184	4 924	(740)	117,7%	3 913	4 514
Goods and services	23 776	-	548	24 324	24 323	1	100,0%	15 393	15 393
Administrative fees	40	(40)	-	-	-	-	-	40	-
Advertising	730	(730)	-	-	-	-	-	100	94
Minor assets	849	(786)	-	63	88	(25)	139,7%	654	330
Audit costs: External	1 621	1200	-	2 821	2 640	181	93,6%	80	22
Catering: Departmental activities	300	(270)	-	30	24	6	80,0%	300	154
Communication (G&S)	900	(270)	-	630	790	(160)	125,4%	880	912
Computer services	410	(253)	-	157	152	5	96,8%	160	251
Consultants: Business and advisory services	2 450	2 285	(200)	4 535	4 418	117	97,4%	1 150	1 097
Laboratory services	500	(500)	-	-	-	-	-	-	-
Contractors	1 080	(730)	-	350	107	243	30,6%	222	1 020
Agency and support / outsourced services	4 100	2647	-	6 747	6 679	68	99,0%	1 527	3 620
Fleet services (including government motor transport)	1 709	(398)	748	2 059	2 227	(168)	108,2%	1 480	1 574
Inventory: Clothing material and supplies	50	(50)	-	-	-	-	-	50	22
Inventory: Food and food supplies	40	(34)	-	6	4	2	66,7%	40	2
Inventory: Fuel, oil and gas	130	(128)	-	2	2	-	100,0%	130	15
Inventory: Materials and supplies	160	(153)	-	7	2	5	28,6%	70	2
Inventory: Medical supplies	460	(210)	-	250	118	132	47,2%	460	188
Inventory: Other supplies	180	(80)	-	100	95	5	95,0%	200	112
Consumable supplies	160	(157)	-	3	1	2	33,3%	100	25
Consumable: Stationery, printing and office supplies	1 130	(404)	-	726	545	181	75,1%	1 125	778
Operating leases	400	-	-	400	282	118	-	400	276
Property payments	1 000	(472)	-	528	437	91	70,5%	1 050	305
Travel and subsistence	1 770	353	-	2 123	2 798	(675)	82,8%	1 465	1 547
Training and development	50	(50)	-	-	-	-	131,8%	50	9
Operating payments	3 407	(620)	-	2 787	2 914	(127)	104,6%	3 560	3 000
Venues and facilities	100	(100)	-	-	-	-	-	100	38

Health Vote 16
Appropriation Statement for the year ended 31 March 2017

6.5 Compensation Commissioner for Occupational Diseases

Economic classification	2016/17					2015/16			
	Adjusted appropriation R'000	Shifting of funds R'000	Virements R'000	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final appropriation R'000	Actual expenditure R'000
Rental and hiring	50	(50)	-	-	-	-	100,0%	-	-
Transfers and subsidies	4 130	-	15	4 145	4 145	-	100,0%	3 445	3 445
Departmental agencies and accounts	3 541	-	-	3 541	3 541	-	100,0%	3 363	3 363
Social security funds	3 541	-	-	3 541	3 541	-	100,0%	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	100,3%	3 363	3 363
Households	589	-	15	604	604	-	99,6%	82	82
Social benefits	328	-	15	343	344	(1)	9,8%	82	82
Other transfers to households	261	-	-	261	260	1	-	-	-
Payments for capital assets	2 604	-	(938)	1 666	163	1 503	-	3 112	2 041
Machinery and equipment	2 604	-	(938)	1 666	163	1 503	9,8%	2 112	1 225
Other machinery and equipment	2 604	-	(938)	1 666	163	1 503	9,8%	2 112	1 225
Software and intangible assets	-	-	-	-	-	-	-	1 000	816
Payments for financial assets	-	-	14	14	14	-	100,0%	-	-
Total	61 643	-	29	61 672	60 169	1 503	97,6%	51 235	50 164

Vote 16

Notes to the appropriation Statement for the year ended 31 March 2017

1. **Detail of transfers and subsidies as per Appropriation Act (after Virements):**

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

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

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

3. **Detail on payments for financial assets**

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

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

	Final appropriation R'000	Actual expenditure R'000	Variance R'000	Variance as a % of final appropriation
Administration	448 820	442 877	5 944	1%
National Health Insurance, Health Planning and System Enablement	690 593	679 170	11 423	2%
Budgets earmarked for GP Contracting and DIRCO were not fully utilised by year end. DRG project was not implemented during the period under review.				
HIV & AIDS, TB, Maternal and Child Health	16 006 567	15 965 182	41 386	0%
Primary Health Care Services	238 055	225 731	12 324	5%
Various positions in Port Health Services were not filled during the financial year. Transfer payments to Non-profit organisations could not be made due to Service Level Agreements not concluded before the end of the financial year.				
Hospitals, Tertiary Services & Human Resource Development	19 496 416	19 468 716	27 700	0%
Health Regulation and Compliance Management	1 716 965	1 714 510	2 455	0%

4.2 **Per economic classification****Current payments**

Compensation of employees	856 862	837 269	19 593	2%
Goods and services	1 584 757	1 397 470	187 287	12%

Transfers and subsidies

Provinces and municipalities	33 981 012	33 981 012	-	0%
Departmental agencies and accounts	1 497 349	1 497 348	1	0%
Foreign governments and international organisations	16 031	16 031	-	0%
Non-profit institutions	168 449	161 670	6 779	4%
Households	4 505	3 929	576	13%

Payments for capital assets

Buildings and other fixed structures	449 883	574 044	(124 161)	(28)%
Machinery and equipment	35 729	24 575	11 154	31%
Software and Intangible assets	2 179	2 179	-	0%

Payments for financial assets	660	659	1	0%
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Vote 16

Notes to the appropriation Statement for the year ended 31 March 2017

Current payments

Budgets earmarked for GP Contracting and DIRCO were not fully utilised by year end. DRG project was not implemented during the period under review. The planned current expenditure for infrastructure projects did not realise.

Transfers and subsidies

Payments to Non-profit organisations were not made due to Service Level Agreements not concluded before financial year end.

Payments for capital assets

The capital projects progress faster than anticipated and impacted on the budget allocation between Current (Goods & Services) and Capital. Specialised laboratory and medical equipment could not be acquired during the financial year.

4.3 Per conditional grant

	Final appropriation	Actual expenditure	Variance	Variance as a % of final appropriation
	R'000	R'000	R'000	R'000
Direct Grants				
National Tertiary Services	10 846 778	10 846 778	-	0%
Comprehensive HIV/AIDS and TB	15 290 603	15 290 603	-	0%
Health Facility Revitalisation	5 272 680	5 272 680	-	0%
Health Professions Training and Development	2 476 724	2 476 724	-	0%
National Health Insurance	94 227	94 227	-	0%
Indirect Grants				
Health Facilities Infrastructure*	697 082	686 496	10 586	2%
Human Papilloma Virus Vaccine	190 000	189 992	8	0%
National Health Insurance	364 148	361 580	2 568	1%
Ideal Clinics	10 000	9 792	208	2%

*Infrastructure projects are still in progress. There was a delay in delivery of medical equipment for identified ideal clinics.

Vote 16
State of Financial Performance for the year ended 31 March 2017

	<i>Notes</i>	2016/17	2015/16
		R'000	R'000
REVENUE			
Annual appropriation	1	38 597 416	36 253 925
Departmental revenue	2	59 233	53 885
Aid assistance	3	789 574	1 203 879
TOTAL REVENUE		39 446 223	37 511 689
EXPENDITURE			
Current expenditure			
Compensation of employees	4	837 269	750 097
Goods and services	5	1 397 470	1 183 894
Aid assistance	3	737 979	1 122 606
Total current expenditure		2 972 718	3 056 597
Transfers and subsidies			
Transfers and subsidies	7	35 659 990	33 536 117
Total transfers and subsidies		35 659 990	33 536 117
Expenditure for capital assets			
Tangible assets	8	624 859	605 853
Intangible assets	8	2 179	4 208
Total expenditure for capital assets		627 038	610 061
Payments for financial assets	6	659	900
TOTAL EXPENDITURE		39 260 405	37 203 675
SURPLUS/(DEFICIT) FOR THE YEAR		185 818	308 014
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		101 230	215 100
Annual appropriation		101 230	-
Conditional grants		-	-
Departmental revenue and NRF Receipts	13	59 233	53 885
Aid assistance	3	25 355	39 029
SURPLUS/(DEFICIT) FOR THE YEAR		185 818	308 014

Vote 16
Statement of Financial Position for the year ended 31 March 2017

	<i>Notes</i>	2016/17	2015/16
		R'000	R'000
Assets			
Current assets		284 044	225 380
Cash and cash equivalents	9	174 373	68 340
Prepayments and advances	10	69 314	58 447
Receivables	11	40 357	98 593
Non-current assets		11 346	98 235
Receivables	11	11 346	98 235
Total assets		295 390	323 615
Liabilities			
Current liabilities		293 168	321 697
Voted funds to be surrendered to the Revenue Fund	12	101 230	215 100
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	12 127	10 147
Payables	14	153 890	56 270
Aid assistance repayable	3.1	25 354	39 613
Aid assistance unutilised	3.1	567	567
TOTAL LIABILITIES		293 168	321 697
NET ASSETS		2 222	1 918
Represented by:			
Recoverable revenue		2 222	1 918
Retained funds			
Revaluation reserves			
TOTAL		2 222	1 918

Vote 16

Statement of Changes in Net Assets for the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
Recoverable revenue			
Opening balance		1 918	1 419
Transfers:		304	499
Irrecoverable amounts written off	6.1	(659)	-
Debts recovered (included in departmental receipts)		(279)	(796)
Debts raised		1 242	1 295
Closing balance		2 222	1 918
TOTAL		2 222	1 918

Vote 16

Cash Flow Statement for the year ended 31 March 2017

	Notes	2016/17 R'000	2015/16 R'000
Cash flows from operating activities			
Receipts		39 446 223	37 511 689
Annual appropriated funds received	1.1	38 597 416	36 253 925
Departmental revenue received	2	55 606	47 349
Interest received	2.2	3 627	6 536
Aid assistance received	3	789 574	1 203 879
Net (increase)/decrease in working capital		231 878	(110 520)
Surrendered to Revenue Fund		(272 353)	(792 208)
Surrendered to RDP Fund/Donor		(39 614)	(233 193)
Current payments		(2 972 718)	(3 056 597)
Payments for financial assets		(659)	(900)
Transfers and subsidies paid		(35 659 990)	(33 536 117)
Net cash flow available from operating activities	15	732 767	(217 846)
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(627 038)	(610 061)
Net cash flows from investing activities		(627 038)	(610 061)
CASH FLOWS FROM FINANCING ACTIVITIES			
Distribution/dividend received			
Increase/(decrease) in net assets		304	499
Net cash flows from financing activities		304	499
Net increase/(decrease) in cash and cash equivalents		106 033	(827 408)
Cash and cash equivalents at beginning of period		68 340	895 748
Cash and cash equivalents at end of period	9	174 373	68 340

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2017

ACCOUNTING POLICIES**Summary of significant accounting policies**

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

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

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

1 Basis of preparation

The financial statements have been prepared in accordance with the Modified Cash Standard.

2 Going concern

The financial statements have been prepared on a going concern basis.

3 Presentation currency

Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.

4 Rounding

Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).

5 Foreign currency translation

Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.

6 Comparative information**6.1 Prior period comparative information**

Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.

6.2 Current year comparison with budget

A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

7 Revenue**7.1 Appropriated funds**

Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).

Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the

date the adjustments become effective.

The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2 Departmental revenue

Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.

Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.

Accrued departmental revenue

Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:

- it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
- the amount of revenue can be measured reliably.

The accrued revenue is measured at the fair value of the consideration receivable.

Accrued tax revenue (and related interest/penalties) is measured at amounts receivable from collecting agents.

Write-offs are made according to the department's debt write-off processes.

8 Expenditure**8.1 Compensation of employees****8.1.1 Salaries and wages**

Salaries and wages are recognised in the statement of financial performance on the date of payment.

8.1.2 Social contributions

Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.

Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

8.2 Other expenditure

Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.

8.3 Accruals and payables not recognised

Accruals and payables not recognised are recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable.

Accruals and payables not recognised are measured at cost.

8.4 Leases**8.4.1 Operating leases**

Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2017**

The operating lease commitments are recorded in the notes to the financial statements.

8.4.2 Finance leases

Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.

The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.

Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:

- cost, being the fair value of the asset; or
- the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9 Aid Assistance**9.1 Aid assistance received**

Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.

Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.

9.2 Aid assistance paid

Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

10 Cash and cash equivalents

Cash and cash equivalents are stated at cost in the statement of financial position.

Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.

For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

11 Prepayments and advances

Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.

Prepayments and advances are initially and subsequently measured at cost.

Advances are expensed on receipt of proof of expenditure incurred.

12 Loans and receivables

Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.

13 Investments

Investments are recognised in the statement of financial position at cost.

14 Financial assets**14.1 Financial assets (not covered elsewhere)**

A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial.

At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.

14.2 Impairment of financial assets

Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.

15 Payables

Loans and payables are recognised in the statement of financial position at cost.

16 Capital Assets**16.1 Immovable capital assets**

Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at R1 unless the fair value of the asset has been reliably estimated, in which case the fair value is used.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Immovable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.

16.2 Movable capital assets

Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.

Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2017****16.3 Intangible assets**

Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.

Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.

Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.

All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.

Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.

Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.

17 Provisions and Contingents**17.1 Provisions**

Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.

17.2 Contingent liabilities

Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

17.3 Contingent assets

Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.

17.4 Commitments

Commitments (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.

18 Unauthorised expenditure

Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:

- approved by Parliament or the Provincial Legislature with funding and the related funds are received; or
- approved by Parliament or the Provincial Legislature without

funding and is written off against the appropriation in the statement of financial performance; or

- transferred to receivables for recovery.

Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.

19 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.

Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.

Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

20 Irregular expenditure

Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefore are provided in the note.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.

Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.

21 Changes in accounting policies, accounting estimates and errors

Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

Changes in accounting estimates are applied prospectively in accordance with MCS requirements.

Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.

22 Events after the reporting date

Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.

23 Principal-Agent arrangements

The Department is party to a principal-agent arrangement for Development Bank of Southern Africa - Management of Infrastructure and Refurbishment projects; COEGA Development Corporation - Management of Infrastructure

Vote 16**Notes to the Annual Financial Statements for the year ended 31 March 2017**

project; CPI - Payroll Administration of NHI Contracted General Practitioners and the Foundation for Professional Development - to support the contracting and performance management of general practitioners to provide preventative and clinical services on a sessional basis in public health care facilities. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.

24 Departures from the MCS requirements

Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with all the requirements of the Standard.

25 Capitalisation reserve

The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.

26 Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

27 Related party transactions

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'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.

28 Inventories (Effective from 1 April 2017)

At the date of acquisition, inventories are recorded at cost price in the notes to the financial statements.

Where inventories are acquired as part of a non-exchange transaction, the cost of inventory is its fair value at the date of acquisition.

Inventories are subsequently measured at the lower of cost and net realisable value or the lower of cost and current replacement value.

Subsequent measurement of the cost of inventory is determined on the weighted average basis.

29 Public-Private Partnerships

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.

30 Employee benefits

The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

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Notes to the Annual Financial Statements for the year ended 31 March 2017

1 Annual Appropriation

1.1 Annual Appropriation

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

	Final appropriation	Actual funds received	2016/17 Funds not requested/not received	Final appropriation	2015/16 Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	461 964	461 964	-	443 416	443 416
National Health Insurance, Health Planning and Systems	588 620	588 620	-	611 213	611 213
HIV and AIDS, Tuberculosis, Maternal and Child Health	16 009 609	16 009 609	-	14 324 860	14 324 860
Primary Health Care Services	256 539	256 539	-	215 239	215 239
Hospitals, Tertiary Health Services and Human Resource	19 573 998	19 573 998	-	19 057 465	19 057 465
Health Regulation and Compliance Management	1 706 686	1 706 686	-	1 601 732	1 601 732
Total	38 597 416	38 597 416	-	36 253 925	36 253 925

1.2 Conditional grants

	Notes	2016/17 R'000	2015/16 R'000
Total grants received	36	1 261 230	1 103 231

2. Departmental revenue

Sales of goods and services other than capital assets	2.1	54 298	46 096
Interest, dividends and rent on land	2.2	3 627	6 536
Transactions in financial assets and liabilities	2.3	1 308	1 253
Total revenue collected		59 233	53 885
Departmental revenue collected		59 233	53 885

	2016/17 R'000	2015/16 R'000
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2.1 Sales of goods and services other than capital assets

Sales of goods and services produced by the department	54 298	46 052
Sales by market establishment	172	160
Administrative fees	53 627	45 394
Other sales	499	498
Sales of scrap, waste and other used current goods	-	44
Total	54 298	46 096

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Notes to the Annual Financial Statements for the year ended 31 March 2017

2.2 Interest, dividends and rent on land

	Notes	2016/17 R'000	2015/16 R'000
	2		
Interest		3 627	6 536
Total		3 627	6 536

2.3 Transactions in financial assets and liabilities

	Notes	2016/17 R'000	2015/16 R'000
	2		
Receivables		623	-
Stale cheques written back		35	835
Other Receipts including Recoverable Revenue		650	418
Total		1 308	1 253

3. Aid assistance

Opening Balance		40 180	234 344
As restated		40 180	234 344
Transferred from statement of financial performance	3.1	25 355	39 029
Paid during the year		(39 614)	(233 193)
Closing Balance		25 921	40 180

3.1 Analysis of balance by source

Aid assistance from RDP	3	25 354	39 613
Aid assistance from other sources		567	567
Closing balance		25 921	40 180

3.2 Analysis of balance

Aid assistance unutilised	3	567	567
Aid assistance repayable		25 354	39 613
Closing balance		25 921	40 180

4. Compensation of employees

4.1 Salaries and Wages

Basic salary		567 735	510 333
Performance awards		11 438	8 102
Service based		724	451
Compensative/Circumstantial		6 622	5656
Other non-pensionable allowances		147 224	131 316
Total		733 743	655 858

4.2 Social contributions

Employer contributions

Pension		71 518	65 358
Medical		31 875	28 747
Bargaining council		133	134
Total		103 526	94 239
Total compensation of employees		837 269	750 097
Average number of employees		1 837	1 818

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Notes to the Annual Financial Statements for the year ended 31 March 2017

5 Goods and services

	Notes	2016/17 R'000	2015/16 R'000
Administrative fees		666	461
Advertising		6 943	10 633
Minor assets	5.1	9 445	7 054
Bursaries (employees)		902	1 553
Catering		2 344	3 148
Communication		16 561	19 551
Computer services	5.2	13 024	11 916
Consultants: Business and advisory services		142 995	65 594
Laboratory services		4 499	-
Legal services		6 450	6 990
Contractors		363 815	286 241
Agency and support / outsourced services		135 562	154 288
Entertainment		3	2
Audit cost – external	5.3	24 457	20 131
Fleet services		54 920	60 779
Inventory	5.4	263 573	190 650
Consumables	5.5	18 245	23 207
Operating leases		134 886	131 664
Property payments	5.6	17 182	23 662
Rental and hiring		192	98
Travel and subsistence	5.7	92 666	92 747
Venues and facilities		16 534	19 409
Training and development		5 082	4 545
Other operating expenditure	5.8	66 524	49 571
Total		1 397 470	1 183 894
5.1 Minor assets			
	5		
Tangible assets		9 445	7 054
Machinery and equipment		9 445	7 054
Total		9 445	7 054
5.2 Computer services			
	5		
SITA computer services		2 339	3 176
External computer service providers		10 685	8 740
Total		13 024	11 916
5.3 Audit cost – External			
	5		
Regularity audits		24 457	20 131
Total		24 457	20 131

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Notes to the Annual Financial Statements for the year ended 31 March 2017

5.4 Inventory

	Notes	2016/17	2015/16
	5	R'000	R'000
Clothing material and accessories		209	495
Food and food supplies		158	111
Fuel, oil and gas		938	2 042
Materials and supplies		31	131
Medical supplies		133 178	77 537
Medicine		119 821	98 340
Other supplies	5.4.1	9 238	11 994
Total		263 573	190 650

5.4.1 Other supplies

Other		9 238	11 994
Total		9 238	11 994

5.5 Consumables

Consumable supplies		843	3 009
Uniform and clothing		13	19
Household supplies		537	503
IT consumables		242	182
Other consumables		51	2 305
Stationery, printing and office supplies		17 402	20 198
Total		18 245	23 207

5.6 Property payments

	5		
Municipal services		12 890	19 885
Property management fees		608	977
Other		3 684	2 800
Total		17 182	23 662

5.7 Travel and subsistence

	5		
Local		69 114	63 810
Foreign		23 552	28 937
Total		92 666	92 747

5.8 Other operating expenditure

	5		
Professional bodies, membership and subscription fees		48 922	31 579
Resettlement costs		771	620
Other		16 831	17 372
Total		66 524	49 571

6. Payments for financial assets

Debts written off	6.1	659	900
Total		659	900

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Notes to the Annual Financial Statements for the year ended 31 March 2017

6.1 Debts written off

	Notes	2016/17 R'000	2015/16 R'000
	6		
Recoverable revenue written off			
Salary debt		58	462
Tax debt		4	7
Debts written off relating to fruitless and wasteful expenditure		17	46
Bursary debt		442	246
Telephone debt		12	4
Travel and subsistence		14	27
Leave without pay		1	106
Other		32	1
Loss of State Property		79	1
Total		659	900
Total debt written off		659	900

7. Transfers and subsidies

Provinces and municipalities	36	33 981 012	31 904 748
Departmental agencies and accounts	Annex 1A	1 497 348	1 419 422
Higher education institutions	Annex 1B	-	53 964
Foreign governments and international organisations	Annex 1C	16 031	-
Non-profit institutions	Annex 1D	161 670	155 073
Households	Annex 1E	3 929	2 910
Total		35 659 990	33 536 117

8. Expenditure for capital assets

Tangible assets		624 859	605 853
Buildings and other fixed structures	31.1	574 044	470 641
Machinery and equipment	29	50 815	135 212
Intangible assets		2 179	4 208
Software	30	2 179	4 208
Total		627 038	610 061

8.1 Analysis of funds utilised to acquire capital assets – 2016/17

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	598 619	26 240	624 859
Buildings and other fixed structures	574 044	-	574 044
Machinery and equipment	24 575	26 240	50 815
Intangible assets	2 179	-	2 179
Software	2 179	-	2 179
Total	600 798	26 240	627 038

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Notes to the Annual Financial Statements for the year ended 31 March 2017

8.2 Analysis of funds utilised to acquire capital assets – 2015/16

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	563 609	42 244	605 853
Buildings and other fixed structures	470 641	-	470 641
Machinery and equipment	92 968	42 244	135 212
Intangible assets	4 208		4 208
Software	4 208		4 208
Total	567 817	42 244	610 061

9. Cash and cash equivalents

	Note	2016/17	2015/16
		R'000	R'000
Consolidated Paymaster General Account		174 348	68 314
Cash receipts		-	1
Cash on hand		25	25
Total		174 373	68 340

10. Prepayments and advances

Travel and subsistence		104	146
Advances paid (Not expensed)	10.1	69 210	58 301
Total		69 314	58 447

10.1 Advances paid (Not expensed)

National departments	Annex 7A	5 018	22 283
Provincial departments	Annex 7A	2 193	4 415
Public entities	Annex 7A	61 999	25 961
Other entities	Annex 7A	-	5 642
Total		69 210	58 301

11. Receivables

	Notes	2016/17			2015/16		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1						
	Anx3	39 144	8 936	48 080	98 239	95 883	194 122
Recoverable expenditure	15.3	(6)	-	(6)	(32)	-	(32)
Staff debt	15.4	823	376	1 199	265	490	755
Other debtors	15.5	396	2 034	2 430	121	1 862	1 983
Total		40 357	11 346	51 703	98 593	98 235	196 828

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Notes to the Annual Financial Statements for the year ended 31 March 2017

11.1 Claims recoverable

	Note	2016/17	2015/16
	11	R'000	R'000
National departments		90	46
Provincial departments		1 453	24
Public entities		46 537	186 736
Private enterprises		-	7 316
Total		48 080	194 122

11.2 Recoverable expenditure (disallowance accounts)

Salary tax debt		4	2
Salary disallowance account		(10)	(34)
Total		(6)	(32)

11.3 Staff debt

	11	2016/17	2015/16
Bursary debt		582	453
Salary over payment		41	25
Loss/damage to State Property		19	27
Fruitless and wasteful expenditure		-	-
Other		557	250
Total		1 199	755

11.4 Other debtors

	11	2016/17	2015/16
Schedule 9 medication		45	66
Laboratory tests		-	1
Other debtors		98	120
Ex-employees		2 287	1 796
Total		2 430	1 983

11.5 Fruitless and wasteful expenditure

	11	2016/17	2015/16
Opening balance		-	9
Less amounts recovered		-	(7)
Transfers from note 32 Fruitless and Wasteful expenditure		-	(2)
Total		-	-

11.6 Impairment of receivables

Estimate of impairment of receivables		1 134	1 432
Total		1 134	1 432

The impairment of the receivables is calculated on the basis of debts older than three years.

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Notes to the Annual Financial Statements for the year ended 31 March 2017

12. Voted funds to be surrendered to the Revenue Fund

	<i>Notes</i>	2016/17	2015/16
		R'000	R'000
Opening balance		215 100	745 915
As restated		215 100	745 915
Transfer from statement of financial performance (as restated)		101 230	215 100
Paid during the year		(215 100)	(745 915)
Closing balance		101 230	215 100

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

Opening balance		10 147	2 555
As restated		10 147	2 555
Transfer from Statement of Financial Performance (as restated)		59 233	53 885
Paid during the year		(57 253)	(46 293)
Closing balance		12 127	10 147

14. Payables – current

Advances received	<i>14.1</i>	152 316	55 642
Clearing accounts	<i>14.2</i>	1 574	628
Total		153 890	56 270

14.1 Advances received

National departments	<i>Annex 7B</i>	-	9 403
Provincial departments	<i>Annex 7B</i>	152 232	1 662
Public entities	<i>Annex 7B</i>	58	44 577
Other institutions	<i>Annex n7B</i>	26	-
Total		152 316	55 642

14.2 Clearing accounts

	<i>14</i>		
PAYE		1 574	609
Pension fund		-	9
Bargaining Council		-	1
Housing		-	9
Total		1 574	628

15. Net cash flow available from operating activities

Net surplus/(deficit) as per Statement of Financial Performance		185 818	308 014
Add back non cash/cash movements not deemed operating activities		546 949	(525 860)
(Increase)/decrease in receivables – current		145 125	(88 133)
(Increase)/decrease in prepayments and advances		(10 867)	(18 087)
Increase/(decrease) in payables – current		97 620	(4 300)
Expenditure on capital assets		627 038	610 061
Surrenders to Revenue Fund		(272 353)	(792 208)
Surrenders to RDP Fund/Donor		(39 614)	(233 193)
Net cash flow generated by operating activities		732 767	(217 846)

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

Consolidated Paymaster General account		174 348	68 314
Cash receipts		-	1
Cash on hand		25	25
Total		174 343	68 340

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Notes to the Annual Financial Statements for the year ended 31 March 2017

17. Contingent liabilities and contingent assets

17.1 Contingent liabilities

		2016/17 R'000	2015/16 R'000
Liable to Nature			
Housing loan guarantees Employees	<i>Annex 2A</i>	-	141
Claims against the department	<i>Annex 2B</i>	13 505	8 612
Total		13 505	8 753

The outflow of cash will be dependent on the finalisation of the claims by the court of law or the ruling against the Department. No reimbursements are expected.

18. Commitments

Current expenditure		580 866	704 460
Approved and contracted		121 908	115 672
Approved but not yet contracted		458 958	588 788
Capital expenditure		1 314 181	1 205 425
Approved and contracted		149 552	246 885
Approved but not yet contracted		1 164 629	958 540
Total Commitments		1 894 047	1 909 885

The department has entered into several contracts relating to infrastructure and refurbishment projects which will be running for a period longer than a year.

19. Accruals and payables not recognised

19.1 Accruals

Listed by economic classification

	30 Days	30+ Days	Total	Total
Goods and services	95 798	102 168	197 966	93 525
Capital assets	49 755	28 085	77 840	94 531
Other	169	-	169	39
Total	145 722	130 253	275 975	188 095

Listed by programme level

Administration	16 067	30 662
Health Planning and System Enablement	128 713	30 096
HIV and AIDS, TB, Maternal Child and Women's Health	29 258	9 323
Primary Health Care Services	2 467	2 497
Hospital Tertiary Services, Workforce Development	95 766	112 076
Health Regulation and Compliance	3 704	3 441
Total	275 975	188 095

Most of the invoices for services rendered were received towards the end of the reporting period and could not be processed and finalised prior the end of the reporting period.

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Notes to the Annual Financial Statements for the year ended 31 March 2017

20. Employee benefits

	Note	2016/17 R'000	2015/16 R'000
Leave entitlement		38 771	34 418
Service bonus (Thirteenth cheque)		23 044	21 981
Performance awards		749	873
Capped leave commitments		19 646	20 220
Total		82 210	77 492

Included in the leave entitlement is an amount of R1 164 478,80 for negative leave credits.

21. Lease commitments

21.1 Operating leases expenditure

2016/17	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	99 093	2 731	101 824
Later than 1 year and not later than 5 years	255 934	1 735	257 669
Total lease commitments	355 027	4 466	359 493
2015/16			
Not later than 1 year	92 287	2 794	95 081
Later than 1 year and not later than 5 years	351 355	1 741	353 096
Total lease commitments	443 642	4 535	448 177

The Department has entered into lease agreements with Department of Public Works on Civitas, Louwville, Sharp House buildings, City Deep Consortium Properties, No. 1 Aloe Loop Richards Bay and 320 Anton Lembede Street Durban of which the latest expiry term is 2020.

22. Accrued departmental revenue

Interest, dividends and rent on land		71	272
Total		71	272

22.1 Analysis of accrued departmental revenue

Opening balance	22	272	673
Less: amounts received		(2 448)	(5 645)
Add: amounts recognised		2 247	5 262
Less: amounts written-off/reversed as irrecoverable		-	(18)
Closing balance		71	272

Amount disclosed for reversed as irrecoverable relates to bank charges which were included as amounts received in the prior year.

23. Irregular expenditure

23.1 Reconciliation of irregular expenditure

	2016/17 R'000	2015/16 R'000
Opening balance	4 906	14 988
Prior period error		-
As restated	4 906	14 988
Add: Irregular expenditure – relating to current year	1 388	2 939
Less: Prior year amounts condoned	(310)	(13 021)
Closing balance	5 984	4 906

Analysis of awaiting condonation per age classification

Current year	1 388	2 939
Prior years	4 596	1 967
Total	5 984	4 906

Services rendered without prior approval of the contract.

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Notes to the Annual Financial Statements for the year ended 31 March 2017

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

Incident	Disciplinary steps taken/ criminal proceedings	2016/17 R'000
Courier IT CCOD: Services rendered without prior approval of the contract	Under investigation	58
Soul City: Distribution of booklet not included in the SLA (Procurement procedures not followed)	Under investigation	1 229
Telephone repairs SCM: Procurement processes not followed	Under investigation	101
Total		1 388

23.3 Details of irregular expenditure condoned

Incident	Condoned by (condoning authority)	
Courier IT (MBOD/CCOD)	Accounting Officer	115
Health Care Cleaning Services (MBOD/CCOD)	Accounting Officer	153
Research (Pharmaceutical Trade & Product Regulations)	Accounting Officer	28
Catering (NHI CCMD)	Accounting Officer	14
Total		310

24. Fruitless and wasteful expenditure**24.1 Reconciliation of fruitless and wasteful expenditure**

	<i>Note</i>	2016/17 R'000	2015/16 R'000
Opening balance		6 052	6 183
Prior period error			
As restated		6 052	6 183
Fruitless and wasteful expenditure – relating to current year		402	-
Less: Amounts resolved		(12)	(129)
Less: Amounts transferred to receivables for recovery	15.6	-	(2)
Closing balance		6 442	6 052

24.2 Analysis of awaiting resolution per economic classification

Current	6 442	6 052
Total	6 442	6 052

24.3 Analysis of Current Year's Fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2016/17 R'000
Car rental: Accident damage	Liable to pay access fees	1
Car rental: Accident damage	Liable to pay access fees	2
CPI Penalties	Penalties for late payment	399
Total		402

25. Related party transactions

The following entities fall under the Minister of Health's portfolio: Office of Health Standard Compliance, National Health Laboratory Services, Medical Research Council, Council for Medical Scheme and Compensation Commissioner for Occupational Diseases. Transfer payments made to the related parties are disclosed in Annexure 1A, as no other transactions were concluded between the Department and the relevant entities during the 2016/17 financial year.

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Notes to the Annual Financial Statements for the year ended 31 March 2017

26. Key management personnel

	Nr of Individuals	2016/17 R'000	2015/16 R'000
Political office bearers (provide detail below) Officials:	2	5 200	4 118
Level 15 to 16	18	29 686	26 292
Level 14 (incl. CFO if at a lower level)	30	40 532	36 494
Family members of key management personnel	1	912	745
Total		76 330	67 649

The Minister's salary was R2 309 262 and that of the Deputy Minister was R1 901 726

27. Public Private Partnership

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

28. Provisions

	Note	2016/17 R'000	2015/16 R'000
Long Service Awards	28.1	740	837
Resolved cases from contingent liabilities (Legal)		120	210
Resolved cases from contingent liabilities (Labour)		-	367
Total		860	1 414

28.1 Reconciliation of movement in provisions – 2016/17

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	837	210	-	1 047
Increase in provision	740			740
Settlement of provision	(781)	(90)	-	(871)
Change in provision due to change in estimation of inputs	(56)			(56)
Closing balance	740	120	-	860

Reconciliation of movement in provisions – 2015/16

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Total provisions R'000
Opening balance	409	-	-	409
Increase in provision	837	210	367	1 414
Settlement of provision	(452)	-	-	(452)
Change in provision due to change in estimation of inputs	43	-	-	43
Closing balance	837	210	367	1 414

At this stage the Department is not able to reliably measure the long term portion of the long service awards.

29. Movable tangible capital assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2017

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
Machinery and equipment	310 145	-	37 085	(85 216)	262 014
Transport assets	4 043	-	176	-	4 219
Computer equipment	134 355	-	6 116	(56 458)	84 013
Furniture and office equipment	16 735	-	1 012	(531)	17 216
Other machinery and equipment	155 012	-	29 781	(28 227)	156 566
Total movable tangible Capital assets	310 145	-	37 085	(85 216)	262 014

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Notes to the Annual Financial Statements for the year ended 31 March 2017

29.1 Additions

Additions to movable tangible capital assets per asset register for the year ended 31 March 2017

	Cash	Non-cash	(Capital Work in progress current costs and finance lease payments)	Received current, not paid (paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	24 575	12 510	-	-	37 085
Transport assets	176	-	-	-	176
Computer equipment	5 591	525	-	-	6 116
Furniture and office equipment	981	31	-	-	1 012
Other machinery and equipment	17 827	11 954	-	-	29 781
Total additions to movable tangible capital assets	24 575	12 510	-	-	37 085

29.2 Disposals

Disposals of movable tangible capital assets per asset register for the year ended 31 March 2017

	Sold for cash	Non-cash disposal	Total disposals	Cash received actual
	R'000	R'000	R'000	R'000
Machinery and Equipment	-	85 216	85 216	-
Computer equipment	-	56 458	56 458	-
Furniture and office equipment	-	531	531	-
Other machinery and equipment	-	28 227	28 227	-
Total disposal of movable tangible capital assets	-	85 216	85 216	-

29.3 Movement for 2015/16

Movement in tangible capital assets per asset register for the year ended 31 March 2016

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Machinery and equipment	224 533	(596)	96 390	10 182	310 145
Transport assets	2 784	-	1 259	-	4 043
Computer equipment	73 357	2 483	62 609	4 094	134 355
Furniture and office equipment	13 754	(237)	3 912	694	16 735
Other machinery and equipment	134 638	(2 842)	28 610	5 394	155 012
Total movable tangible capital assets	224 533	(596)	96 390	10 182	310 145

29.3.1 Prior period error

	2015/16
	R'000
Relating to 2015/16 (Affecting the opening balance)	(596)
Computer equipment	2 483
Furniture and Office Equipment	(237)
Other machinery and equipment	(2 842)
	(596)

The correction was effected to reconcile the Asset Register with the actual assets verified.

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2017

29.4 Minor assets

Movement in minor assets per the asset register for the year ended 31 March 2017

	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	-	-	-	43 367	-	43 367
Additions	-	-	-	10 098	-	10 098
Disposals	-	-	-	14 973	-	14 973
Total minor assets	-	-	-	38 492	-	38 492
Number of R1 minor assets	-	-	-	124	-	124
Number of minor assets at cost	-	-	-	27 600	-	27 600
Total number of minor assets	-	-	-	27 724	-	27 724

Movement in minor assets per the asset register for the year ended 31 March 2016

	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	-	-	-	36 748	-	36 748
Prior period error	-	-	-	(269)	-	(269)
Additions	-	-	-	9 753	-	9 753
Disposals	-	-	-	(2 865)	-	(2 865)
Total Minor Assets	-	-	-	43 367	-	43 367
Number of R1 minor assets	-	-	-	515	-	515
Number of minor assets at cost	-	-	-	32 084	-	32 084
Total number of Minor Assets	-	-	-	32 599	-	32 599

29.4.1 Prior period error

	2015/16 R'000
Nature of prior period error	
Relating to 2015/16	(269)
Other Machinery and Equipment	(269)
Total prior period errors	(269)

The correction was effected to reconcile the Asset Register with the actual assets verified.

29.5 Movable assets written off

Movable Assets written off for the year ended as at 31 March 2017

Assets written off	-	-	-	913	-	913
Total movable assets written off	-	-	-	913	-	913

Movable Assets written off for the year ended as at 31 March 2016

	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
Assets written off	-	-	-	24	-	24
Total movable assets written off	-	-	-	24	-	24

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2017

30. Intangible Capital Assets

Movement in intangible Capital Assets per Asset Register for the year ended 31 march 2017

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Software	70 757	-	2 179	-	72 936
Total intangible capital assets	70 757	-	2 179	-	72 936

The correction was effected to reconcile the Asset register with the actual assets verified.

30.1 Additions

Additions to intangible capital assets per asset register for the year ended 31 march 2017

	Cash	Non-Cash	(Develop- ment work in progress – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
Software	2 179	-	-	-	2 179
Total additions to intangible capital assets	2 179	-	-	-	2 179

30.2 Movement for 2015/16

Movement in intangible capital assets per asset register for the year ended 31 March 2016

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
Software	42 079	24 470	4 208	-	70 757
Total intangible capital assets	42 079	24 470	4 208	-	70 757

30.2.1 Prior period error

	2015/16
	R'000
Relating to 2015/16 (Affecting the opening balance)	24 470
HPRS	24 470
	24 470

31. Immovable Tangible Capital Assets

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2017

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000		R'000	R'000	R'000
Buildings and other fixed structures	120 852	-	407 766	125 245	403 373
Other fixed structures	120 852	-	407 766	125 245	403 373
Total immovable tangible capital assets	120 852	-	407 766	125 245	403 373

31.1 Additions

Additions to immovable tangible capital assets per asset register for the year ended 31 march 2017

	Cash	Non-cash	(Capital Work in prog- ress current costs and finance lease payments)	Received current, not paid(paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
Building and other fixed structures	574 044	539 603	(705 881)	-	407 766
Other fixed structures	574 044	539 603	(705 881)	-	407 766
Total additions to immovable tangible capital assets	574 044	539 603	(705 881)	-	407 766

Vote 16

Notes to the Annual Financial Statements for the year ended 31 March 2017

31.2 Disposals

Disposals of immovable tangible capital assets per asset register for the year ended 31 March 2017

	Sold for cash	Non-cash disposal	Total disposals	Cash received Actual
	R'000	R'000	R'000	R'000
Buildings and other fixed structures	-	125 245	125 245	-
Other fixed structures	-	125 245	125 245	-
Total disposals of immovable tangible capital assets	-	125 245	125 245	-

31.3 Movement for 2015/16

Movement in immovable tangible capital assets per asset register for the year ended 31 March 2016

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	137 789	-	75 839	(92 776)	120 852
Other fixed structures	137 789	-	75 839	(92 776)	120 852
Total immovable tangible capital assets	137 789	-	75 839	(92 776)	120 852

32. Principal-agent arrangements

32.1 Department acting as the principal

	Fee paid	
	2016/17	2015/16
	R'000	R'000
Development Bank of SA	92 642	160 265
COEGA Development Corporation	165 267	93 918
CPI	101 482	84 410
Foundation for Professional Development	234 598	174 938
Total	593 989	513 531

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

COEGA: Management of Infrastructure project.

CPI: Payroll Administration of NHI Contracted General Practitioners; and Foundation for Professional Development: To support the contracting and performance management of general practitioners to provide preventative and clinical services on a sessional basis in public health care.

33. Prior period errors

33.1 Correction of prior period errors

Assets: 2015/16 (Affecting the opening balance)

Adjustments made to correct prior period errors made to Computer Equipment, Furniture and Office Equipment and other Machinery and Equipment	5 349
Adjustments made to correct prior period errors made to Computer Equipment, Other Machinery and Equipment (Minor Assets)	2 881
	8 230

The correction was effected to reconcile the Asset Register with the actual assets verified.

34. Inventory (Effective 1 April 2017)

Annex 5

Opening balance	3 481	2 651
Add/(Less): Adjustments to prior year balances	-	1 901
Add: Additions/Purchases - Cash	410 085	516 243
Add: Additions - Non-cash	-	170
(Less): Issues	(406 140)	(508 978)
Add/(Less): Adjustments	(4 948)	(8 506)
Closing balance	2 478	3 481

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Notes to the Annual Financial Statements for the year ended 31 March 2017
35. Statement of Conditional Grants Received

Name of Department	Grant Allocation						Spent			2015/16	
	Division of revenue Act/ Provincial Grants	Roll overs	DORA adjustments	Other adjustments	Total available	Amount received by department	Amount spent by department	Under / (Over-spending)	% of available funds spent by department	Division of revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Health Facility Infrastructure	793 082	-	-	(96 000)	697 082	697 082	686 496	10 586	98%	612 789	612 623
NHI	258 148	-	-	106 000	364 148	364 148	361 580	2 568	99%	290 442	279 780
HPV Vaccine	200 000	-	-	(10 000)	190 000	190 000	189 992	8	100%	200 000	158 719
Ideal Clinics	10 000	-	-	-	10 000	10 000	9 792	208	98%	-	-
	1 261 230	-	-	-	1 261 230	1 261 230	1 247 860	13 370		1 103 231	1 051 122

36. Statement of Conditional Grants Paid to the Provinces

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER		SPENT			2015/16		
	Division of Revenue Act	Roll Overs	Adjustments	Total available	Actual transfer	Funds Withheld	Reallocations by National Treasury or NDOH	Amount received by department	Amount spent by department	% of available funds spent by department	Division of Revenue Act	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000	
Summary by province												
Eastern Cape	3 433 642	-	-	3 433 642	3 433 642	-	-	3 433 642	3 236 254	99%	3 169 566	
Free State	2 611 506	-	-	2 611 506	2 611 506	-	-	2 611 506	2 626 003	101%	2 573 667	
Gauteng	8 637 060	-	-	8 637 060	8 637 060	-	-	8 637 060	8 549 710	99%	7 600 589	
Kwazulu-Natal	7 282 682	-	4 000	7 286 682	7 286 682	-	-	7 286 682	7 303 227	100%	6 886 914	
Limpopo	2 031 804	-	-	2 031 804	2 031 804	-	-	2 031 804	2 044 193	101%	1 863 516	
Mpumalanga	1 526 018	-	-	1 526 018	1 526 018	-	-	1 526 018	1 504 629	100%	1 406 433	
Northern Cape	1 293 517	-	-	1 293 517	1 293 517	-	-	1 293 517	1 197 911	93%	1 334 507	
North West	1 980 161	-	-	1 980 161	1 980 161	-	-	1 980 161	2 005 094	101%	2 064 767	
Western Cape	5 175 622	-	5 000	5 180 622	5 180 622	-	-	5 180 622	5 238 851	101%	5 004 789	
TOTAL	33 972 012	-	9 000	33 981 012	33 981 012	-	-	33 981 012	33 882 259		31 904 748	
Summary by grant												
Health Professions Training and Development	2 476 724	-	-	2 476 724	2 476 724	-	-	2 476 724	2 468 847	99%	2 374 722	
National Tertiary Services	10 846 778	-	-	10 846 778	10 846 778	-	-	10 846 778	10 848 599	100%	10 381 174	
Comprehensive HIV and AIDS	15 290 603	-	-	15 290 603	15 290 603	-	-	15 290 603	15 303 255	99%	13 670 730	
Health Facility Revitalisation	5 272 680	-	-	5 272 680	5 272 680	-	-	5 272 680	5 161 893	98%	5 147 045	
National Health Insurance	85 227	-	9 000	94 227	94 227	-	-	94 227	99 665	106%	61 077	
	33 972 012	-	9 000	33 981 012	33 981 012	-	-	33 981 012	33 882 259		31 904 748	

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER				SPENT		2015/16 Division of Revenue Act R'000
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	Funds Withheld R'000	Reallocations by National Treasury or NDoH %	Amount receive by department R'000	Amount spent by department R'000	% of available funds spent by department %	
1. Health Profession Training & Development											
Eastern Cape	213 212	-	-	213 212	213 212	-	-	213 212	209 768	98%	204 430
Free State	156 189	-	-	156 189	156 189	-	-	156 189	156 189	100%	149 756
Gauteng	865 244	-	-	865 244	865 244	-	-	865 244	865 210	100%	829 604
Kwazulu-Natal	312 377	-	-	312 377	312 377	-	-	312 377	312 377	100%	299 513
Limpopo	123 960	-	-	123 960	123 960	-	-	123 960	124 779	100%	118 855
Mpumalanga	101 646	-	-	101 646	101 646	-	-	101 646	100 738	99%	97 460
Northern Cape	81 815	-	-	81 815	81 815	-	-	81 815	77 505	95%	78 445
North West	111 565	-	-	111 565	111 565	-	-	111 565	111 565	100%	106 970
Western Cape	510 716	-	-	510 716	510 716	-	-	510 716	510 716	100%	489 689
TOTAL	2 476 724	-	-	2 476 724	2 476 724	-	-	2 476 724	2 468 847		2 374 722
2. National Tertiary Services											
Eastern Cape	838 458	-	-	838 458	838 458	-	-	838 458	841 819	100%	802 565
Free State	958 021	-	-	958 021	958 021	-	-	958 021	958 029	100%	918 332
Gauteng	3 727 048	-	-	3 727 048	3 727 048	-	-	3 727 048	3 726 624	100%	3 572 818
Kwazulu-Natal	1 596 286	-	-	1 596 286	1 596 286	-	-	1 596 286	1 596 286	100%	1 530 246
Limpopo	344 723	-	-	344 723	344 723	-	-	344 723	362 361	105%	330 316
Mpumalanga	103 597	-	-	114 451	103 597	-	-	103 597	102 823	90%	91 095
Northern Cape	318 661	-	-	322 272	318 661	-	-	318 661	300 251	94%	298 276
North West	253 096	-	-	253 518	253 096	-	-	253 096	253 518	100%	242 625
Western Cape	2 706 888	-	-	2 706 888	2 706 888	-	-	2 706 888	2 706 888	100%	2 594 901
TOTAL	10 846 778	-	-	10 897 208	10 846 778	-	-	10 846 778	10 848 599		10 381 174

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

NAME OF PROVINCE / GRANT	GRANT ALLOCATION			TRANSFER			SPENT			2015/16 Division of Revenue Act R'000	
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	Funds Withheld R'000	Reallocations by National Treasury or NDoH %	Amount receive by department R'000	Amount spent by department R'000		% of available funds spent by department %
3. Comprehensive HIV&AIDS											
Eastern Cape	1 755 385	-	-	1 755 385	1 755 385	-	-	1 755 385	1 745 377	99%	1 569 506
Free State	1 015 061	-	-	1 015 061	1 015 061	-	-	1 015 061	1 015 061	100%	911 505
Gauteng	3 259 407	-	-	3 259 407	3 259 407	-	-	3 259 407	3 274 407	100%	2 878 952
Kwazulu-Natal	4 244 243	-	-	4 244 243	4 244 243	-	-	4 244 243	4 247 525	100%	3 812 972
Limpopo	1 176 489	-	-	1 176 489	1 176 489	-	-	1 176 489	1 170 424	99%	1 048 682
Mpumalanga	1 032 055	-	-	1 032 055	1 032 055	-	-	1 032 055	1 032 055	100%	927 214
Northern Cape	413 231	-	-	413 231	413 231	-	-	413 231	413 231	100%	370 435
North West	1 127 523	-	-	1 127 523	1 127 523	-	-	1 127 523	1 137 969	101%	1 012 984
Western Cape	1 267 209	-	-	1 267 209	1 267 209	-	-	1 267 209	1 267 206	100%	1 138 480
TOTAL	15 290 603	-	-	15 290 603	15 290 603	-	-	15 290 603	15 303 255	100%	13 670 730

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Notes to the Annual Financial Statements for the year ended 31 March 2017

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2015/16 Division of Revenue Act R'000
	Division of Revenue Act R'000	Roll Overs R'000	Adjustments R'000	Total available R'000	Actual transfer R'000	Funds Withheld R'000	Reallocations by National Treasury or NDoH %	Amount receive by department R'000	Amount spent by department R'000	% of available funds spent by department %	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	
4. Health Facility Revitalisation											
Eastern Cape	619 041	-	-	619 041	619 041	-	-	619 041	584 160	94%	592 073
Free State	474 692	-	-	474 692	474 692	-	-	474 692	489 181	103%	586 910
Gauteng	777 818	-	-	777 818	777 818	-	-	777 818	672 926	87%	313 630
KwaZulu-Natal	1 114 693	-	-	1 114 693	1 114 693	-	-	1 114 693	1 121 994	101%	1 229 775
Limpopo	379 089	-	-	379 089	379 089	-	-	379 089	378 901	100%	358 512
Mpumalanga	281 174	-	-	281 174	281 174	-	-	281 174	289 360	103%	287 942
Northern Cape	472 267	-	-	472 267	472 267	-	-	472 267	398 052	84%	582 841
North West	480 434	-	-	480 434	480 434	-	-	480 434	493 953	103%	695 261
Western Cape	673 472	-	-	673 472	673 472	-	-	673 472	733 366	109%	770 101
	5 272 680	-	-	5 272 680	5 272 680	-	-	5 272 680	5 161 893	98%	5 417 045
5. NHI Grant											
Eastern Cape	7 546	-	-	7 546	7 546	-	-	7 546	6 221	82%	992
Free State	7 543	-	-	7 543	7 543	-	-	7 543	7 543	100%	7 164
Gauteng	7 543	-	-	7 543	7 543	-	-	7 543	7 543	100%	5 585
KwaZulu-Natal	15 083	-	4 000	19 083	19 083	-	-	19 083	25 045	131%	14 408
Limpopo	7 543	-	-	7 543	7 543	-	-	7 543	7 729	102%	7 151
Mpumalanga	7 546	-	-	7 546	7 546	-	-	7 546	7 948	105%	2 722
Northern Cape	7 543	-	-	7 543	7 543	-	-	7 543	8 872	118%	4 510
North West	7 543	-	-	7 543	7 543	-	-	7 543	8 089	107%	6 927
Western Cape	17 337	-	5 000	22 337	22 337	-	-	22 337	20 675	93%	11 618
	85 227	-	9 000	94 227	94 227	-	-	94 227	99 665	106%	61 077

The variance between the actual transfer and actual expenditure is covered from the roll over funds at Provincial level.

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

ANNEXURE 1A

Statement of transfers to departmental agencies and accounts

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER			2015/16
	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	
Compensation Commissioner for Occupational Diseases	3 541	-	-	3 541	3 541	100%	3 363	
Medical Research Council	660 270	-	-	660 270	660 270	100%	623 892	
Council for Medical Schemes	1 613	-	-	1 613	1 613	100%	2 556	
National Health Laboratory Services	711 871	-	-	711 871	711 871	100%	678 926	
Health and Welfare Sector Education and Training Authority	2 807	-	-	2 807	2 807	-	2 536	
Public Service Sector Education and Training Authority	-	-	-	-	-	-	206	
South African National AIDS Council	16 711	-	-	16 711	16 711	100%	19 340	
Human Sciences Research Council (HSRC)	-	-	-	-	-	-	900	
Office of Health Standard Compliance	100 535	-	-	100 535	100 535	100%	88 906	
TOTAL	1 497 348	-	-	1 497 348	1 497 348	-	1 420 625	

ANNEXURE 1B

Statement of transfers to Higher Education Institutions

Name of Higher Education Institution	TRANSFER ALLOCATION				TRANSFER			2015/16
	Adjusted Appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Amount not transferred	% of Available funds Transferred	Appropriation Act
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Walter Sisulu University: Technikon and Science	-	-	-	-	-	-	-	6 262
University of Cape Town	1 101	-	(1 101)	-	-	-	-	4 700
University of KwaZulu/Natal	-	-	-	-	-	-	-	7 800
University of Pretoria	-	-	-	-	-	-	-	7 226
University of Stellenbosch	-	-	-	-	-	-	-	15 500
University of the Witwatersrand	-	-	-	-	-	-	-	14 347
University of Limpopo (MEDUNSA)	2 203	-	(2 203)	-	-	-	-	2 092
TOTAL	3 304	-	(3 304)	-	-	-	-	57 927

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

ANNEXURE 1C

Statement of transfers to foreign government and international organisations

Foreign Government/ International Organisation	TRANSFER ALLOCATION				EXPENDITURE		2015/16	
	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	%	R'000	
Transfers								
International AIDS Council	-	-	14 370	14 370	14 370	100%	-	-
International Hospital Federation*	-	-	1 646	1 646	1 661	101%	-	-
TOTAL	-	-	16 016	16 016	16 031		-	-

*Variance on International Hospital Federation transfer payment is due to exchange rate at the time of the transaction.

ANNEXURE 1D

Statement of transfers to non-profit institutions

NON-PROFIT INSTITUTIONS	Transfer Allocation				Expenditure		2015/16	
	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	%	R'000	
Transfers								
Emadileweni Day Care Centre	-	-	-	-	-	-	50	
Health System Trust	11 969	-	-	11 969	11 969	100,00%	11 367	
Health Information System Programme (HISP)	12 745	-	-	12 745	12 745	100,00%	12 103	
Life Line	20 953	-	-	20 953	20 953	100,00%	19 898	
LoveLife	57 808	-	-	57 808	57 808	100,00%	54 396	
Mental Health and Substance Abuse	200	-	-	200	-	-	190	
National Council Against Smoking	845	-	-	845	-	-	803	
National Kidney Foundation of South Africa	350	-	-	350	-	-	350	
Soul City	17 140	-	1 200	18 340	14 465	78,87%	16 277	
South African Community Epidemiology Network on Drug Abuse (SACENDU)	496	-	-	496	496	100,00%	471	
SA Council for the Blind	792	-	-	792	792	100,00%	752	
South African Federation for Mental Health	353	-	-	353	353	100,00%	335	

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Notes to the Annual Financial Statements for the year ended 31 March 2017

NON-PROFIT INSTITUTIONS	Transfer Allocation				Expenditure		2015/16
	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
Wits Health Consortium	650	-	-	650	650	100,00%	650
HIV & AIDS: NGOs	39 439	-	-	39 439	41 439	100,00%	50 038
Agri AIDS SA NPC	-	-	-	-	879	-	628
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	1 066	-	762
Boithuti Lesedi Project	-	-	-	-	1 195	-	854
BOKAMOSO	-	-	-	-	-	-	583
Centre for Positive Care (CPC)	-	-	-	-	1 796	-	1 283
Community Development Foundation of South Africa	-	-	-	-	2 000	-	7 890
Community Responsiveness Programme (CPR)	-	-	-	-	729	-	521
Eagle Training	-	-	-	-	561	-	-
Educational Support Services Trust (ESST)	-	-	-	-	2 512	-	1 794
ESSA Christian Aids Programme (ECAP)	-	-	-	-	-	-	977
Friends for Life	-	-	-	-	1 006	-	719
Get Down Productions	-	-	-	-	3 238	-	2 312
Get Ready	-	-	-	-	1 166	-	833
Highveld East Aids Projects Support (HEAPS)	-	-	-	-	3 881	-	2 772
Hospice Palliative Care Association	-	-	-	-	1 174	-	839
Humana People to People	-	-	-	-	831	-	594
Ikusasa Le Sizwe Community	-	-	-	-	-	-	555
Leandra Community Centre	-	-	-	-	1 423	-	1 016
Leseding Care Givers	-	-	-	-	1 390	-	993
Mothers2Mothers SA	-	-	-	-	561	-	-
Moretele Sunrise Hospice	-	-	-	-	-	-	944
Mpilonhle	-	-	-	-	963	-	687
Muslim Aids Programme (MAP)	-	-	-	-	673	-	480
National Institute Community Development and Management (NICDAM)	-	-	-	-	1 899	-	1 356
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	1 968	-	1 406

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

NON-PROFIT INSTITUTIONS	Transfer Allocation				Expenditure		2015/16 Appropriation Act R'000
	Adjusted appropriation Act R'000	Roll overs R'000	adjust- ments R'000	Total available R'000	Actual transfer R'000	% of Available funds transferred %	
Networking Aids Community of South Africa (NA-COSA)	-	-	-	-	-	-	417
Public universities	-	-	-	-	1 831	-	-
Ramotshinyadi HIV/AIDS	-	-	-	-	561	-	401
Sakhile CBO	-	-	-	-	-	-	417
Seboka Training and Support Network	-	-	-	-	1 209	-	864
South African Organisation for the Prevention of HIV/AIDS (SAOPHA)	-	-	-	-	-	-	688
St Joseph Care Centre – Sizanani	-	-	-	-	841	-	601
TB/HIV Care Association	-	-	-	-	1 254	-	896
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	989	-	706
Ukhamba Projects	-	-	-	-	1 208	-	862
Zakheni Training and Development	-	-	-	-	2 074	-	1 481
Health Care Development and training	-	-	-	-	561	-	-
Total	163 740	-	1 200	164 940	161 670		167 680

ANNEXURE 1E

Statement of transfers to households

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2015/16 Appropriation Act R'000
	Adjusted Appropriation Act R'000	Roll Overs R'000	Adjust- ments R'000	Total Available R'000	Actual Transfer R'000	% of available funds transferred %	
Transfers							
Leave gratuities	-	-	4 244	4 244	3 669	86%	2 910
Claim against the State	-	-	261	261	260	100%	-
TOTAL	-	-	4 505	4 505	3 929		2 910

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

ANNEXURE 1F

Statement of gifts, donations and sponsorships received

Name of organisation	Nature of gift, donation or sponsorship	2016/17	2015/16
		R'000	R'000
Received in kind			
African Renaissance Fund	Travel and subsistence related	52	-
African Regulatory Collaborative	Travel and Subsistence related	11	11
African Union Commission	Travel and Subsistence related	12	-
African Union Inter African Bureau Animal Resource	Meeting	-	242
African Research Network for Neglected Tropical Diseases	Travel and Subsistence related	-	27
Aurum	Registration fees	10	-
African Society for Laboratory Medicine	Workshop	38	-
Barcelona Institute for Global Health	Travel and Subsistence related	-	64
Beyer	Travel and Subsistence related	-	33
Bill and Melinda Gates Foundation	Travel and Subsistence related	215	255
BIOVAC	Travel and Subsistence related	-	44
BRICS	Travel and Subsistence related	-	44
Broad Reach Health Care	Training/Travel and Subsistence Related	289	154
CABRI Policy Dialogue	Travel and Subsistence related	42	-
CDC Paediatric	Travel and Subsistence related	125	-
Centre for Global Development	Travel and Subsistence related	-	54
E8 Secretariat and UCSF Global Health Group	Travel and Subsistence related	81	67
ECSA – HC Global Health Diplomacy	Travel and Subsistence related	-	38
Embassy of Taiwan in South Africa	Travel and Subsistence related	-	40
EU (not NDoH EU funds)	Travel and Subsistence related	37	-
Embassy of Turkey	Travel and subsistence related	-	137
European Commission	Travel and subsistence related	-	24
Food Agriculture Organisation	Travel and subsistence related	-	17
FUNDSA	Meeting	-	-
Gesellschaft Fuer Inteen Zusammenarbeit	Travel and Subsistence related	49	-
Global Expert Network Conference	Travel and Subsistence related	169	-
		81	-

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

Name of organisation	Nature of gift, donation or sponsorship	2016/17	2015/16
		R'000	R'000
Government of Australia	Travel and Subsistence related	-	51
Government of Macao	Travel and Subsistence related	-	36
Gulbenkain Foundation	Travel and Subsistence related	-	23
Harvard University	Travel and Subsistence related	-	172
Human Science Research Council	Travel and Subsistence related	-	51
Indian Government	Travel and Subsistence related	113	-
International Association for Immunisation Managers	Travel and Subsistence related	-	36
International Atomic Energy Agency	Travel and Subsistence related	45	349
International Federation of Animal Health	Travel and Subsistence related	-	24
International Federation of Gynaecology and Obstetrics	Travel and Subsistence related	40	-
International Life Science Institute SA Food and Agriculture Organisation	Meeting	-	24
International Society for Infectious Diseases	Travel and Subsistence related	-	194
International Training and Education Centre for Health SA (ITEC)	Travel and Subsistence related	-	451
Japan International Cooperation Agency	Travel and Subsistence related/Training	166	32
Kings College London	Travel and Subsistence related	-	50
Medical Education Partnership Initiative	Travel and Subsistence related	-	12
Medicines Patent Pool Organisation	Travel and Subsistence related	260	-
Ministry of Health and Social Services of Namibia	Travel and Subsistence related	-	11
National Convention Bureau	Travel and Subsistence related	136	-
National Institutes of Communicable Diseases	Travel and Subsistence related	38	-
NEPAD	Travel and Subsistence related	281	12
Norvatis	Meeting/Travel and Subsistence related	27	9
Oliver Kinross	Travel and Subsistence related	-	90
Omar Cancer Association	Travel and Subsistence related	66	-
Operation Smile	Travel and Subsistence related	35	-
Paul Ehrlich Institute	Travel and Subsistence related	69	-
PMDA	Travel and Subsistence related	40	-
Parental Drug Association	Travel and Subsistence related	-	36
PATH	Meeting/Travel and Subsistence related	-	60
Presidency RSA and European Union	Travel and Subsistence related	-	197
PSCBC	Travel and Subsistence related	23	-
Public Health and Social Development Sectorial Bargaining Council (PHSDSBC)	Conference/Travel and Subsistence related	135	121
Resilient and Responsive Health System	Travel and Subsistence related	53	-
Rutgers Global Tuberculosis Institute	Travel and Subsistence related	27	-

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

Name of organisation	Nature of gift, donation or sponsorship	2016/17	2015/16
		R'000	R'000
Roll Back Malaria and IOM	Meeting	-	29
South African Development Cooperation Secretariat	Travel and Subsistence related	13	31
South African Partners	Travel and Subsistence related	-	25
South African Development Community World Bank NEPAD	Travel and Subsistence related	55	31
Stop TB Partnership	Travel and Subsistence related	37	36
Strategic Information for SA	Travel and Subsistence related	45	-
Supply Chain Management – PEPFAR Partner	Travel and Subsistence related	-	439
System for Improved Access to Pharmaceutical and Service Program	Travel and Subsistence related	-	57
TB Alliance	Travel and Subsistence related	51	-
The Secretarian United Nations Children Emergency Fund	Travel and Subsistence related	204	-
The Botswana Dental Association	Travel and Subsistence related	-	6
United Nations AIDS	Travel and Subsistence related/Workshop	112	-
United Nations Children Emergency Fund (UNICEF)	Travel and Subsistence related	164	274
United Nations Population Fund Agency (UNFPA)	Travel and Subsistence related/Workshop	-	250
United Nations Secretary – General High Level Panel	Travel and Subsistence related/Meeting	132	75
University of Washington International Training and Education	Travel and Subsistence related	164	-
United States Drug Enforcement Agency	Travel and Subsistence related	-	65
United States Government	Travel and Subsistence related	-	112
United States Pharmacopeia - Ghana	Travel and Subsistence related	100	-
University of Witwatersrand	Travel and Subsistence related	12	-
Uppsala University	Travel and Subsistence related	46	-
Welcome Trust	Travel and Subsistence related	-	38
Wits Reproductive Health Initiative & PEPFAR	Launch	-	172
Witon Park	Travel and Subsistence related	-	119
World Bank	Meeting/Workshop/Travel and Subsistence related	199	113
World Health Organisation	Meeting/Workshop/Travel and Subsistence related	2 012	5 674
World Health Organisation Framework Convention on Tobacco Control	Travel and Subsistence related	-	57
Subtotal		6 111	10 895
TOTAL		6 111	10 895

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

ANNEXURE 1G
Statement of aid assistance received

Name of donor	Purpose	Opening balance R'000	Revenue R'000	Expenditure R'000	Closing balance R'000
Received in kind					
CDC United States	Tuberculosis, HIV and AIDS prevention	-	82 098	(78 731)	3 367
EU Primcare	Primary Health Care Purposes	-	240 007	(235 378)	4 629
Global Funds	HIV & AIDS Prevention	-	467 469	(450 111)	17 358
EU Masibambane	Training of medical students	534	-	-	534
Health and Welfare SETA	Environmental Health Purposes	33	-	-	33
TOTAL		567	789 574	(764 220)	25 921

ANNEXURE 1H

Statement of gifts, donations and sponsorships made

Nature of gift, donation or sponsorship (group major categories but list material items including name of organisation)	2016/17	2015/16
	R'000	R'000
Made in kind		
Launch of 24 Hour Reporting System	-	106
Mr D Mokhachane to visit Turkey to share and exchange views and experience on the Universal Health Coverage	-	38
Dr J Raman, Prof R Maharaj & Ms H Harris to Malaria sites	32	-
Received in Cash		
Emadileweni Special Day Care at Indwe, in Eastern Cape for children with disabilities	-	50
TOTAL	32	194

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017
ANNEXURE 2A

Statement of financial guarantees issued as at 31 March 2017 – Local

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2016	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2017	Unwarranted interest for year ended 31 March 2017	Realised losses not recoverable i.e. claims paid out
	Housing								
ABSA		56	-	-	-				
First Rand Bank		250	8	8					
Ned bank		154	23	23					
BOE Bank Ltd (Includes NBS)		87	-	-					
Old Mutual		31	-	-					
Peoples Bank		17	-	-					
Standard Bank		151	110	110					
	Subtotal	746	141	141					
	TOTAL	746	141	141					

ANNEXURE 2B

Statement of contingent liabilities as at 31 March 2017

Nature of Liability	Opening Balance 1 April 2016	Liabilities incurred during the year	Liabilities paid/cancelled/reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance 31 March 2017
Claims against the department					
Barry Mellor vs Kagiso Tholo	15	-	-	-	15
Dr D P Mahlangu	2 195	-	-	-	2 195
Hlomphang Moreku vs The Minister of Health	76	-	75	-	1
Metronic	3 824	-	-	-	3 824
P F Distributors vs The Minister of Health	32	-	32	-	-
ZLD Panel Beaters vs The Minister of Health	400	-	-	-	400
Mr J Leslie	870	-	-	-	870
Ms E Mulutsi	1 200	-	-	-	1 200
Nomusa Mabasa	-	5 000	-	-	5 000
Subtotal	8 612	5 000	107	-	13 505
TOTAL	8 612	5 000	107	-	13 505

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017
ANNEXURE 3

Claims recoverable

Government Entity	Confirmed balance outstanding			Unconfirmed balance outstanding			Total		Cash in transit at year end 2016/17 Receipt date up to six (6) working days after year end Amount R'000
	31/03/2017 R'000	31/03/2016 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	
Department									
Department of Home Affairs	-	19	-	-	-	-	19	-	-
Provincial Health: Mpumalanga	-	24	-	-	-	-	24	-	-
Department of Correctional Services	-	27	-	-	-	-	27	-	-
Provincial Health: KwaZulu/Natal	1 453	-	-	-	-	1 453	-	-	-
Department of Energy	82	-	-	-	-	82	-	-	-
Government Employees Pension Fund	8	-	-	-	-	8	-	-	-
	1 543	70	-	-	-	1 543	70	-	-
Other Government Entities									
Global Fund (SARS VAT)	41 337	183 427	-	-	-	41 337	183 427	-	-
OHSC	2 159	3 309	-	-	-	2 159	3 309	-	-
CDC (SARS VAT)	3 041	978	-	-	-	3 041	978	-	-
EU	-	6 338	-	-	-	-	6 338	-	-
	46 537	194 052	-	-	-	46 537	194 052	-	-
TOTAL	48 080	194 122	-	-	-	48 080	194 122	-	-

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

ANNEXURE 4
Inter-government payables

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2016/17	
	31/03/2017	31/03/2016	31/03/2017	31/03/2016	31/03/2017	31/03/2016	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Departments								
Current								
Provincial Health: Eastern Cape	-	185	6 414	-	6 414	185	-	-
Provincial Health: Free State	-	268	-	-	-	268	-	-
Provincial Health: Northern Cape	-	256	-	-	-	256	-	-
DIRCO	-	1 409	1 486	-	1 486	1 409	-	-
Provincial Health: Gauteng	-	925	25 896	-	25 896	925	-	-
Provincial Health: Limpopo	-	28	109 085	-	109 085	28	-	-
Statistics South Africa	-	-	-	-	-	-	-	-
Provincial Health: North West	-	-	6 500	-	6 500	-	-	-
Provincial Health: Mpumalanga	-	-	-	-	-	-	-	-
Provincial Health: KwaZulu/Natal	-	-	-	-	-	-	-	-
Subtotal	-	3 071	149 381	-	149 381	3 071	-	-
TOTAL	-	3 071	149 381	-	149 381	3 071	-	-

ANNEXURE 5
Inventories

Inventory [Per major category]	2016/17		2015/16	
	Quantity	R'000	Quantity	R'000
Opening balance	351 078	3 481	2 370 022	2 651
Add/(Less): Adjustments to prior year balance	-	-	2 443	1 901
Add: Additions/Purchases - Cash	203 129 104	410 085	8 488 825	516 243
Add: Additions - Non-cash	74	-	4 669	170
(Less): Issues	(203 432 572)	(406 140)	(8 484 656)	(508 978)
Add/(Less): Adjustments	2 186	(111)	(2 019 336)	(2 286)
Less: Internal Transfers	(8 887)	(4 903)	(10 889)	(7 216)
Add: Weighted average price	-	66	-	996
Closing balance	40 983	2 478	351 078	3 481

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017

ANNEXURE 6

Movement in capital work in progress

Movement in capital work in progress for the year ended 31 March 2017

	Opening balance R'000	Current year capital WIP R'000	Completed assets R'000	Closing balance R'000
Buildings and other fixed structures	539 603	574 044	(407 766)	705 881
Other fixed structures	539 603	574 044	(407 766)	705 881
Total	539 603	574 044	(407 766)	705 881
Buildings and other fixed structures	144 801	470 641	(75 839)	539 603
Other fixed structures	144 801	470 641	(75 839)	539 603
Total	144 801	470 641	(75 839)	539 603

ANNEXURE 7A

Inter-entity advances paid (note 10)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000
National Departments						
Current						
GCS	-	1 809	-	-	-	1 809
DIRCO	5 018	1 616	-	-	5 018	1 616
Statistics South Africa	-	18 858	-	-	-	18 858
IHF Durban	-	-	-	-	-	-
Subtotal	5 018	22 283	-	-	5 018	22 283
Provincial departments						
Current						
Provincial Health: Western Cape	2 193	4 415	-	-	2 193	4 415
Subtotal	2 193	4 415	-	-	2 193	4 415
Public entities						
Current						
DBSA: FET (94 clinics)	6 544	25 961	-	-	6 544	25 961
COEGA	55 455	5 642	-	-	55 455	5 642
Subtotal	61 999	31 603	-	-	61 999	31 603
TOTAL	69 210	58 301	-	-	69 210	58 301

Vote 16
Notes to the Annual Financial Statements for the year ended 31 March 2017
ANNEXURE 7B
Inter-entity advances received (note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000
National departments						
Current						
Energy	-	1 409	-	-	-	1 409
Statistics South Africa	-	7 994	-	-	-	7 994
Subtotal	-	9 403	-	-	-	9 403
Provincial departments						
Current						
Provincial Health: Eastern Cape	8 665	185	-	-	8 665	185
Provincial Health: Free State	-	268	-	-	-	268
Provincial Health: Northern Cape	-	256	-	-	-	256
Provincial Health: Gauteng	25 895	925	-	-	25 896	925
Provincial Health: Limpopo	109 085	28	-	-	109 085	28
Provincial Health: KwaZulu/ Natal	1 949	-	-	-	1 949	-
Provincial Health: North West	6 638	-	-	-	6 638	-
Subtotal	152 232	1 662	-	-	152 232	1 662
Public entities						
Current						
African Renaissance Fund	-	26 316	-	-	-	26 316
OHSC	58	-	-	-	58	-
DBSA: PMSU	-	18 261	-	-	-	18 261
Subtotal	58	44 577	-	-	58	44 577
Other institutions						
Current						
Civicious	26	-	-	-	26	-
Subtotal	26	-	-	-	26	-
TOTAL	152 316	55 642	-	-	152 316	55 642
Current	152 316	55 642	-	-	152 316	55 642
Non-current	-	-	-	-	-	-



National Department of Health
Civitas Building
Cnr Thabo Sehume and Struben Streets
Pretoria
0001

Switchboard: 012 395 8000

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