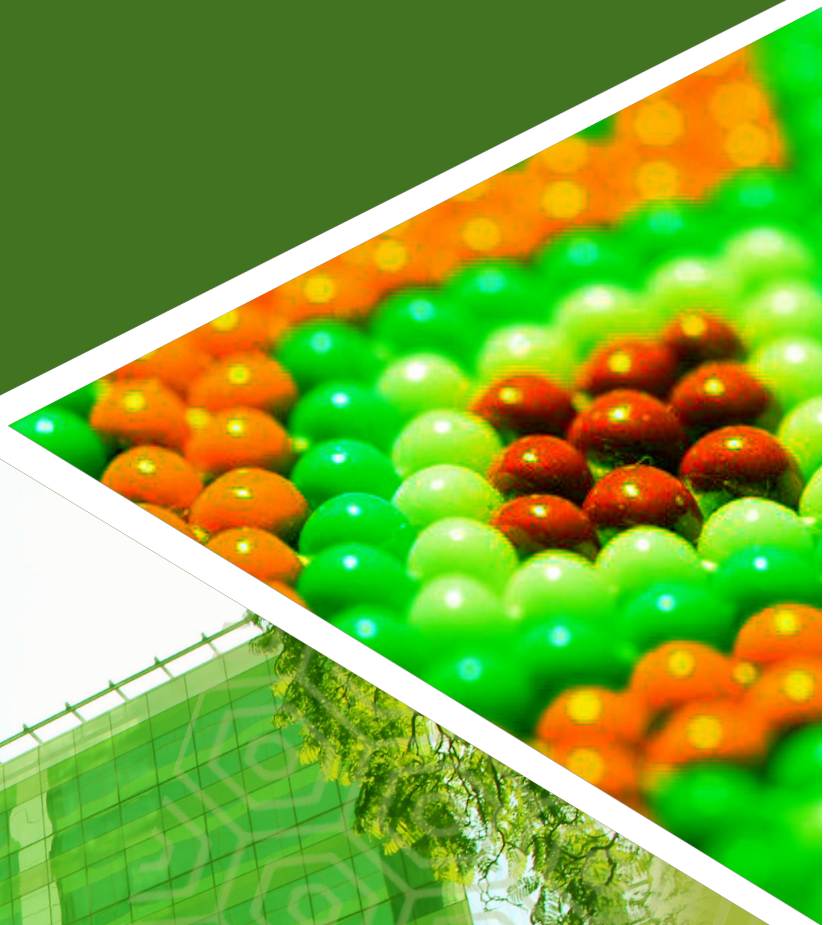


2015/16 ANNUAL REPORT



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

A long and Healthy Life for All South Africans





health

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REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

Annual Report 2015/16

RP246/2016

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PART A
GENERAL INFORMATION



1.1 Department's General Information

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1.2 List of abbreviations and acronyms

AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALMA	African Leaders Malaria Alliance
APP	Annual Performance Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral drug
AU	African Union
BAS	Basic Accounting System
BCP	Business Continuity Plan
BBB-EE	Broad-based Black Economic Empowerment
BME	Benefit Medical Examination
BSEC	Bid Specifications and Evaluation Committee
CAMS	Complementary and Alternative Medicines
CARMMA	Campaign on Accelerated Reduction of Maternal and Child Mortality in Africa
CCM	Chronic Care Model
CCM	Country Co-ordinating Mechanism
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CCOD	Compensation Commissioner for Occupational Diseases
CD4	Cluster of Differentiation 4 (in T helper cells)
CDC	Centers for Disease Control
CEO	Chief executive officer
CFO	Chief financial officer
CFOF	Chief Financial Officers Forum
CHC	Community health centre
CHW	Community health worker
CIDA	Canadian International Development Aid
CMS	Council for Medical Schemes
COMMiC	Committee on Morbidity and Mortality in Children under 5 years
CORE	Code of Remuneration
CPT	Cotrimoxazole prophylaxis therapy
CSIR	Council for Scientific and Industrial Research
CSTL	Care and Support for Teaching and Learning
CYPR	Couple-year protection rate
DAFF	Department of Agriculture, Forestry and Fisheries
DALYs	Disability Adjusted Life Years
DBE	Department of Basic Education
DCST	District Clinical Specialist Team
DDG	Deputy Director-General
DEA	Department of Environmental Affairs
DFID	Department for International Development
DG	Director-General
DHA	District Health Authority
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
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DRP	Disaster recovery plan
DRGs	Diagnosis-related Groupers
DR-TB	Drug-resistant tuberculosis
DSD	Department of Social Development
DS-TB	Drug-sensitive tuberculosis
EA	Executive Authority
EAP	Employee Assistance Programme
EDR	Electronic Drug Resistance register [EDR.Web]
EEL	Essential Equipment List
EHP	Environmental health practitioner
EHW	Employee Health and Wellness
EMIS	Education and Management Information System
EML	Essential Medicines List
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
EPR	Epidemic Preparedness and Response
ES	Equitable share
ETR	Electronic TB Register [ETR.Net]

EU	European Union
FDC	Fixed-dose combination
FET	Further Education and Training
FFC	Financial and Fiscal Commission
FFMPP	Framework for managing programme performance
FOCAC	Forum for China-Africa Co-operation
FSHPC	Forum for Statutory Health Professions Council
GP	General Practitioner
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HAART	Highly active antiretroviral therapy
HCT	HIV counselling and testing
HDIs	Historically disadvantaged individuals
HFRG	Health Facility Revitalisation Grant
HIG	Health Infrastructure Grant
HIMME	Health Information Management Monitoring and Evaluation
HIV	Human Immunodeficiency Virus
HoD	Head of department
HPCSA	Health Professions Council of South Africa
HPTG	Health Professionals Training Grant
HPV	Human papillomavirus
HR	Human resources
HRH	Human Resources for Health
HPRS	Health Patient Registration System
HRP	Human Resources Plan
IC	Ideal Clinic
ICT	Information and Communications technology
IHR	International Health Regulations
IMR	Infant mortality rate
IPT	Isoniazid preventive therapy
IRS	Institute for Regulatory Science
ISHP	Integrated School Health Programme
IT	Information technology
IVD	In vitro diagnostics
IYM	In-year monitoring
JICA	Japan International Cooperation Agency
KfW	Kreditanstalt für Wiederaufbau
LFA	Local Funding Agency
MBOD	Medical Bureau for Occupational Diseases
MCC	Medicines Control Council
MCWH	Maternal, child and women's health
MDG	Millennium Development Goals
MDR-TB	Multidrug-resistant tuberculosis
M&E	Monitoring and evaluation
MMC	Medical male circumcision
MMR	Maternal mortality ratio
MOU	Memorandum of Understanding
MRC	Medical Research Council [South African]
MSSN	Management of sick and small neonates
MTEF	Medium-term Expenditure Framework
MTSF	Medium-term Strategic Framework
NaPeMMCo	National Perinatal Mortality and Morbidity Committee
NAPHISA	National Public Health Institute of South Africa
NCE	New chemical entity
NCCEMD	National Committee on Confidential Enquiries into Maternal Deaths
NCDs	Non-communicable diseases
NCOP	National Council of Provinces
NDoH	National Department of Health
NHSP	National Health Scholars Programme
NIMDR	Nurse Initiated Management of MDR-TB
NIOH	National Institute for Occupational Health
NDP	National Development Plan
NEMA	National Environmental Health Act
NFPSC	National Forensic Pathology Services Committee
NHA	National Health Act
NHC	National Health Council
NHI	National Health Insurance
NHIRD	National Health Information Repository and Data Warehouse
NHISSA	National Health Information Systems Committee of South Africa
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
NICD	National Institute for Communicable Diseases
NIDS	National Indicator Data Set
NMC	Notifiable medical conditions
NSP	National Strategic Plan
NT	National Treasury
NTSG	National Tertiary Services Grant
NWU	North West University
OHS	Occupational health and safety
OHSA	Occupational Health and Safety Act
OHSC	Office of Health Standards Compliance
OHU	Occupational Health Unit
OIG	Office of the Inspector-General
OSD	Occupation-specific Dispensation
ODA	Overseas Development Aid
PCR	Polymerase chain reaction
PDoH	Provincial Department of Health
PERSAL	Personnel Salary System
PEPFAR	President's Emergency Plan for AIDS Relief [US]
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
PMTCT	Prevention of mother-to-child transmission of HIV
STC-HPDC	Specialised Technical Committee on Health, Population and Drug Control
PPP	Public-private partnership
PrimCare SPSP	Primary Health Care Sector Policy Support Programme
PSC	Public Service Commission
PSCBC	Public Service Co-ordinating Bargaining Council
RRM	Revenue retention model
RTC	Regional Training Centre
SADC	Southern African Development Community
SAHPRA	South African Health Products Regulatory Authority
SANAC	South African National AIDS Council
SAPS	South African Police Services
SCM	Supply chain management
SOP	Standard Operating Procedure
SSA	State Security Agency
SCOPA	Select Committee on Public Accounts
SDIP	Service delivery improvement plan
SMS	Senior management service
SLA	Service-level agreement
SOPs	Standard operating procedures
Stats SA	Statistics South Africa
STGs	Standard Treatment Guidelines
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TECH-NHC	Technical Advisory Committee of the National Health Council
TROA	Total clients remaining on ART
UCT	University of Cape Town
UN	United Nations
UPS	Uninterruptable power supply [device]
USAID	United States Agency for International Development
WBPHCOT	Ward-based Primary Health Care Outreach Team
WHA	World Health Assembly
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 Minister



In the past financial year, the Ministry of Health has made significant strides in expanding access and improving the quality of health services, promoting healthy lifestyles, and building a strong public health sector with a focus on performance, accountability and sustainability. We are proud of the achievements summarised in this Report, which are largely due to biomedical interventions that have contributed to the increase in life expectancy at birth, and the continued downward trend in infant, neonatal and child mortality. South Africans live longer, with a life expectancy reaching 62.9 years, an improvement from 54 years in 2006; and already almost reaching the Medium Term Strategic Framework 2014-19 target of 63 years. This can be largely attributed to our success in managing HIV & AIDS and Tuberculosis (TB).

Steady progress has also been made in reducing maternal deaths as measured by the maternal mortality ratio, which is currently at 155 deaths per 100,000 live births. Mother-to-child transmission of HIV has been reduced from 70 000 babies born HIV positive in 2004 to less than 7 000 in 2015. However, the number of new HIV infections in adolescent girls and young women (aged 15-24 years) are still very high at 1986 per week. Much needed interventions currently underway include a multi-pronged communication campaign, improvement of socio-economic factors that enhances the vulnerability of girls and young women and predispose them to risky sexual behaviour, and programmes aimed at addressing harmful gender norms and practices, together with those supporting a strong, flexible, and responsive health system that is able to demonstrate improvements and achievements over time.

Partnerships and collaborative efforts have expanded our capacity to meet the National Development Plan (NDP) objectives of reducing the burden of disease, increasing life expectancy of 70 years, and having an AIDS-free generation of under 20's by 2030. To this end, we have announced two major plans to be implemented during the current financial year: to provide access to ARV treatment to anyone confirmed HIV positive; and to provide PrEP (Pre Exposure Prophylaxis) to sex workers. We will allow the evaluation of effectiveness of this programme to inform the further expansion to other vulnerable groups.

We are pleased that the new strategies on HIV and AIDS and TB, including the focus on the 90,90,90 targets are gaining traction in countries with the largest epidemics, including South Africa. In addition to our successful rollout of antiretroviral treatment, we have also improved our TB outcomes, with our TB treatment success rate currently at 83% (an increase from 73% in 2006).

The Department published the White Paper on National Health Insurance (NHI) in December 2015, which reflects the health sectors vision for the future. NHI is a significant policy shift that will necessitate a massive re-organisation of the South African health system, both public and private. There is agreement that some changes need to be made in the public and private health care sectors, of which the two most important are: reducing the exorbitant and ever spiraling cost of private health care, and improving the quality of care in the public health system. The implementation of NHI will ensure that there is equitable access to health services by all South Africans.

Access to medicines and vaccines continues to be a priority and must remain high on the global health agenda. The high cost of medicines, including drugs used to treat cancers and vaccines, as well as the shortage of routinely used medicines like penicillin and vaccines like BCG and yellow fever vaccine, are a major source of concern. We continue to work closely with the World Health Organisation, UNITAID, the Medicines Patent Pool, GAVI and others, to do everything possible to ensure that vital medical commodities are affordable and are available also to middle income countries. South Africa, too, can benefit from the lower prices of medicines and vaccines.

We have embarked on a pro-active strategy, called Stock Visibility System (SVS), to address the medicine supply challenges, currently affecting the availability of essential medicines. It will bolster the strength of the public health care supply chain, to improve health systems performance at all health facility levels. With the new "Test and Treat" anti-retroviral (ARV) treatment strategy, which will undoubtedly place further pressure on medicine availability, SVS will assist to manage the expected increase in patients receiving ARV treatment.

Despite of our achievements with regard to biomedical interventions, cost of medicines and NHI, we remain acutely aware that prevention should always be at the

centre of our efforts. Universal health coverage will be unaffordable and unsustainable if the focus is purely on curative health services. Our efforts to expand our focus on health promotion and the prevention of diseases need to be continued. This means focusing on reducing the risk factors for disease, and non-communicable diseases in particular. This includes regulating the sale of non-nutritious food (or junk food, including those high in fats, sugar and salt), regulating tobacco and alcohol availability and use, and creating an enabling environment for people to engage in increased physical activity.

This Report reflects some of the key policy interventions and demonstrates our commitment to a public health sector that is pro-active, forward looking, focuses on prevention,

and accountable to the people of South Africa. We hope you find the Report informative and, most importantly, useful. Producing this report involved the commitment of a diverse group of individuals, each of whom contributed their time and advice to ensure that the final product was representative of public health from a national perspective.



Dr PA Motsoaledi, MP
Minister of Health
Date: 19 September 2016

1.4 Statement by the Deputy Minister



South Africa remains in the grip of the quadruple burden of disease as we call them, namely: (a) HIV and AIDS and TB; (b) High levels of Maternal and Child Mortality; (c) Non-Communicable diseases; and (d) Injuries and trauma.

Over the last 7-8 years a lot of progress has been made with regard to reducing the high levels of mortality from HIV and AIDS and related complications and co-morbidities. The roll out of Antiretroviral Treatment has seen our country recording major improvements in health indicators such as life expectancy, infant and child mortality and maternal mortality.

Out of the four components of the quadruple burden of disease the two components which remain stubbornly high are the Non-Communicable diseases and injuries and trauma. The rising levels of noncommunicable diseases is not a uniquely South African experience. Health scientists predict that diseases of lifestyle will cause 7 out of 10 deaths in developing countries by 2020. As it has been emphasised many times before, most of the NCDs can be prevented or their morbidity and mortality reduced by a change of lifestyle.

Our focus in the effort to reduce the incidence and impact of noncommunicable diseases remains:- (a) Promotion of Health and prevention of disease; (b) Early detection; and (c) Initiation of treatment at the lowest level of care with referral to higher levels in case of need.

Our intervention in promoting health and preventing disease entails a combination of using regulatory process such as levels of salt and sugar, clear labelling of foodstuffs sold to the public and various legislative restrictions with respect to advertising of tobacco and public smoking. We are still hoping to finalise legislative restrictions with regard to advertising of alcohol.

Excessive consumption of alcohol remains a common denominator in a number of challenges we face as a society. South Africans are by international standards amongst the highest consumers of alcohol. This has a bearing on various diseases such as heart disease, liver and other gastrointestinal diseases but also major contributor to trauma and accidents.

The burden of motor vehicle accidents and violent trauma is huge on our health services and our economy. Many children are made orphans by motor vehicle accidents and violent crime most of which are related to alcohol abuse. It therefore makes sense that as a country we must take each and every feasible step to drastically reduce this scourge.

It is also a matter of fact that the other rising scourge which is that of abuse of illicit drugs which is destroying our young people is also linked to early initiation to alcohol. We need to redouble our efforts to save our country from the drug pedlars.

Over and above regulatory interventions, the basics of healthy living such as healthy diet and exercise remain the cornerstone of a long and healthy life for all South Africans. We must therefore continue to educate, mobilise and popularise healthy living amongst all our people.

With the rise in incidence of cancerous malignancies, we are also concerned about the high cost of some of the vital medicines needed for the treatment. We will continue to lobby for lower costs of essential cancer medicines.

Dr J Phaahla, MP
Deputy Minister of Health
Date: 14 September 2016

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



1. Overview of the operations of the Department

1.1 Strategic issues facing the Department

- a) The year 2015/2016 marks the first year of the first five-year building block towards the achievement of the 2030 vision and goals of The National Development Plan (NDP). The 2030 vision for health in Chapter 10 of the NDP is to achieve a health system that works for everyone and produces positive health outcomes.
- b) In support of this vision, the strategic thrust of the health sector continue to focus on four outcomes:
 - Outcome 1: Increase the life expectancy of all South Africans
 - Outcome 2: Decrease Maternal, Child and Infant Mortality
 - Outcome 3: Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis.
 - Outcome 4: Strengthened Health System
- c) These outcomes are consistent with government's outcome-based approach to improving service delivery; enhancing accountability to the public and enhancing performance management.
- d) An increased life expectancy for all South Africans is the highest impact that the country seeks to attain. This lies at the apex of the four outcomes on which the health sector seeks to deliver.
- e) South Africa has a quadruple burden of disease which include communicable diseases such as HIV and AIDS and TB; High maternal mortality ratio and child mortality rate, increase in non-communicable diseases and high rates of violence, injuries and trauma.

- f) Strengthening the effectiveness of the health system is the foundation on which successful interventions to improve health outcomes must be built.
- g) Decreasing the burden of disease is dependent on a well functioning health system that is based on the principles of accessibility, equity, efficiency, affordability, appropriateness and quality health service provision.
- h) Significant milestones have been achieved through the strategic interventions implemented by the health sector, in partnership with communities across the country

1.2 Significant events that have taken place during the year

- a) According to the Rapid Mortality Surveillance Report 2014 of the Medical Research Council (released December 2015), the overall life expectancy of South Africa's citizens has increased from an estimated 62.2 years in 2013 to 62.9 years in 2014. Under-five mortality declined from 41 per 1000 live births in 2013 to 39 deaths per 1000 live births in 2014. Similarly, the infant mortality rate declined from 29 deaths per 1000 live births in 2013 to 28 deaths per 1000 live births in 2014. Neonatal mortality rates remained stable at 11 deaths per 1000 live births between 2013 and 2014. The maternal mortality ratio decreased from an estimate of 166 deaths per 100,000 live births in 2012 to 155 deaths per 100,000 live births in 2014.
- b) The White Paper for the establishment of National Health Insurance (NHI) in South Africa was published for public comment in December 2015. The White Paper is the precursor to the development of the National Health Insurance legislation, which will allow for the establishment of the NHI Fund and its related institutions. The White Paper describes the intention of NHI, its funding options and the priority health system reforms that are required for its implementation. It further includes a high level plan for phased implementation over a 14 year period.
- c) As part of the phased implementation of NHI, the National Department of Health has established six work streams to provide technical support in the finalisation of the implementation plan for NHI. The work streams are not implementing entities, but will make recommendations to the Department relating to NHI implementation. The six work streams identified to support the phased implementation of NHI are:
 - Prepare for the establishment of the NHI Fund;
 - Design and implementation of NHI health care service benefits;
 - Prepare for the purchaser-provider split and accreditation of providers;
 - The role of medical schemes in an NHI environment;
 - Complete NHI Policy Paper for public release;

- and
 - Strengthening the District Health System.
- d) The Department continued to strengthen PHC re-engineering in South Africa, through the four identified streams of:
 - District Clinical Specialist Support Teams;
 - Ward-based Primary Health Care Outreach Teams;
 - the School-based Health programme; and
 - the contracting of general practitioners and other providers to work in primary health care facilities.
- e) Municipal Ward-based Primary Health Care Outreach Team (WBPHCOT) programme has been expanded during the 2015/16 financial year. As at the end of March 2016, there were 2 590 functional WBPHCOTs, which is an increase of 842 teams from a baseline of 1 748 in 2014/15.
- f) The Department continued to provide Integrated School Health Programme (ISHP) services which contribute health and wellbeing of learners by screening them for health barriers to learning. The ISHP exceeded its targets for screening of 25% of Grade 1 learners and 10% of Grade 8 learners during the 2015/16 financial year by reaching 29.2% of the Grade 1s, and 12.8% of the Grade 8s. A total number of 2 283 245 learners were screened through this programme since its inception and 352 766 learners were identified with health problems and referred for intervention.
- g) The human papilloma virus (HPV) vaccine targeting girls in Grade 4 was introduced to protect them from acquiring cervical cancer (cancer of the womb) – a major cause of death especially among African women. The programme was largely successful, reaching 85.3% (427 400) targeted girls for the 1st dose HPV immunisation, and 63.6% (318 422) for the 2nd dose HPV immunisation coverage.
- h) 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 11 898 308 people between the ages of 15 and 49 years were tested, exceeding the annual target of 10 million for the financial year 2015/16.
- i) Medical male circumcision (MMC) is one of the Department's combination HIV and AIDS prevention interventions. During 2015/16, a total of 464 731 MMCs were conducted.
- j) At the end of March 2016, there were 3 407 336 clients remaining on antiretroviral therapy (ART) (total clients remaining on ART – TROA). The Department revised the HIV guidelines to align them with the World Health Organization (WHO) HIV Guidelines.
- k) In 2014 the Deputy President launched a massive TB screening programme targeting correctional facilities, mines and six peri-mining communities. In 2015, a total of 348 946 screenings were done among inmates in correctional services during

admission, incarceration and upon release, this reflects more than one screening per inmate (there are about 160 000 inmates per year) and 97.3% of the 221 controlled mines are providing TB screening to their employees. In addition, 30 million people were screened for TB in public health facilities in 2015.

- l) The Department has been one of the first in the world to rollout the new TB diagnostic technology (GeneXpert) and currently, South Africa conducts roughly 50% of the total volume of such tests performed globally to diagnose TB. In addition, 60% of patients globally on bedaquiline (newest medicine to treat drug resistant TB) are in our country. 63% of HIV positive people globally who are on treatment to prevent them from acquiring TB (isoniazid prevention therapy-IPT) are also in South Africa.
- m) Programme data are showing that fewer infants are infected with HIV, with a polymerase chain reaction (PCR) positivity rate of 1.5% of all babies born to HIV-positive women around six weeks in 2015/16.

1.3 Major projects undertaken or completed during the year

- a) To improve access to early antenatal services and to empower pregnant women the Department launched the MomConnect programme in August 2014; through which pregnant women are registered via their mobile phones to receive weekly messages that are appropriate to their stage of pregnancy. Pregnant women can also send (unsolicited) complaints and compliments about services received at public clinics. As at the end of March 2016, a cumulative total of 663513 pregnant women were registered, the Department had received 753 complaints and 4746 compliments.

In 2014 we expanded our family planning programme to include a contraceptive method that protects women from pregnancy for a three year protection period. This is achieved through a subdermal implant which is a small device implanted under the skin of the inner upper arm; this was targeted specifically at young women and those who are accessing family planning for the first time. In 2015/16, 87189 implants were inserted.

- b) The 'Ideal Clinic' (IC) initiative was started in July 2013 as a way of systematically reducing the deficiencies in primary health care (PHC) facilities in the public sector. As at the end of March 2016, there was a cumulative total of 322 facilities qualifying as Ideal Clinics: Silver, Gold and Platinum levels. (Silver: 100% Vital, 75% essentials and 60% important; Gold: 100% Vital, 85% essentials and 72% important; Platinum: 100% Vital, 95% essentials and 84% important; and Diamond: 100% Vital, 100% essentials and 100% important).
- c) The National Provincial Technical Support Officers'

programme was established to improve operational efficiency and maximise revenue collections. During the financial years 2012/13 to 2014/15, revenue amounting to R1.3 billion was collected by 13 hospitals. In 2015/16, a total revenue amount of R403 592 000 was collected.

- d) In an effort to reduce the quadruple burden of diseases, Cabinet approved the National Public Health Institute of South Africa (NAPHISA) Bill in 2015 for comments. The Bill will assist in conducting disease and injury surveillance, and provide specialised public health services and interventions, training and research directed towards the major health challenges affecting the people of South Africa. NAPHISA will also strengthen co-ordination and enhance the country's capacity for surveillance.
- e) In ensuring that the Port Health Services are rendered in line with International Health Regulations, the National Health Amendment Act 12 of 2013 has placed the responsibility of facilitating the provision of Port Health Services with the National Department of Health (NDoH) with effect from 1 September 2014. Port Health Services were successfully transferred as of 1 April 2015 from the Provincial Departments of Health to the National Department of Health in line with provisions of the National Health Amendment Act, 2013 (Act No. 12 of 2013) which assigns the responsibility of facilitating and promoting the provision of Port Health Services to the National Department of Health.
- f) The national hand-washing hygiene strategy was finalised and approved. The rollout of national hand washing campaign was kick-started in Reimollotswe Primary School in collaboration with Departments of Basic Education and of Water and Sanitation. The Global Hand-washing Day was also commemorated on 15 October 2015 in Soweto, in collaboration with the Department of Water and Sanitation and Unilever South Africa.
- g) The Regulations relating to Health Care Waste Management in Health Establishments were approved by the Minister on 13 May 2015, but not yet gazetted. The Regulations cover various aspects of health care waste and are applicable to both private and public health establishments but exclude radioactive, electronic and animal wastes.
- h) The Development of the Health Patient Registration System (HPRS) commenced in July 2013, through a partnership between the National Department of Health, the Department of Science and the Technology and Council for Scientific and Industrial Research. The first phase of the operational implementation of HPRS was completed in 657 PHC facilities in the NHI Pilot districts. Furthermore, a standardised Electronic Patient Filing System and a standardized Patient File is being implemented in PHC Facilities in the NHI Pilot Districts.
- i) The Department of Health commenced the Demographic and Health Survey in 2015/16, in order to track progress in the health status of the people of South Africa against the National Development Plan. This is a critical survey that will provide essential data to inform policy and management of strategic programmes. It covers demographic indicators, maternal, newborn and child health programme indicators, reproductive health and contraception, management of non-communicable diseases and risk factors, as well as women's status in the society. The SADHS will cover 15 000 households, selected to be nationally representative, which will be visited by teams of trained interviewers who will collect information in a face-to-face interview and take certain measurements such as blood pressure, heights and weights. The survey team, made up of the NDoH, Statistics South Africa (Stats SA) and the MRC completed all the conceptual survey work, including the training on data collection and piloting of the survey methodology, in February 2016. The main data collection takes place from June to October 2016, and the preliminary report will be available in December 2016.
- j) The National Health Scholars Programme (NHSP) aims to provide Master's and Doctoral scholarships in order to develop a new cadre of young health researchers in South Africa. The NHSP is a collaborative initiative of the National Department of Health and the chief executive officers of 40 companies funded through the Public Health Enhancement Fund. Since its launch in 2013 by the Health Minister, Dr Motsoaledi, a total of 72 students have been enrolled. In 2015/16, 17 new students were enrolled in the NHSP, and six NHSP students graduated (four with PhD degrees and two with Master's degrees).
- k) The Director-General served as the Chair of the World Health Organization (WHO) Executive Board (WHO-EB) for the period of May 2015 to May 2016. The WHO-EB meeting is held annually in January with a second shorter meeting in May, immediately after the World Health Assembly (WHA). The main function is to give effect to the decisions and policies of the WHA, to serve in an advisory role and generally to facilitate its work.
- l) The Director-General was appointed as the Chair of an Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, to provide oversight for and monitoring of the development and performance of the programme and to guide its activities. The Committee will advise the Director-General on issues within its mandate, and will report its findings through the WHO Executive Board to the World Health Assembly. Reports of the Committee will also be shared with the Secretary-General of the United Nations and with the United Nations' Inter-Agency Standing Committee.
- m) The UN Secretary-General, Mr Ban Ki-moon, has established a High-level Panel on Access to Medicines. Because of the key role that South Africa played in the fight for affordable antiretroviral drugs (ARVs), the Director-General of Health, Ms Malebona Precious Matsoso, has been appointed as a member of this panel.

2. Overview of the financial results of the department:

2.1 Departmental receipts

Departmental receipts	2015/16			2014/15		
	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	31 560	46 096	(14 536)	31 548	54 033	(22 485)
Interest, dividends and rent on land	300	6 536	(6 236)	300	6 337	(6 037)
Financial transactions in assets and liabilities	912	1 253	(341)	912	5 770	(4 858)
TOTAL	32 772	53 885	(21 113)	32 760	66 140	33 380

- a) The main source of revenue was generated from registration fees of medicines which yielded a decrease of 18.53% in 2015/16 as compared to 2014/15. 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 as well as Port Health which are under the control of the Department. These fees are reviewed regularly to recover costs.

2.2 Programme Expenditure

Programme Name	2015/16			2014/15		
	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	443 416	438 501	4 915	397 731	386 476	11 255
Health Planning and Systems Enablement	611 213	553 053	58 160	663 901	325 329	308 572
HIV and AIDS, TB and Maternal, Child and Women's Health	14 324 860	14 179 001	145 859	13 046 659	13 027 910	18 749
Primary Health Care Services	215 239	212 571	2 668	107 155	102 355	4 800
Hospitals, Tertiary Services and Workforce Development	19 057 465	19 056 279	1 021	18 808 853	18 482 048	326 805
Health Regulation and Compliance Management	1 601 732	1 599 420	2 312	876 271	830 537	45 734
TOTAL	36 253 925	36 038 825	214 935	33 900 570	33 154 655	745 915

- a) From a total allocation for the year under review amounting to R36,254 billion, the Department spent R36,039 billion, which is 99.4% of the available budget.
- b) Underspending was mainly under Goods and Services.

2.3 Reasons for under/(over) expenditure

Programme 2: Health Planning and Systems Enablement

The programme shows an expenditure amounting to R553 053 million (90,5%), with an under expenditure of R58 160 million (9,5%), against a budget of R611 213 million.

The South Africa Demographic and Health Survey is running over three years, and the Diagnostic Related Grouping that could not be implemented in all the central hospitals.

2.4 Virements

During the 2015/16 financial year, a total amount of R128 778 million was approved for virements. The Director-General granted approval to effect the following virement:

- R5,059 million within COE
- R0,788 million from COE to Transfer and Subsidies (Households)
- R1,085 million from COE to Goods and Services
- R20,086 million from COE to Capex
- R18,699 million within Goods and Services
- R19,140 million from Goods and Services to Capex
- R0,125 million from Goods and Services to Financial Assets
- R5,189 million within Capex

National Treasury approved the following virements after the Adjustments Budget:

R19,850	million to Universities for Medical Student Training
R50 000	to Emadlweni Day Care Centre
R3,5	million to SA National AIDS Council
R11,939	million to Universities for Medical Student Training
R22,3	million within Goods and Services for earmarked funds

2.5 Roll overs

None

2.6 Unauthorised expenditure

None

2.7 Fruitless and wasteful expenditure

None

2.8 Public Private Partnerships

The Health Sector Public Private Partnership (PPP) Programme was finalising the feasibility studies for seven PPP projects registered with the National Treasury.

The feasibility studies for Chris Hani Baragwanath and Limpopo Academic Hospitals were completed. A review undertaken by the Department found the cost of the current PPP model to be unaffordable.

2.9 Discontinued activities / activities to be discontinued

No activities were discontinued during the year under review.

2.10 New or proposed activities

None

2.11 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.

Status of projects as of 31 March 2016.

Name of PPP	Status per AFS 2014/15	Status per AFS 2015/16	Comments
Chris Hani Baragwanath Hospital revitalisation and upgrading Gauteng	Feasibility completed	Feasibility completed	A cost assessment of Chris Hani Baragwanath feasibility study undertaken by the Department found the current PPP model to be unaffordable for implementation. Based on this finding and Parliament's recommendation that National Treasury review's the current PPP model, alternative procurement models are under consideration for the hospital PPP programme

2.12 Gifts and Donations received in kind from non related parties

In-kind goods and services amounting to R10,9 million were received during the 2015/16 financial year, details of which are disclosed in Annexure 1F of the Annual Financial Statements.

2.13 Exemptions and deviations received from the National Treasury

None received

2.14 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 National Department of Health. I also wish to acknowledge all partners that are working with us in 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: 31 July 2016

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 material omissions.

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

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

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

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

The Auditor-General of South Africa (AGSA) was engaged to express an independent opinion on the annual financial statements and performance information.

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2016.

Yours faithfully



MS M P MATSOSO
DIRECTOR-GENERAL
Date: 31 July 2016

1.7 Strategic Overview

Vision

A long and healthy life for all South Africans

Mission

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

1.8 Legislative and Other Mandates

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

Legislation falling under the Portfolio of the Minister of Health

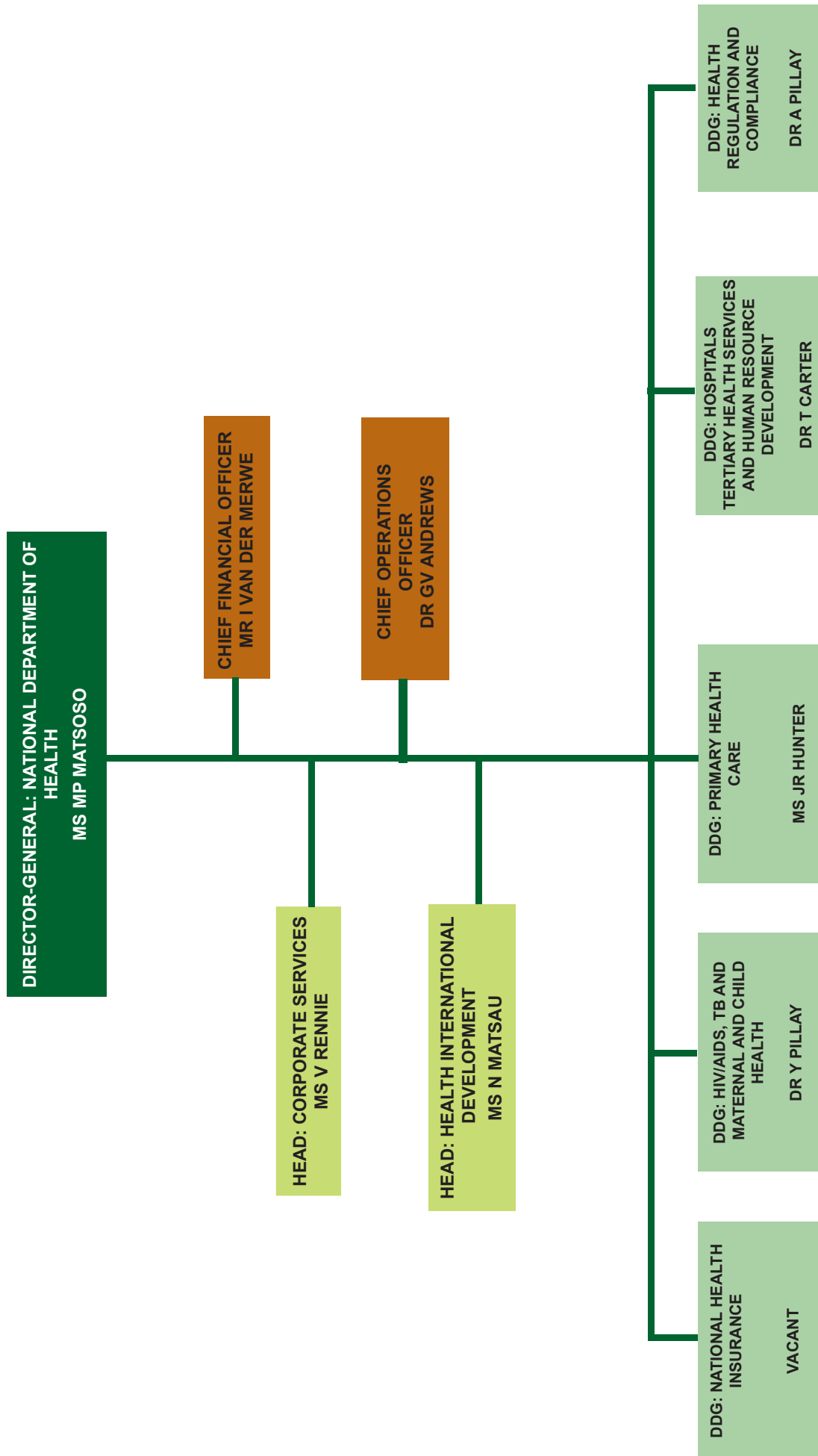
- Allied Health Professions Act, 1982 (Act No. 63 of 1982)
- Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996)
- Council for Medical Schemes Levies Act, 2000 (Act No. 58 of 2000)
- Dental Technicians Act, 1979 (Act No. 19 of 1979)
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972)
- Hazardous Substances Act, 1973 (Act No. 15 of 1973)
- Health Professions Act, 1974 (Act No. 56 of 1974)
- Human Tissue Act, 1983 (Act No. 65 of 1983)
- 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 which the National Department of Health 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)
- Child Care Act, 1983 (Act No. 74 of 1983)
- 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, 1997 (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)

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 objective of the Council is to promote the improvement of health and quality of life through research, development and technology transfer
National Health Laboratory Service	National Health Laboratory Service Act, 2000 (Act No. 37 of 2000)	Transfer payment	The service supports the Department of Health by providing cost effective laboratory services to all public clinics and hospitals
Compensation Commissioner for Occupational Diseases	Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973)	Transfer payment	The Commissioner is responsible for the payment of benefits to workers and ex-workers in controlled mines and works who have been certified to be suffering from cardiopulmonary diseases because of work exposures
Health Professions Council of SA	Health Professions Act, 1974 (Act No. 65 of 1974)	Not applicable	Regulates the medical, dental and related professions
SA Nursing Council	Nursing Council Act, 2005 (Act No. 33 of 2005)	Not applicable	Regulates the nursing profession
SA Pharmacy Council	Pharmacy Act, 1974 (Act No. 53 of 1974)	Not applicable	Regulates the pharmacy profession
Dental Technicians Council	Dental Technicians Act, 1979 (Act No. 19 of 1979)	Not applicable	Regulates the dental technician profession
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 the 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 cores standards of care

PART B
PERFORMANCE INFORMATION



2.1 Auditor-General Report: Pre-determined 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 89 of the Report of the AGSA, published in Part E: Financial Information.

2.2 Overview of Departmental Performance

Service Delivery Improvement Plan

In 2015/16, the Department developed a set of draft Format and Guidelines to be used by the public health sector in preparing Service Delivery Improvement Plans (SDIPs), following extensive consultations with the Department of Public Service and Administration regarding the public service framework and existing service delivery improvement plans in the health sector. The draft format and guidelines outline the concept and approach to development of SDIPs by Provincial Departments of Health (PDoHs) in the context of the broader Integrated Planning Framework of the National Health System of South Africa to ensure that there is a uniform approach to development of SDIPs and progress thereof by PDoHs.

The following tables highlight the SDIP and the achievements to date

Main services	Actual customers	Potential customers	Standard of service	Actual achievement against standards
Support and provide policy guidance and technical guidelines to provinces	All Provincial Departments of Health	Patients and the public	Care, management and treatment protocols and guidelines are evidence-based and used	Care, management and treatment protocols/guidelines issued
Assess and monitor compliance with standards of care	All health facilities	Patients and the public	Eight core standards of care	Unannounced assessment visits to public health facilities
Determine Primary Health Care facilities that meet standards for Ideal Clinics	PHC facilities	Patients and the public	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 1 234 PHC facilities were assessed in 2015/16 against the standards
Registration of medicines by the Medicines Control Council	Pharmaceutical industry, distributors and wholesalers, retail pharmacies, research institutions and health professionals	Patients and the public	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	Patients and clinicians	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
Provision of forensic laboratory services	South African Police Services, National Prosecuting Authority, Forensic Pathology Services, mortuaries, municipalities (forensic food services)	Families of deceased, the public	High-quality services by benchmarking against international standards through accreditations 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	Families of miners and ex-miners, the mining industry	Processing of claims for benefit medical examination of miners and ex-miners	Claims for medical benefits processed and finalised
Providing HR advice and directives	Employees of the National Department of Health	Department of Public Service and Administration, other government departments	Sound HR advice and directives	HR advice and directives are continuously provided in line with the regulatory framework
Ensuring ongoing consultation with stakeholders on matters of mutual interest	Organised labour organisations	Public Health and Social Development Sectoral Bargaining Council (PHSDSBC)	Functional bargaining structures in place	Regular engagement with stakeholders takes place in the Bargaining Chamber
Facilitate the improvement of the administration of the performance management and development system	Employees of the National Department of Health	Department of Public Service and Administration, Cabinet	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

Consultation arrangements with customers

Type of arrangement	Actual customers	Potential customers	Actual achievements
Consultative fora	Key stakeholders in health sector including public, private, non-government sectors and development partners	Patients and public	A National Consultative Forum on National Health Insurance was held on 14 March 2016. Numerous consultative meetings with stakeholder groups also took place during the 2015/16 financial year on National Health Insurance
Access to all HR services and information	All employees in the National Department of Health	Other State departments and organs of State	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 D-G, financial delegations, supply chain management and procurement, National Treasury and DPSA notices, leave policy, performance management development, performance agreement and any other important notices and announcements. Further, a weekly on-line newsletter Supatsela publishes 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 PHSDSBC on matters of mutual interest	Organised labour organisations	PHSDSBC	Regular engagement with stakeholders takes place in the Bargaining Chamber. These consultations have, for example, contributed towards signed resolutions including the following: Resolution 1 of 2015: Constitutional Amendment; Resolution 2 of 2015: Amendment to Dispute Resolution Rules; Resolution 3 of 2015: Establishment of Council Committees; Resolution 4 of 2015: Operations of Chambers; Resolution 5 of 2015: Coordination of Council and Chamber Caucuses and Resolution 1 of 2016: Transfer of Employees from NDoH to OHSC

Service delivery access strategy

Access Strategy	Actual achievements
Personal interaction, circulars, briefings to management, induction sessions and workshops	Information is available and accessible based on the requirements from clients. As indicated above, circulars and key notices are also circulated to staff members through the on-line Rihanyo mail on a daily basis

Service information tool

Types of information tool	Actual achievements
Quarterly reporting against the Government Programme of Action Outcome Two, Annual Performance Plan and Operational Plans	Quarterly reporting against set targets. In 2015/16, 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 DPME and National Treasury and these were also presented to Parliamentary Portfolio Committees
Publishing of the Human Resources Plan	Annual reporting against a HR Action Plan
Placement of circulars on the intranet	Regular updates on directives done

Complaints mechanism

Complaints mechanism	Actual achievements
Grievance and complaints procedure	HR-related grievances are addressed in collaboration with Employment Relations and the relevant line managers
Complaints/Compliment procedures for clients	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

Organisational environment

The organisational structure has been reviewed to maximise achievement of the Department's strategic priorities. The success of the implementation thereof is highly dependent on alignment with the allocated available budget. The current approved organisational structure takes into consideration the change of organisational culture, improvement of productivity, development of leadership capability and repositioning of the National Department of Health (NDoH) as an employer of choice, whereby only candidates who meet the profile of the desired NDoH cadre of employees will be considered for appointment.

Key policy developments and legislative changes

In its focus on health, the National Development Plan (NDP) states:

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

In December 2015, in line with the Sustainable Development Goals of achieving universal health coverage, the White Paper on National Health Insurance (NHI) was published for public comment. The White Paper defines the NHI as a health finance system that is designed to pool funds to provide universal access to quality, affordable personal health services to all South Africans based on their health needs, irrespective of their socio-economic status. The NHI is intended to ensure that the use of health services does not result in financial hardship for individuals and their families.

As part of Phase 1 of the NHI preparatory stage to improve health system performance, interventions to improve service delivery and provision continued to be implemented during the 2015/16 financial year at all levels of the system. Strengthening health care systems is key in achieving service delivery outputs and for programmatic performance. Health programmes contribute significantly towards improved life expectancy rate and decreasing mortality figures.

In the second phase, which will be carried out during the 2017/18 to 2020/21 financial years, the initial activities will focus on ensuring that the population is registered and issued with a NHI Card at designated public facilities using a unique Patient Identifier linked to the National Population Register of the Department of Home Affairs. Registration will commence with children, orphans, the aged, adolescents and persons with disabilities, women

and rural communities. Phase 2 will also prioritise the establishment of a transitional Fund that will purchase health services from certified and accredited providers.

The third phase, scheduled for between the 2021/22 and 2024/25 financial years, will focus on ensuring that the NHI Fund is fully functional. At this stage, it is envisaged that eligible health services would be certified by the OHSC and accredited by the NHI Fund.

Six work-streams have been established to support the required activities in these three phases. These are:

- Work-stream 1: Prepare for establishing the NHI Fund, including reviewing other relevant legislations and intergovernmental functions, and the fiscal framework on which the implementation of NHI will have an impact
- Work-stream 2: Clarification of the NHI benefits and services including the PHC 'Lab'
- Work-stream 3: Preparation for the purchaser-provider split
- Work-stream 4: Review of medical schemes to define their future role
- Work-stream 5: Completion of the NHI Policy Paper and the NHI Bill
- Work-stream 6: Strengthening of the District Health System in preparation for a functional District Health Management Office (DHMO).

In preparation for NHI, President Zuma launched the Operation Phakisa Ideal Clinic Realisation and Maintenance programme on 18 November 2014. Operation Phakisa culminated in a detailed plan for turning all clinics and community health centres into Ideal Clinics. An Ideal Clinic is a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols and guidelines to ensure the provision of quality health services to the community. In 2015/16 clinics and community health centres were assessed to determine their progress towards being Ideal Clinics. The Ideal Clinic programme defines 10 components, 32 subcomponents and 186 elements that must be available and optimally functional. The 10 components are: 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; and Partners and Stakeholders.

In January 2016, the President signed the Medicines and Related Substances Amendment Act which paves the way for the creation of the new South African Health Products Regulatory Authority (SAHPRA). The Amendment Act makes provisions to bring the medical devices industry, as well as pharmaceuticals, under the jurisdiction of SAHPRA. The Authority will be established as a Section 3A Public Entity and would thus be able to retain funds from application fees which can be utilised to employ experts to evaluate applications on a full-time basis.

2.3 Strategic Outcome Oriented Goals

Strategic Approach

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

In 2015/16, the National Health Council (NHC) – the Implementation Forum for Outcome 2 “A long and healthy life for all South Africans” – directed and managed the implementation of the strategic priorities for steering the health sector towards Vision 2030. This Implementation Forum consists of the Minister of Health and the nine Provincial Members of the Executive Council (MECs) for Health. The Technical Advisory Committee of the NHC (TAC-NHC) functions as the Technical Implementation Forum. The TAC-NHC consists of the Director-General of the National Department of Health (DoH) and the Provincial Heads of Department (HoDs) of Health in the nine provinces.

The National Development Plan (‘Vision 2030’)

The Annual Performance Plan 2015/16 was the vehicle through which the nine long-term health goals for South Africa set out by the National Development Plan (NDP) were implemented during the year under review. Five of these goals relates to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

Priorities to achieve Vision 2030

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

- a. Address the social determinants that affect health and diseases.
- b. Strengthen the health system.
- c. Improve health information systems.
- d. Prevent and reduce the disease burden and promote health.
- e. Finance universal healthcare coverage.
- f. 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.

2.4 Performance Information by Programme

2.4.1 Programme 1: Administration

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

This programme consists of five sub-programmes:

- Ministry
- Management
- Financial Management
- Corporate Services

Human Resources Management Sub-programme:

The Department maintained a vacancy rate below 10%, as prescribed by the Department of Public Service and Administration (DPSA), by achieving a 3.5% vacancy rate as at 31 March 2016. A target of four months’ turnaround time for the conclusion of the recruitment process for vacant posts was set by the Department, despite the target of six months set by the DPSA. The achievement in this area was five months. Remedial action has been taken which includes increasing awareness on the roles and responsibility of different stakeholders in the recruitment and selection value chain. Ninety-five per cent of senior managers successfully entered into performance agreements with their supervisors for the year under review, and the non-compliant 3% were dealt with appropriately.

Legal Services Sub-programme: The Department is responsible for drafting and supervising the drafting of legislation administered by the Department, in order to provide a legal framework for departmental activities aimed at increasing life expectancy, decreasing maternal and child mortality, combating HIV and AIDS and decreasing the burden of disease from tuberculosis and strengthening health system effectiveness, among others. During the year under review, this sub-programme attended to 45 Regulations; two Proclamations; 114 contracts – including 32 Addendums to Transfer Agreements with non-government organisations (NGOs); 63 legal opinions; five South Africa Law Reform Commission Projects (of which two are for the NDoH while three are for other Departments), and attended over 17 public hearings throughout the country – more than 10 of which were in the Eastern Cape on the Medicines and Related Substances Amendment Bill. The Department also attended to 10 Bills excluding the Medicines and Related Substances Amendment Bill. These are the National Public Health Institute of South Africa Bill, National Health Laboratory Service Amendment Bill, Occupational Diseases in Mines and Works Amendment Bill, Medical Schemes Bill, National Health Amendment Bill, Tobacco Products Amendment Bill, Health Professions Amendment Bill, International Health Regulations Bill, Control of Marketing of Alcohol Beverages Bill, and the Nursing Amendment Bill.

Communications Sub-programme: In the implementation of the Integrated Department Corporate Communication Strategy, among others, the Department developed and implemented a Corporate Communication Strategy comprising 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 Cluster. During the 2015/16 financial year, communication plans and toolkits in both print and digital formats were produced to support all health activities.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	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
	Audit opinion from Auditor for Provincial Departments of Health	3 Unqualified audit opinions	3 Unqualified audit opinions	3 Unqualified audit opinions	None	None
	Number of provinces that submit reports against defined set of non-negotiable items on a monthly basis	9	9	9	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	Average recruitment process turnaround time will be 4 months	Average recruitment process turnaround time was within 5 months	-1 month	The deviation is still in line with the provisions of the Public Service regulations
	Develop and Implement Employee Health and Wellness (EHW) programme that comply with Public Service Regulations (PSR) and Employee Health and Wellness Strategic Framework	All 4 EHW Pillars were integrated and implemented as per EHW Strategic Framework	EHW induction programme to Port Health Employees conducted	EHW induction workshops held for Port Health employees in the provinces of Gauteng, KwaZulu-Natal, Free State, Mpumalanga and North West	None	None
Fully implement the Departmental Information Communication Technology (ICT) Service Continuity Plan by the 31st of March 2018	Establish ability to access domain services outside the NDoH premises	The ICT Service Continuity Plan finalised and approved	Ability to recover all email Data of NDoH in the event of a disaster Ensure all Senior Managers of NDoH are able to access Domain services at disaster recovery (DR) site	Tested the ability to access for Domain Services from the DR site	None	None
Provide support for effective communication be developing an integrated communication strategy and implementation plan	Develop an integrated communication strategy and implementation plan	Communication Strategy in line with Government Communication Information System (GCIS) finalised and approved	Communication Toolkit developed to integrate messages	At least 15 toolkits were developed and implemented	None	None
A National Health Litigation Strategy developed and fully implemented	Develop National Health Litigation Strategy	New indicator- not in APP 2014/15	The National Litigation Strategy developed, and approved	The National Health Litigation Strategy was adopted from the Medico Litigation Summit Declaration	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Provide leadership in the health sector by integrating all health sector plans and providing support for developing identified plans	Number of Provincial Annual Performance Plans (APPs) aligned to the National Health System Priorities	9 Provincial APPs reviewed and feedback provided	9 Provincial APPs reviewed and feedback provided to ensure APPs and District Health Plans (DHPs) and sector plans are aligned to the National Health System (NHS) Priorities	The National DoH reviewed and provided feedback to all 9 provincial DoH on their APPs	None	None
	NDoH vacancy rate	New indicator- not in APP 2014/15	5%	3.5%	+1.5%	Improved recruitment through set service standards
	Percentage of Senior Managers (SMS) that have entered into Performance agreements with their supervisors	New indicator- not in APP 2014/15	98%	95%	-3%	98% planned target is based on the 3 months window period for newly appointed SMS members. 3 signed after the deadline

Strategy to overcome areas of under performance

During 2015/16 financial year, the turn-around time for recruitment processes has been measured against a stringent 4-months target; however the DPSA target in Public Service is 6 months. The NDoH has engaged the institutions responsible for the prerequisite verification of qualifications of selected candidates in order to improve the processes. In the 2016/17 financial year the Departmental target will be aligned with the DPSA target in Public Service which is 6 months.

Changes to planned targets

None.

Linking performance with budgets

Sub-programmes	2015/2016			2014/2015		
	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
Ministry	29 952	29 952	-	29 083	28 851	232
Management	19 846	19 846	-	21 518	20 885	663
Corporate Services	199 996	199 693	303	182 471	178 331	4 140
Office Accommodation	147 624	147 624	-	110 525	110 445	76
Financial Management	45 998	41 386	4 612	54 134	47 960	6 174
TOTAL	443 416	438 501	4 915	397 731	386 476	11 255

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 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, Monitoring and Evaluation
- Sector- wide Procurement
- Health Financing and National Health Insurance
- International Health and Development

The **Technical Policy and Planning sub-programme** provides advisory and strategic technical assistance on policy and planning, and supports policy analysis and implementation. During 2015/16, the sub-programme supported and guided the development of 2016/17 Annual Performance Plans (National and Provincial). Working together with Department of Public Service and Administration, the sub-programme developed a draft set of Guidelines and Format on Service Delivery Improvement Plans (SDIPs) to be used by Provincial Departments of Health in developing SDIPs in the context of the broader Integrated Planning Framework of the National Health System of South Africa.

The **Health Information Management, Monitoring and Evaluation sub-programme** develops and maintains a national health information system, commissions and co-ordinates research, develops and implements disease surveillance programmes, and monitors and evaluates strategic health programmes.

As part of eHealth Strategy implementation, development of the Health Patient Registration System (HPRS) commenced in July 2013 through a partnership between the National Department of Health, the Department of Science and Technology, and the Council for Scientific and Industrial Research (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. The first phase of implementation was completed during 2015/16 and the operational implementation was done in 657 PHC facilities. The standardisation of the IT hardware and equipment is a prerequisite for the operational implementation of the Health Patient Registration System. During the 2015/16 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. The finalisation of the delivery and installation of the IT hardware will be completed in 2016/17, 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 is being piloted in facilities in the NHI pilot districts; this includes a PHC Electronic Patient Filing System and a standardised patient file.

The improvement of data quality for routine health information systems such as the District Health Information System remained a priority. Based on the results of research conducted in Ehlanzeni District in Mpumalanga Province,

the Department has rationalised the data collection tools used in PHC facilities from 54 registers to six standardised registers. During 2015/16, 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.

The National Department of Health commenced the South Africa Demographic and Health Survey (SADHS) in 2015/16, in order to track the health status progress of the people of South Africa against the National Development Plan. This is a critical survey that will provide essential data to inform policy and management of strategic programmes. The survey covers indicators for demographic profiles and trends, maternal, newborn and child health programmes, reproductive health and contraception, management of non-communicable diseases and risk factors, as well as women's status in society.

The SADHS will cover 15 000 households, selected to be nationally representative, which will be visited by teams of trained interviewers who will collect information in a face-to-face interview and take certain measurements such as blood pressure, heights and weights. The survey team, comprising the NDoH, Stats SA and the MRC, has done all the conceptual survey work, the training and the piloting of the survey in February 2016. The main data collection will take place from June to October 2016, and the preliminary report will be available in December 2016.

The National Health Act (61 of 2003) mandates the Minister of Health to establish The National Health Research Committee (NHRC) in terms of section 69. Chapter 9 of the National Health Act mandates the National Health Research Committee (NHRC) to identify and advise the Minister on health research priorities, and among other functions, to develop and advise him on the implementation of an integrated national strategy for health research. The NHRC led the development of the draft National Research Strategic Plan for 2015–2030. This plan addresses four key functions of an envisaged National Health Research System, including sustainable financing of health research, strengthening human resources capacity, the development of infrastructure to conduct health research at all levels of the national health system, and effective translation of research findings into policy, programmes and practice. The strategy developed comprehensively addressed key research priorities identified during the 2011 Research Summit, namely: Funding; Human Resources; Health Research Infrastructure; Priority Research Fields; a National Regulatory Framework; Planning and Translation; and Monitoring and Evaluation. Furthermore, key stakeholders in public sector, academia, research institutions and other sectors were consulted to provide inputs. The NDoH together with provinces, the NHRC and the National Health Research Ethics Council had an opportunity to engage on the current systems and mechanisms to improve functionality.

The National Health Research Database (NHRD) was launched on 29 October 2014. The NHRD is a single-source database for all health research conducted in South Africa. This resource facilitates the generation of

knowledge and an understanding of health and disease-related research in South Africa in terms of researchers' details, where the research is conducted, the allocated budget, and alignment with national health priorities. The information is used to monitor national research trends, map health research types, expenditures and funding, and identify gaps and inefficiencies in research. In 2015, the NDoH strengthened provincial capacity to run the system and generate reports that will be used to inform future planning.

The National Health Scholars Programme (NHSP) aims to provide Master's and Doctoral scholarships in order to develop a new cadre of young health researchers in South Africa. The NHSP is a collaborative initiative of the National Department of Health and the chief executive officers of 40 companies funded through the Public Health Enhancement Fund. Since the launch of the NHSP in 2013 by the Health Minister, Dr Motsaoleli, a total of 72 students have been enrolled. In 2015/16, 17 new students were enrolled in the NHSP, and six NHSP students graduated (four with PhDs and two with Master's degrees).

The National Health Research Ethics Council (NHREC) plays a pivotal role in establishing guidelines, norms and standards for health research, including clinical trials. The NHREC released its 2015/16 Annual Report in which the following achievements are highlighted: registration and assessment of six Human Research Ethics Committees (HRECs) and of six Animal Research Ethics Committees (ARECs), and production of a revised draft of the 2006 National Good Clinical Guidelines for Clinical Trials. The 2015/16 revision of the NHREC Ethics in Health Research guidelines entailed updating national norms and standards, providing guidance on ethics review, setting out REC standards, and describing the health research ethics infrastructure and regulatory framework in South Africa.

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 2015/16, the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme continued to enroll new patients. Patients receiving their prescribed medicines increased from 183 989 in 2014/15 to 396 567 patients in 2015/16 who obtain their medicines from over 1 000 pick-up points including adherence clubs, occupational health sites, general practitioners and private pharmacies. During the 2015/16 financial year, all pharmaceutical contracts were renewed at least eight weeks before their expiry dates. This is attributed to improved contract management systems. In addition, surveillance systems were developed for clinics and hospitals, the stock visibility system was implemented in 1 849 clinics, and an electronic stock management system was established. Hospitals using the electronic stock management systems in order to strengthen demand-planning and governance increased from 39 hospitals in 2014/15 to 52 hospitals in 2015/16.

The Essential Medicines Review outcomes were achieved by means of the National Essential Medicines List Committee supported by its expert technical committees. An electronic PHC clinical guide application, which has a number of features in addition to the clinical guides, was launched.

The term of office of the interim Traditional Health Practitioners Council (ITHPC) was extended and systems were developed to manage knowledge of African traditional medicines. A workshop on the regulation of traditional medicine was held on 23 March 2015 with 100 Traditional Health Practitioners (THPs) from nine provinces in attendance. The purpose of the workshop was to present to THPs the WHO guidelines on regulating traditional medicines. The NDoH also hosted similar workshops during September and October 2015 in all provinces which were attended by a total of 479 THPs. These provincial workshops discussed approaches for the regulation of traditional medicines, facilitating inputs on how the interim THP Council has been operating, progress made and future plans, and strategy around traditional medicines in the African region. Documents presented were translated into different languages so that the participants in each province would have a clear understanding of the content.

The **Health Financing and National Health Insurance sub-programme**: develops and implements policies, legislation and frameworks for the achievement of universal health coverage through the phased implementation of National Health Insurance; commissions health financing research (on, inter alia, alternative healthcare financing mechanisms for achieving universal health coverage); 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 National Health Insurance conditional grants. The Cluster also comprises the Directorate for Pharmaceutical Economic Evaluation, which implements the Single Exit Price Regulations, including policy development and implementation initiatives in terms of dispensing and logistical fees.

The Minister of Health published the White Paper on National Health Insurance on 11 December 2015 in Government Gazette No. 39506 as part of the public comments process. In addition, the Minister formally established six National Health Insurance work-streams staffed by Departmental and external technical officials to support the work on the phased implementation of National Health Insurance.

The Single Exit Price Adjustment (SEPA) and Dispensing Fee reviews for pharmacists and persons licensed in terms of Section 22C 1 (a) of the Medicines and Related Substances Act (101 of 1965) are performed annually. In 2016, the SEPA Gazette was published on 13 January 2016 for the implementation of a 4.8% price increase.

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

The Minister of Health, Dr Aaron Motsoaledi, continues to provide leadership in his capacity as the Chairperson of the Stop TB Partnership Coordinating Board – an international body which assists in the fight against TB. In March 2016, the Minister received the USAID-TB international award in recognition of his leadership in the global fight against tuberculosis (TB). This award also recognised his

championship of initiatives in the screening, treatment and prevention of TB, multi-drug resistant TB (MDR-TB), and TB and HIV co-infection.

The AU Conference of African Ministers of Health (CAMH) was expanded to include Ministers responsible for population, and those responsible for drug control. The expanded Conference thus became the Specialised Technical Committee on Health, Population and Drug Control (STC-HPDC). The first meeting of the Committee was held in Addis Ababa, Ethiopia in April 2015, at which Minister Motsoaledi was elected as the Chair of the Bureau of the STC-HPDC. The Bureau established a Working Group of Health Ministers to oversee and accelerate the establishment of the Africa Centre for Disease Control and Prevention (Africa CDC) and the review and revision of expiring AU Health Policy Instruments. The first Bureau meeting was held on the margins of the World Health Assembly in Geneva in May 2015. Two meetings of the Working Group of Ministers of Health were held.

South Africa and China co-hosted the 2nd Ministerial Forum on China Africa Health Development under the ambit of Forum for China-Africa Cooperation (FOCAC) from 4 to 6 October 2015 in Cape Town. The focus of this meeting was on promoting the availability of healthcare services in Africa and improving China-Africa's co-operation in public health in the post-Ebola era.

South Africa and WHO jointly convened a major High-level Partners' meeting on building health security "beyond Ebola" from 13 to 15 July 2015 in Cape Town. The goal of the meeting was to bring together the key national, regional and international stakeholders needed to establish a common framework of actions for supporting, co-ordinating and intensifying the strategic development and maintenance of health security preparedness.

The specific roles of the branch include co-ordination and facilitation of South-South partnerships and collaboration, ensuring effectively and efficiently coordinated and responsive partnerships and collaborations with countries in Africa and the Middle East, mobilisation of health technical resources from international development agencies and international financial institutions, facilitation and coordination of the implementation of health-related outcomes of the African Union Commission to meet the targets essential for Africa's renewal and achievement of the African agenda, and effective management of the deployment of health attachés.

During 2015/16, the sub-programme continued to execute its strategic role of mobilising resources for national and regional health activities, and establishing strategic bilateral co-operation among African countries – but especially with BRICS countries – in areas of mutual and measurable benefit, thereby meeting our obligations in the New Partnership for Africa's Development (NEPAD) to engage in post-conflict reconstruction and diseases and emergencies in Africa. This role also entails facilitating participation in various multilateral and other global engagements such as the AU, SADC, WHO, UN and BRICS, implementing cross-border initiatives to manage cross-border care and enhance harmonisation of regulations, treatment guidelines and policies; improving management and related capacity of health attachés to

identify and analyse emerging issues and trends in global health; and establishing global health dialogue forums with other stakeholders on inter-sectoral issues such as climate change, trade and foreign policy.

South Africa is a signatory to a number of international treaties and instruments such as the International Health Regulations (2005), the Framework Convention on Tobacco Control (FCTC), and other human rights conventions such as the International Covenant on Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the African Charter on Human and Peoples' Rights, and the SADC Protocol on Health. Furthermore, South Africa has supported adoption of important international reports and resolutions, these include: the WHO Action Plan for the prevention of avoidable blindness and visual impairment, follow-up actions to recommendations of the high-level commissions convened to advance women's and children's health, patient safety, the global strategy to reduce the harmful use of alcohol, follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Co-ordination, and the Abuja Call for Action and Maseru Declaration on HIV and AIDS. The cluster will accelerate the domestication and implementation of these treaties and resolutions in this mid-term cycle.

During 2015/2016, the Department actively participated in the 68th World Health Assembly; the WHO/Afro RC 65; the WHO 138th Executive Board Meeting, the Every Woman Every Child High-Level Retreat; the World Economic Forum; the 3rd International Congress on Arterial Hypertension; the annual forum of the Ministerial Leadership in Health programme; the WHO High-level Partners' Meeting on building health security beyond Ebola; the BRICS International Conference on Common Threats; the BRICS Senior Officials' Meeting; the 2nd Ministerial Forum on China-Africa Health Development; the 5th BRICS Ministerial Meeting; the High-Level Conference on Global Health Security; and the High-Level Commission on Health Employment and Economic Growth. The Department hosted the United Nations Secretary-General's High-Level Panel on Access to Medicines.

A Memorandum of Understanding (MoU) between South Africa and the AU was signed on contributing resources to support efforts to fight the outbreak of Ebola disease in Liberia, Guinea and Sierra Leone. A Memorandum of Understanding between the National Departments of Health of South Africa and Uganda was signed to promote, develop and increase the co-operation between the two countries in the field of health. Various multilateral health fora and SADC technical meetings were held, including SADC Health Ministers' meetings, commemoration of Malaria Day, and the 7th meeting of the steering committee of the SADC HIV and AIDS Trust Fund. Site visits under the Global Fund's cross-border initiative were undertaken for the establishment of wellness clinics at Kopfontein in the North West, Oshoek in Mpumalanga and Ladybrand in the Free State. Delegations from the Seychelles, Botswana and the Ethiopian Public Health Institute were hosted by the Department for the purpose of sharing information on best practices and exploring possible cooperation.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Achieve Universal Health Coverage through the phased implementation of the National Health Insurance(NHI)	White Paper on NHI	The draft White Paper for the NHI Bill has been revised and prepared for submission to Cabinet	Finalise and publish White Paper on NHI	The White Paper on NHI was published for public comments on 11 December 2015	The White Paper is still in draft form. A draft Bill has been developed however this cannot be finalised until the White has been approved	Cabinet approved the publication of the revised White Paper as a draft so allow for additional comments for a period of 5 months
	Legislation for NHI	The draft White Paper for the NHI Bill has been revised and prepared for submission to Cabinet	Publication of White Paper	The White Paper on NHI was published for public comments on 11 December 2015 (Gazette No. 39506). The draft legislation will be prepared once the White Paper is finalised		
	Establishment of National Health Insurance Fund	The draft funding modality for the NHI Fund has been developed	Funding Modality for the National Health Insurance developed Fund including budget reallocation for the district primary health care	The White Paper on NHI outlines the alternative funding options	None	None
Establish a national stock management surveillance centre to improve medicine availability	Implement an Electronic system for the early detection of stock outs of medicines at hospitals	New indicator-not in the APP 2014/15	Electronic stock management system implemented and functional at 10 central hospitals, 17 tertiary hospitals and 25 regional hospitals	Electronic stock management system implemented and functional at 10 central hospitals, 17 tertiary hospitals and 25 regional hospitals	None	None
	Implement an Electronic system for the early detection of stock outs of medicines at PHC Facilities	New indicator-not in the APP 2014/15	Management system functional in 1200 PHC facilities	1 849	+ 649 facilities	The system has been donor funded which allowed for additional facilities being included
	Establish a national surveillance centre to monitor medicine availability	New indicator-not in the APP 2014/15	National surveillance centre functional and reporting stock availability at 10 central hospitals, and 1200 PHC facilities	National surveillance centre functional and reporting stock availability at 10 central hospitals, and 1200 PHC facilities	None	None
Improve contracting and supply of medicines	Establish provincial control towers for the management of direct delivery of medicines	New indicator-not in the APP 2014/15	Control towers implemented in Free State and Eastern Cape	Control towers in Eastern Cape and Free State established	None	None
	Number of patients receiving medicines through the Centralised Chronic Medicine Dispensing & Distribution system	Ten NHI districts have implemented the Centralised Chronic Medicine Dispensing and Distribution (CCMDD) system	500 000 patients	396 567 patients	- 103 433 patients	Facility staff were not enrolling eligible patients in the CCMDD programme. After change management the significant improvement and the target will be met in 2016/17
	Contracts are available at least 8 weeks prior to expiration of outgoing tender	New indicator-not in the APP 2014/15	100% pharmaceutical tenders awarded at least 8 weeks prior to expiration of outgoing tender	All pharmaceutical contracts were in place 8 weeks prior to expiration of the outgoing contract	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Implement the Strategy to address antimicrobial resistance (AMR)	Implement the National AMR strategy	New indicator-not in the APP 2014/15	Appointment of the Ministerial Advisory Committee (MAC) Implementation plan for AMR strategy developed	MAC appointed AMR Strategy developed	None	None
Regulate African Traditional Practitioners	Establish Council for Traditional Practitioners	New indicator-not in the APP 2014/15	Council for Traditional Practitioners and Registrar appointed	Term of Office of the Interim Traditional Healer Practitioners Council and process for recruitment of the Register in progress	The post of Registrar has been advertised	The post has been advertised, and will be filled in the next financial year
Strengthen revenue collection by incentivizing hospitals to maximise revenue generation	Develop and implement a Revenue Retention model (RRM) at central hospitals	Hybrid Revenue Retention model developed	A discussion paper on revenue retention models developed and presented to NHC and Financial and Fiscal Commission (FFC)	A discussion paper on revenue retention models was developed and presented to NHC and Financial and Fiscal Commission	None	None
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	Draft architecture for a National Integrated Patient-based Information Systems was developed	Basic Health Information Exchange developed to conduct a reference implementation of eHealth interoperability norms and standards	The Basic Health Information Exchange has been developed. PIX and PDQ services for third party applications were developed. A reference implementation of interoperability was conducted on the Health Patient Registration System and TIER.Net	None	None
	Number of PHC health facilities with required IT Hardware for the reference implementation eHealth project	New indicator-not in the APP 2014/15	Additional 1400 PHC Facilities received required IT hardware for the reference implementation of the eHealth Programme	IT hardware equipment was purchased for an additional 1200 facilities .This included the purchase of 6232 computers and 1196 printers	-200 facilities	Purchase orders for the computer hardware - 1895 computers and 204 printers for the outstanding 200 facilities were placed in April 2016
	Number of health facilities implementing improved patient administration and web based information systems	New indicator-not in the APP 2014/15	Additional 700 facilities implementing improved patient administration and web based information systems	657 PHC facilities are implementing the web based health Patient Registration System	-43 facilities	Systemic challenges in PHC Facilities in Tshwane District did not allow for the rollout of the HPRS
Develop and implement a national research strategic plan	National health research plan developed and implemented	A concept paper and business plan for the establishment of the National Health Observatory was developed	National Health Research Strategic Plan approved	Draft Integrated National Research Strategy	Strategy not finalised on time for approval	Stakeholder meeting was held in February 2016 to review and provide final inputs to the draft Strategy

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
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	The Monitoring and Evaluation Plan for health was developed and revised	Fully defined comprehensive list of indicators and data elements approved At least one national evaluation conducted	Fully defined comprehensive list of indicators and data elements was drafted Two evaluations are in process of being conducted	The draft National Indicator Data Set, which is a major sub-set of the Comprehensive list, was not finalised in September for approval as per DHMIS policy	Policy / guideline shifts made after September 2015. Consultative meeting on NIDS 2016 re-schedule to early January 2016. The final Sustainable Development Goals Indicator Framework had not been published
Domestication of international treaties and implementation of multilateral competition on areas of mutual and measurable benefit	Number of international treaties and multilateral frameworks implemented	Implementation of provisions of IHR (2005) and the WHO Framework Convention on Tobacco Control (WHO-FCTC). Monitored the implementation of four cross-border projects of the SADC HIV and AIDS Fund. Participated in multilateral health fora: World Health Assembly, World Health Organization–Africa Region, World Economic Forum, 136th Executive Board Meeting of WHO, World Innovation Summit for Health – Doha, Qatar; Economist's Pharmacy 2015 Conference – UK, Sixteenth World Conference on Tobacco in Abu Dhabi, African Union and SADC Ministerial meetings	Three international treaties and multilateral frameworks implemented	Three international treaties and multilateral frameworks were implemented	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Implementation of bilateral cooperation on areas of mutual and measurable benefit	Number of Bilateral projects implemented	Provided humanitarian assistance in response to Ebola virus disease outbreak in Guinea, Sierra Leone and Liberia, Provided financial assistance for the recruitment of Cuban doctors to provide health services in Sierra Leone. Established a knowledge and information sharing platform on various areas of collaboration with Botswana, Uganda, Namibia and Ghana. Continue to provide scholarship assistance for South African students to Cuba for medical training. Mobilized resources for SA health system with United Nations Industrial Development Organization. Handover Ceremony of an Obstetric Ambulance by Turkey. Release of the additional variable tranches for the Primary Health Care Sector Policy Support Programme	Five strategic bilateral projects implemented	Five strategic bilateral projects were implemented.	None	None
	Review annual dispensing fee	The revised dispensing fee was published on 13 March 2015	Review of the 2015/16 dispensing fee in determining the 2016/17 maximum dispensing fee	The 2015/16 dispensing fee for pharmacists was reviewed and the current fee was published on 5 February 2016	None	None
	Publish and implement Single Exit Price Adjustments Annually	The 2014/15 Annual Single Exit Price Adjustment was implemented	Implementation of the gazette contents of 2015/16 Annual Price Adjustment	The SEPA gazette was published for implementation of 4.8% increase on 13 January 2016	None	None
	Review Criteria for the approval of Pharmacy Licences	New indicator-not in the APP 2014/15	Criteria for the approval of Pharmacy licences finalised & published for implementation	Comments from stakeholders on draft criteria were received and consolidated. A task team was established to review the comments	Criteria were not finalised.	Divergent stakeholder views. Legal opinion from State Law Advisor sought
	Develop regulations pertaining to Uniform Patient Fee Schedule (UPFS)	New indicator-not in the APP 2014/15	UPFS regulations gazetted and implemented	Approval has been granted to gazette tariffs for foreign nationals and revise the means test	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
	Develop a Central Repository for the funded and unfunded patients	New indicator-not in the APP 2014/15	A repository containing funded patients established by Council for Medical Schemes	Specifications for establishment of the repository were developed in collaboration with Council for Medical Schemes	A repository containing funded patients not established	The specifications and design of the repository requires that it meets the requirements of the National Health Normative Standards for Interoperability
	Percentage of the review process of PHC Essential Medicines List (EML) and Standard treatment Guidelines (STGs) completed	100%	20%	20%	None	None
	Percentage of the review process of Hospital Level Paediatric Essential Medicines List (EML) and Standard treatment Guidelines (STGs) complete	24%	50%	50%	None	None
	Percentage of the review process of Hospital Level Adult Essential Medicines List (EML) and Standard treatment Guidelines (STGs) complete	36%	100%	100%	None	None
	Number of medicines review for the Tertiary & Quaternary EML	12	12	12 reviews	None	None
	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 feedback provided to ensure APPs and DHPs sector plans are aligned to the National Health System (NHS) Priorities	9 Provincial APPs were reviewed and feedback provided to all 9 provincial DoHs	None	None
	Implement Patient Quality of care survey tool	New indicator-not in the APP 2014/15	Patient Quality of care survey tool tested and piloted	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	None	None
	Conduct a National Survey to measure Patient Quality of Care	New indicator-not in the APP 2014/15	A national survey conducted to measure patient quality of care at all PHC Facilities	Study planned and protocol developed	Survey not commenced	Protocol for the National Survey requires ethics clearance

Strategy to overcome areas of under performance

With regard to patients receiving medications through the CCMD programme, additional patients have been identified for enrolment into the programme in eThekweni, Alexandra Clinic, RK Khan Hospital, Potchefstroom Hospital and patients who participate in adherence clubs.

Comments on the criteria for approval of pharmacy licences were received and collated, and the appointed task team will be meeting in the 2016/17 financial year to review the inputs. This was originally envisaged to be completed in the fourth quarter of the 2015/16 financial year. The Antimicrobial Resistance Ministerial Advisory Committee has been appointed and quarterly meetings will commence following their acceptance of appointments.

The Financial and Fiscal Commission will be further engaged on the revenue retention model. The Department and the Council for Medical Schemes are working with the Council for Industrial and Scientific Research to ensure that the repository of patients will comply with the National

Health Normative Standards for Interoperability.

The purchase order of new IT hardware for the remaining 200 facilities had been issued in the last quarter of 2015/16 financial year. The process to roll out the implementation of the Health Patient Register System will continue during the 2016/17 financial year once the infrastructure and systemic challenges have been resolved.

The process to finalise the Comprehensive Indicator List will be completed during the 2016/17 financial year, which will also allow for the list to be properly aligned with the final Sustainable Development Goals Indicator Framework.

The Patient Quality of Care survey protocol will be fast-tracked in the 2016/17 financial year.

Changes to planned targets

None.

Linking performance with budgets

Sub-programmes	2015/2016			2014/2015		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
Programme Management	597	597	-	437	331	106
Technical Policy and Planning	14 246	14 028	218	11 222	9 976	1 246
Health Information Management, Monitoring and Evaluation	89 237	57 421	31 816	69 499	38 933	30 566
Sector-wide Procurement	26 282	26 282	-	24 532	24 347	182
Health Financing and National Health Insurance	393 789	367 663	26 126	483 460	177 446	306 014
International Health and Development	87 062	87 062	-	74 751	74 296	455
TOTAL	611 213	553 053	58 160	663 901	325 329	338 572

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 implementation of national policies, guidelines, and norms and standards; and monitor and evaluate the outcomes and impact of these.

The programme established 15 interventions to assist in reducing maternal, neonatal and child mortality significantly within a short period of time (called the 'Countdown to the MDGs') and beyond. The full implementation of the four streams of PHC re-engineering (with contracting of GPs being 4th stream): municipal ward-based community health worker outreach teams, the integrated School Health programme and the District Clinical Specialist Teams (DCSTs) assists facilities and districts towards fully implementing interventions to reduce maternal, neonatal and child mortality, including those associated with HIV and TB.

The 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, non-governmental and civil society organisations, and civil society at large all contribute in a coherent and integrated fashion.

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, co-ordination, and monitoring and evaluation of HIV and sexually transmitted disease services. This entails implementing the National Strategic Plan on HIV, STIs and TB 2012–2016. Management and oversight of the large conditional grant from National Treasury for implementation by the provinces is an important function of the sub-programme. Another important purpose is the co-ordination and direction of donor funding for HIV, especially PEPFAR and the Global Fund, in the health sector.

Key successes have been the reduction of mother-to-child HIV transmission, which has resulted in lower child mortality rates; increasing antiretroviral treatment coverage, which resulted in lower adult mortality rates; increasing the number of medical male circumcisions, and maintaining HIV testing at high levels. Key challenges included strengthening prevention programmes and decreasing the numbers of new infections, scaling up the numbers of people on antiretroviral treatment, and retaining those on treatment over time.

The **TB Control and Management sub-programme** is responsible for the co-ordination and management of the national response to the TB epidemic, which incorporates strategies needed to prevent, diagnose and treat both drug-sensitive TB (DS-TB) and drug-resistant TB (DR-TB). The sub-programme develops national policies and guidelines, norms and standards to inform good practice at provincial, district, sub-district and health facility levels. The sub-programme implements the National Strategic Plan on HIV, STIs and TB 2012–2016 with its vision of achieving zero infections, and reducing mortality, stigma and discrimination related to TB and HIV/AIDS.

The TB Sub-programme supports WHO's End TB Strategy which aims to end TB globally by 2030. The strategy encourages countries to reduce TB mortality and incidences by 35% and 20% by 2020 respectively. South Africa has also adopted the Stop TB Partnership's global plan to end TB with the "90-90-90" targets central to the plan: Find at least 90% of people in the general population infected with TB, as well as, at least 90% among vulnerable groups and also attain at least 90% treatment success. Until recently, the world relied on treating TB by using drugs developed more than 50 years ago. Over the last two years, a new drug, bedaquiline – which is much more efficacious and has fewer side effects (such as loss of hearing) – was introduced globally. South Africa was the first in the world to use the drug formally within its TB programme and beyond small-scale research sites. The drug was rolled out to ensure wide-scale availability to eligible DR-TB patients. South Africa currently accounts for more than 50% of patients receiving bedaquiline globally.

Statistics SA has reported considerable declines in TB-associated mortality, from the high of 70 000 in 2009 to less than 40 000 in 2014. Successes have been recorded in the expansion of TB and HIV/AIDS services among people with an elevated risk of infection to TB: in 2015, 569 475 inmates in correctional service facilities were screened for TB; the inspectors deployed in the mining sector reported that 95% of controlled mines are now offering routine TB screening services to miners; and TB screening was conducted among more than 30 million people who presented in public health facilities in 2015. The process to integrate TB information systems (ETR.Net and EDR.Web) with those in the HIV/AIDS programme (TIER.Net) and the District Health Information System (DHIS) is under way, thus contributing to the strengthening of TB and HIV/AIDS integration. The Global Fund has approved a new

three-year grant that will inject approximately R700 million to strengthen the national response to the TB epidemic during 2016/17.

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 the 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 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 treatment (ART) during the antenatal period. The infant PCR test positivity rate is at 1.5% , same as that recorded in the previous financial year.

The **Child, Youth and School Health sub-programme** is responsible for policy formulation, co-ordination, 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 provincial level. Most maternal, newborn, child and women's health (MNCWH) and nutrition services are provided by the Provincial Departments of Health, who are thus central role-players in efforts to improve the coverage and quality of MNCWH and nutrition services. At district level, these services are provided by a range of health and community workers, and other human resources. Many stakeholders outside of the health sector also have key roles 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 and 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 United Nations and other international and aid agencies.

Strategic objectives, performance indicators, planned targets and actual achievements¹

Consolidated Indicators

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	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	53.9%	60%	61.2	+1.2%	Provinces increased community engagement activities to improve Antenatal visits before 20 weeks by pregnant women
	Mother postnatal visit within 6 days rate	74.3%	85%	68.5%	-16.5%	There are facilities where mothers did not return for their 6 day check up. These facilities are in the 8 lowest performing districts and also in the rural districts which are hard to reach
	Maternal mortality in facility ratio (annualised)	132.5 per 100 000 live births	120 per 100 000 live births	119.1 per 100 000 live births	+0.9 per 100 000 live births	There is a significant improvement of 12 deaths/100,000 in 2015/16
To reduce the neonatal mortality rate to under 6 per 1000 live births	Inpatient Neonatal death rate (annualised)	12.8 per 1000 live births	10 per 1000 live births	13.1 per 1000 live births	-3.1 per 1000 live births	Indicator seems to be stagnant
To improve access to sexual and reproductive health services	Couple year protection rate	52.7%	60%	48.2% (66.8%,WHO formula)	-11.8%	Indicator calculation error. This is the first year of implementation of the strategy. The formula was changed in line with WHO guidelines
	Cervical cancer screening coverage	54.5%	60%	56.6%	-3.4%	There was a shortage of equipment. Since addressing this, the numbers of the disposable vaginal speculums increased in the fourth quarter
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	91.2%	88%	93%	+5%	Improvements are largely due to increased testing of pregnant women and initiation of those who are HIV-positive on treatment, irrespective of the CD4 cell count – in line with new guidelines introduced in 2015
	Infant 1st PCR test positive within 6 weeks rate	1.5%	1.5%	1.5%	None	None

¹ This Performance Table is presented in two tables. (i) The first Table (pages 30 to 33) presents performance on 'Consolidated Indicators'. Consolidated Indicators are those that fall within the coordinating/oversight mandate of the NDoH, for which it has no direct control in terms of outputs delivered or produced. In terms of Consolidated Indicators delivered by Provincial DoHs, the NDoH monitors performance by consolidating performance reported by all nine Provincial DoHs. (ii) The second Table (pages 34 to 35) presents performance against Programme Indicators, i.e. those for which the NDoH is directly responsible. (Source: National Treasury and Office of the Auditor-General, September 2013)

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	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	3.3%	3.20%	2.2%	+1%	Over achievement due to improved data quality management in the hospitals
	Child under 5 years pneumonia case fatality rate	New indicator-not in the APP 2014/15	3%	2.3%	+0.7%	Over achievement due to improved data quality management and controls in the hospitals
	Child under 5 years severe acute malnutrition case fatality rate	11.6%	10%	8.9%	+1.1%	Overachievement due to technical support provided to selected provinces on early identification of severe acute malnutrition
	Confirmed measles case incidence per million total population	1.19/1,000,000	< 3/1,000,000	0.22/1 000 000	None	None
	Immunisation coverage under 1 year (Annualised)	90%	≥90%	89.2%	-0.8	Most districts must have been close to target as average is very close
	Infant exclusively breastfed at HepB 3rd dose rate	New indicator-not in the APP 2014/15	≥50%	33.6%	-16.6%	The change from Hep B 3 rd to Hexavalent vaccine created challenges in recording the indicator
	DTaP-IPV/ Hib3-Measles 1 st dose drop-out rate	2.1%	≤6%	-11.8%	None	The change in the schedule and moving measles 1 st dose vaccination from 9 to 6 months created awareness of and higher demand for the measles vaccination
	Measles 2 nd dose coverage	82.8%	≥83%	84.8%	None	None
To contribute to health and wellbeing of learners by screening for health barriers to learning	School Grade 1 screening coverage (annualised)	23.2%	25%	29.2%	+4.2%	Overachievement due to additional learner screening campaign
	School Grade 8 coverage (annualised)	8.6%	10%	12.8%	+2.8%	Overachievement due to additional learner screening campaign
To protect girl learners against cervical cancer	HPV 1 st dose coverage	91.8%	80%	85.3%	+5.3%	New target in 2014, and enhanced by a campaigns
	HPV 2 nd dose coverage	New indicator-not in the APP 2014/15	80%	63.8%	-16.2%	There was a challenge with total learner denominator
Undertake a massive TB screening campaign	Client 5 years and older screened at health facilities for TB symptoms rate	New indicator-not in the APP 2014/15	50%	36.1%	-13.9%	Provinces such as Mpumalanga and North West were not routinely undertaking TB screening, although the trend is now improving, with data collection tools adjusted to streamline data flow

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Improve access to treatment	TB client 5 years and older initiated on treatment rate	New indicator-not in the APP 2014/15	85%	92.4%	+7.4%	Overachievement is due to the implementation of an appointment system for results, thus strengthening the tracking system for patients who missed appointment
	TB Rifampicin Resistant clients treatment initiation rate	New indicator-not in the APP 2014/15	80%	71.0%	-9.0%	Eastern Cape and Gauteng's performance was the lowest
Strengthen patient retention in treatment and care	TB new client treatment success rate	82.5%	83%	83.3%	+0.3%	A deviation or variation of 0.3% is not considered significant
	TB client loss to follow up rate	5.7%	5%	6.1%	-1.1%	A community-based patient tracing system is still under development
	TB client death rate	4.8%	6%	4.4%	+1.6%	Achievement shows improvement in our interventions
	TB MDR client loss to follow up rate	New indicator-not in the APP 2014/15	16%	22.3%	-6.3%	Interprovincial variations in performance and the lack of a community-based patient tracing system (which is still under development)
	TB MDR client death rate	New indicator-not in the APP 2014/15	15%	22.3%	-7.3%	Provinces that reported the highest death rates were EC (37.1%), MP (30.7%), FS (24.8%), NC (23.5%), and GP (22.2%). Only LP's performance reached target (12.4%). The introduction of new drugs, mainly bedaquiline, is expected to help improve outcomes
	TB MDR treatment success rate	48.0%	55%	47.2%	-7.8%	Provinces that significantly underperformed were EC (37.9%), NC (39.46%), FS (44.29%), WC (41.0%), MP (47.1%). The introduction of new drugs (bedaquiline) is expected to improve treatment success
TB/HIV Co-infection	TB/HIV co-infected client initiated on ART	73.7%	75%	87.5%	+12.5%	Improvement is due to successful integration of TB and HIV/AIDS services, including NIMART

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
To scale up combination of prevention interventions to reduce new infections including HCT, male medical circumcision and condom distribution	Number of client 15-49 Years tested for HIV	9 566 097	10 million	11 898 308	+1 898 308	Target overachieved due to strengthening of reporting and community based testing
	Number of medical male circumcision conducted	508 404	1 600 000	464 731 (excluding 53 399 from private sector, PEPFAR and Shemb e Church; and 51 393 Traditional medical circumcisions in the Eastern Cape)	-1 113 269	Lack of full integration of MMC into traditional practice and sub-optimal capture of implementing partners' data into the DHIS. Services of NGOs and general practitioners are not optimally used in provinces to augment the capacity of the programme
	Male Condoms Distributed	New indicator-not in the APP 2014/15	700m	839 874 751	+139 874 751	Provincial campaigns on condom promotion in KZN, WC and EC improved condom distribution and reporting
	Female Condoms Distributed	New indicator-not in the APP 2014/15	16.5m	27 005 805	+10 505 805	Provincial campaigns on condom promotion in KZN, WC and EC improved condom distribution and reporting
Increase the numbers of HIV positive people on ARVs	Total clients remaining on ART (TROA) at the end of the month	3 103 902	3.8 million	3 407 336	-392 664	In some provinces, patients have not been retained on ART

Programme Indicators:

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
	Monitor implementation of Maternal, Neonatal and Woman's health programmes using the standardised dashboard reports	New indicator-not in the APP 2014/15	Quarterly performance reports produced with feedback provided to each provincial DoH	3 quarterly performance reports sent to provinces	- 1 quarterly performance report	Quarter 4 report will be distributed in June 2016
	Develop Training manual for the implantation of Contraception and Fertility Planning (CFP) Policy	New indicator-not in the APP 2014/15	CFP policy training manual finalised, disseminated and training commenced	CFP policy training manual was finalised, disseminated electronically and training commenced with training in KwaZulu-Natal	None	None
	Develop Pharmacovigilance system for adverse events for contraceptive implants	New indicator-not in the APP 2014/15	Pharmacovigilance information system for adverse events developed and implemented in All Provincial DoH	A Pharmacovigilance system including a customized reporting tool was developed for adverse events for contraceptive implants	None	None
	Develop cervical cancer control Policy	New indicator-not in the APP 2014/15	Cervical cancer control policy Guidelines finalised and disseminated to facilities	Final draft policy was tabled for discussion at TECH-NHC	Final draft still to be approved for dissemination	Final draft policy has been tabled, and awaiting final approval
	Develop breast cancer Policy	New indicator-not in the APP 2014/15	Breast cancer policy guidelines developed and disseminated to facilities	Final draft policy was developed and presented to TECH-NHC	Final draft still to be approved for dissemination	Final draft policy has been tabled, and awaiting final approval
	Develop 9 provincial reports to track progress on the eliminations of mother-to-child transmission of HIV	New indicator-not in the APP 2014/15	9 Provincial visits conducted and reports with recommendations produced	Seven provincial stocktaking workshops held on elimination of mother-to-child transmission of HIV	-2 provinces	2 provinces to be completed in the next year
	Develop and implement the HIV Counselling and Testing (HCT) policy	New indicator-not in the APP 2014/15	HCT policy finalised and approved	HCT policy finalised and adopted by NHC	None	None
	Monitor implementation of the HIV and AIDS Programme	New indicator-not in the APP 2014/15	4 Quarterly reports produced	3 quarterly reports produced	-1 report	One report was not produced due to late availability of complete DHIS data
	Develop and implement HIV prevention strategy	New indicator-not in the APP 2014/15	Strategy Developed and Approved and produce 9 provincial reports on its implementation	HIV prevention strategy adopted by NHC	None	None
	Develop and implement adherence guidelines	New indicator-not in the APP 2014/15	Guidelines developed and approved and produce 9 provincial reports on its implementation	Final Adherence Guidelines presented to NHC Technical committee	Awaiting NHC approval	Final draft to be approved by NHC
	Facilitate development of district plans to support NDoH male and female condom distribution strategy	New indicator-not in the APP 2014/15	52 district distribution plans for male and female condoms developed and implemented with 9 provincial progress reports	44 district plans developed	-8	8 plans to be completed in next financial year.

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
	Monitor the implementation of the HIV and AIDS Conditional grant	New indicator-not in the APP 2014/15	4 x Quarterly HIV conditional grant reports within the required timeframe produced Annual HIV Conditional Grant Report produced	4 Quarter HIV conditional grant report produced and submitted	None	None
	Develop and Distribute EPI Disease Surveillance Manual	New indicator-not in the APP 2014/15	EPI Disease Surveillance Manual developed, printed, distributed and implemented with 9 provincial progress reports produced	Manual was developed, printed distributed	9 provincial progress reports not produced	Provincial progress reports will be produced in 2016
	Develop and Distribute EPI Cold Chain Manual	New indicator-not in the APP 2014/15	EPI Cold Chain Manual developed, printed and distributed to 9 Provincial DoH with 9 province progress reports produced	EPI Cold Chain Manual developed, printed and distributed to 9 Provincial DoH	None	None
	Convene quarterly meetings of Ministers Polio Committees	New indicator-not in the APP 2014/15	One Ministerial Polio committee meeting convened per quarter, and Annual Report produced	All quarterly Ministerial committee meetings were convened	None	None
	Develop and Distribute Guidelines for the management of common childhood illness in district hospitals printed and disseminated	New indicator-not in the APP 2014/15	Guidelines printed and disseminated to all district hospitals	Guidelines printed and guideline dissemination workshop held.	None	None
	Convene Morbidity and Mortality in Children under 5 years (CoMMiC) quarterly meeting	New indicator-not in the APP 2014/15	4 Quarterly CoMMiC meetings convened	4 Quarterly CoMMiC meetings were convened	None	None
	Develop Adolescent and Youth health policy and implementation guidelines	New indicator-not in the APP 2014/15	Adolescent and Youth health policy and guidelines finalised, printed and distributed	Final Adolescent and Youth health policy and guidelines approved by NHC with recommendations	Policy and guidelines not printed	Preparations for printing underway
	Monitor implementation of child health programmes using the standardised dashboard reports	New indicator-not in the APP 2014/15	Quarterly report developed and implementation feedback provided	Quarterly report was developed and implementation feedback was provided	None	None
	Percentage of inmates screened for TB annually	New indicator-not in the APP 2014/15	75%	215.4% (348,946/161,984)	+140.42%	Screening of inmates is done on admission; during every encounter with a nurse; at six months intervals and on release leading to duplicate counting
	Percentage of mines providing routine TB screening*	New indicator-not in the APP 2014/15	60%	97.3% (215/221)	+37.3%	Better adherence by mines following the employment of inspectors
	Number of community members in 6 Peri mining districts screened for TB	New indicator-not in the APP 2014/15	462,000	183 631	-278,369	Performance on the indicator is linked to a 3 year grant provided by the Global Fund

* controlled mines were used as a denominator

Strategy to overcome areas of under performance

Implementation of the adherence strategy will aim to assist in retention of patients on treatment. Based on the 2015/16 performance on male medical circumcision, the target for 2016/17 financial year has been realistically determined. Country operational plan and district level micro plans. These plans include a demand creation

strategy to address social mobilisation at local level by employing social mobilisation teams.

Changes to planned targets

None.

Linking performance with budgets

Sub-programmes	2015/2016			2014/2015		
	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
Programme Management	5 388	5 388	-	4 278	4 225	53
HIV and AIDS	14 064 158	13 962 474	101 684	12 786 142	12 782 033	4 109
Tuberculosis	22 989	20 094	2 895	23 455	21 783	1 672
Women's Maternal & Rep health	13 717	13 717	-	14 589	12 422	10 748
Child, youth & School Health	218 608	177 328	41 280	218 195	207 447	10 748
TOTAL	14 324 860	14 179 001	145 859	13 046 659	13 027 910	18 749

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, and nutrition.

There are six budget sub-programmes:

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

The **District Health Services sub-programme** The District Health System (DHS) is the vehicle for the delivery of primary health care services. The sub-programme is therefore central to supporting the efficiency and effectiveness of the health system. The National Health Act (61 of 2003) makes provision for the establishment of health districts and the organisation and delivery of services within the DHS. The Department needs functioning district health management offices to manage the primary health care facilities such that they meet the standards of the Office of Health Standards Compliance (OHSC) as well as achieve their key population health indicators. The country has 3 760 primary health care (PHC) facilities (different categories of clinics, community health centers and district hospitals). Over the financial year under review, this sub-programme collaborated with other programmes within the National Department of Health, other government departments, development partners, and private sector and civil society organisations to ensure that weaknesses within the DHS are addressed over this term. These activities included:

- improving district governance and strengthening leadership and management of the district health system through establishment of District Health Authorities;
- improving the governance of primary health care facilities;
- facilitating the establishment of a service delivery platform for provision of primary health care services within the District Health System; and
- improving the integration of services at all levels of the health system and between private sector and other government departments to address the social determinants of health and organise health services in the community and in primary health care facilities optimally to meet the OHSC standards and to achieve targets set for population health outcomes.

The **Environmental and Port Health services sub-programme:** Environmental Health is at the heart of public health intervention for the health sector to lead the implementation of public awareness, health promotion and disease prevention, and surveillance and inspection of both private and public premises.

The first Municipality Audit was conducted to assess compliance with the gazetted National Environmental Health Norms and Standards. The norms and standards are designed to improve the delivery of environmental health services in the country. A total of 39 municipalities

participated in this audit, of which 20 municipalities were found to be meeting the National Environmental Health Norms and Standards.

The National Hand-Washing Hygiene Strategy was finalised and approved. The roll-out of the national hand-washing campaign was launched at Reimoltswe Primary School in collaboration with Department of Basic Education and Department of Water and Sanitation. The Global Hand-Washing day was also commemorated on 15 October 2015 in Soweto, in collaboration with Department of Water and Sanitation and Unilever South Africa.

As of 1 April 2015, Port Health Services have been successfully transferred from the Provincial Departments of Health to the National Department of Health in line with provisions of the National Health Amendment Act (12 of 2013) which assigns the responsibility of facilitating and promoting the provision of Port Health Services to the National Department of Health.

The Regulations Relating to Health Care Waste Management in Health Establishments were approved by the Minister on 13 May 2015. The Regulations cover various aspects of health care waste and are applicable to both private and public health establishments but exclude radioactive, electronic and animal wastes. The Department is actively participating in the Intergovernmental Committee on Climate Change and other technical multi-stakeholder committees to discuss and report on matters that need intersectoral collaboration and ongoing progress of work programmes for climate change adaptation in the health sector. A total of 216 environmental health practitioners attended the pesticides/chemicals management training workshops held in Limpopo, North West and Northern Cape Provinces.

The **Health Promotion sub-programme:** Optimal health promotion and disease prevention is essential to the success of PHC. Recognising South Africa's quadruple burden of disease, over the next five years this sub-programme will improve health promotion strategies focusing on South Africa's burden of disease and reduce risk factors for non-communicable diseases (NCDs) by designing and implementing a mass mobilisation strategy focusing on healthy options. The sub-programme has further identified the need to strengthen the control programme. To achieve this, the Tobacco Products Control Act is being amended to tighten loopholes and address key issues pertaining to tobacco control in accordance with the WHO Framework Convention on Tobacco Control.

The **Nutrition sub-programme:** In South Africa, malnutrition is manifested in both undernutrition and overnutrition. This paradox of over and undernutrition, as well as the range of micronutrient deficiencies of public health significance, require complementary strategies and an integrated approach to ensure optimal nutrition for all South Africans. The situation is further complicated by the many causes of malnutrition, which could be direct factors such as inadequate food intake, or underlying factors such as household food insecurity or even basic factors such as a lack of resources. Improving nutrition is thus an ethical imperative, a sound economic investment and a key element of health care at all levels. In the next five years, the focus will be on the prevention and management of obesity. This will require collaboration from stakeholders in other government departments, civil society and

the food industry to create an enabling environment to curb the prevalence of obesity in 2020 by 10%. In the 2015/16 financial year, attention was paid to promoting healthy eating in the workplace and in Early Development Centres. In preparation for National Health Insurance (NHI), attention was also given to improving the quality of nutrition services in hospitals through the development of clinical nutrition guidelines.

The Non-communicable Diseases sub-programme: The 2030 Agenda for Sustainable Development recognises the huge impact of NCDs worldwide, with a target set to reduce premature deaths from NCDs by one-third by 2030 (SDG target 3.4). Premature deaths from NCDs are particularly high in poorer countries, with around 80% of such deaths occurring in low- and middle-income countries. Globally, deaths due to NCDs are projected to increase by 17% over the next 10 years, but the greatest increase (24%) is expected in the African region. Around 40% of deaths and 33% of the burden of disease in South Africa are attributable to NCDs. It is estimated by the World Health Organization that the probability of premature mortality from NCDs in South Africa is 27%. Reducing non-communicable diseases and premature mortality requires a combination of redressing social determinants (a number which falls beyond the responsibility of the Health Department), promotion of good health through improved diet, increased physical activity, stopping tobacco use and reducing alcohol-related harm, increasing early diagnosis and treatment, and improved management and control of NCDs – including greater accessibility to services. Our strategies in this reporting year and for the coming years prioritise tackling each of these elements.

In managing NCDs, we must also focus on disability. If not attended to appropriately, disability has implications for the optimal functioning of people, preventing them gainful employment and/or financial independence. This situation exacerbates the risk of out-of-pocket expenditure, impacting negatively on the development of individuals, families and communities.

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, explaining 18.6% of total DALYs for people aged 15 to 49 years, and hence having a critical

impact on social and economic development. Evidence is increasing for both the effectiveness and cost-benefit of mental health interventions, including large benefits in treating depression and anxiety. We are focusing efforts on early identification of mental disorders and putting greater emphasis on district-based mental health care and the inclusion of mental health within general health services wherever possible.

During 2015/16, this sub-programme continued its focus on the reduction of risk factors for NCDs, 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. The sub-programme is also expanding services to prevent disability through co-ordinated multidisciplinary rehabilitation services. The sub-programme is also collaborating with other sectors to increase public awareness regarding mental health, reduce the stigma and discrimination associated with mental illness and scale up decentralised integrated primary mental health services, which include community-based care, PHC clinic care, and district hospital-level care.

The Communicable Disease Control sub-programme: Communicable diseases are major causes of morbidity and mortality, and life expectancy will increase through effectively addressing these conditions. Communicable diseases are therefore central to obtaining the Department's vision of a long and healthy life for all South Africans.

In 2015/16, this sub-programme strengthened disease detection through improved surveillance, strengthening preparedness and core response capacities for public health emergencies in line with related International Health Regulations, facilitating implementation of both the Influenza prevention and control and the Neglected Tropical Disease prevention and control programmes, and the elimination of malaria. South Africa was presented with the African Leaders Malaria Alliance (ALMA) award for achieving the malaria goal of the Millennium Development Goals at the ALMA meeting for Heads of State and Government of the African Union in January 2016. A 24 hour reporting system for malaria was established in 2015/16 and is fully functional in five districts.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Improve district governance and strengthen management and leadership of the district health system	Number of districts with uniform management structures	The Workload Indicators of Staffing Need (WISN) process and normative guidelines for PHC facilities have been completed	15 districts with uniform management structures	The draft District Health Management Office structure and job profiles was finalised	-15 districts with uniform management structures	A review of the recommendations on draft District Health Management Office (DHMO) structures and job profiles is required before submission to the TECH-NHC
	Number of primary health care facilities with functional clinic committees	The implementation plan forms part of the approved Ideal Clinic scale-up plan. The M&E component of the Ideal Clinic software includes measures for the functionality of clinic committees	1 000 health care facilities with functional clinic committees	1 588 health care facilities with functional clinic committees	+588	Efforts were increased to ensure that clinic committees are established and functional as this one of the requirements for qualifying for Ideal Clinic status, as well as appointment of committee members through local authority mechanisms
Improve access to community based PHC services	Number of functional WBPHCOTs	1 748 functional WBPHCOTs	2 000 functional WBPHCOTs	2 590 functional WBPHCOTs	+590	Efforts were increased to ensure that activities performed by WBPHCOTs are captured on the District Health Information System (DHIS)
Improve quality of services at primary health care facilities	Number of primary health care clinics in the 52 districts that qualify as ideal Clinics	The roll-out plan has been approved and costed. The NHC pledged the resources required to scale up all clinics to Ideal Clinic status within the next three years	500 primary health care facilities in the 52 districts qualify as Ideal Clinics	322 facilities qualifying as Ideal clinics	-178	Delays in supply chain management resulted in late procurement of required infrastructure and equipment, and shortages in human resources

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
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	Environmental Health Strategy developed	20 municipalities 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.	None	None
	Hand hygiene campaign rolled out in all 9 (nine) provinces	New Indicator-not in the APP 2014/15	A national hand hygiene strategy developed	National Hand Hygiene Behaviour Change Strategy developed and finalised	None	None
	Health Care Risk Waste Management regulations developed	Health Care Risk Waste Management Regulations finalised	Health Care Risk Waste Management Regulations finalised and tools for audit implementation developed	Health Care Risk Waste Management Regulations finalised and tools for audit implementation developed	None	None
Establish a National Health Commission to address the social determinants of health	National Health Commission established	The Department collaborates with other government departments on a range of matters affecting social determinants of health. The establishment of the formal forum will be guided by the National Health Commission	Operating framework for National Health Commission developed	Operating framework for National Health Commission developed	None	None
Reduce risk factors and improve management for Non-Communicable Diseases (NCDs) by implementing the Strategic Plan for NCDs 2012 - 2017	Number of National government Departments orientated on the National guide for healthy meal provision in the workplace	New Indicator-not in the APP 2014/15	20 national departments orientated on the National Guide for Health Meal Provision in the Workplace	28 national departments and two parastatals were orientated on the National Guide for Healthy Meal Provision in the Workplace	+8 national departments and two parastatals	Overachievement was due to the fact that more departments than the targeted 20 departments responded positively to invitations
	Regulations relating to Labeling and packaging of tobacco products and smoking in indoor and outdoor public places developed	New Indicator-not in the APP 2014/15	Tobacco Act amended	Memorandum of Objects for New Tobacco Products Bill prepared and submitted to State Law Advisors	Act not amended	Process ongoing to make proposed amendments to the Tobacco Act
	Number of people screened for high blood pressure as part of comprehensive health screening	169 418 people counselled and screened	8 million people screened for high blood pressure	19 749 960 people screened for high blood pressure	+10 749 960	Recording of screening in the Rationalised Register and DHIS not only ensured that all screenings were included but also encouraged additional screening to be done. It is also likely that some cases of people already diagnosed were included in the DHIS

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
	Number of people screened for raised blood glucose levels as part of comprehensive health screening	147 562 people counselled and screened	8 million people screened for raised blood glucose levels	12 268 202 people screened for raised blood glucose levels	+4 268 202	Recording of screening in the Rationalised Register and DHIS not only ensured that all screenings were included but also encouraged additional screening to be done. It is also likely that some cases of people already diagnosed were included in the DHIS
	Random Monitoring of salt content in foodstuffs conducted	New Indicator-not in the APP 2014/15	Random samples from each of 13 regulated food categories tested and reported on, and corrective action taken	Chemicals were purchased and laboratory is ready for testing	No testing conducted	The ordering of chemicals for testing salt content in foods was done in good time, but shipping delays caused this target to be missed
	Awareness on health risks related to alcohol, excessive salt intake, excessive sugar intake and physical inactivity	New Indicator-not in the APP 2014/15	Content of campaign finalised and prepared for implementation	Content for healthy lifestyle practices was developed and implemented	None	None
Improve access to and quality of mental health services in South Africa	Percentage people screened for mental disorders	Data elements for screening included in the DHIS for 2015/16 to establish baseline	28 % of 16.5% (prevalence) people screened for mental disorders	57% of 16.5% of uninsured population (4 085 578) were screened for mental disorders	+29%	Recording of screening in the DHIS not only ensured that all screenings were included but also encouraged additional screening to be done
	Percentage people treated for mental disorders	Data elements for treatment included in the DHIS for 2015/16 to establish baseline	28 % of 16.5% (prevalence) people treated for mental disorders	31% of 16.5% of uninsured population (2 226 768) were treated for mental disorders	+4%	Concerted efforts were made by provincial authorities to ensure that mental health treatment was provided
	Percentage of mental health inpatient units attached to designated district and regional hospitals	New Indicator-not in the APP 2014/15	16% of mental health inpatient units attached to designated district and regional hospitals	16% of mental health inpatient units were attached to designated district and regional hospitals	None	None
	Mental health teams established in each district	New Indicator-not in the APP 2014/15	Strategy for establishment of specialist mental health teams approved by the TECH-NHC	The strategy for establishment of specialist mental health teams was approved by the TECH-NHC	None	None
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	Model in final draft stage	Resources allocated for the approved Framework and Model	A study was commissioned to determine the readiness of districts (including financial readiness) to implement the Framework and Model	Framework and Model for Rehabilitation and Disability Services not resourced	Awaiting results

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Prevent avoidable blindness	Cataract Surgery Rate	985 operations per million un-insured population	1 500 operations per million un-insured population	1 064 operations per million population (45 112 operations) were conducted	-436 operations per million	A number of provinces do not have sufficient human resources to conduct cataract surgery. Problems were also experienced with availability of theatre time and equipment
Eliminate Malaria by 2018, so that there is zero local cases of malaria in South Africa	Malaria Incidence per 1000 population at risk	0.82 malaria cases per 1 000 population at risk	0.2 malaria cases per 1 000 population at risk	0.15 malaria cases per 1 000 population at risk	+0.05 malaria cases per 1 000 population at risk	A combination of factors ensured this success, including enhanced targeted spraying, community mobilisation on malaria, and training of healthcare workers on diagnosis and treatment of malaria
	Number of districts targeted for malaria elimination reporting malaria cases within 24 hours of diagnosis	1 malaria-targeted district	5 malaria-targeted districts reporting malaria cases within 24 hours of diagnosis	5 districts reporting malaria cases within 24 hours of diagnosis	None	None
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 diseases outbreaks	New Indicator-not in the APP 2014/15	9 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	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	837 845 high-risk individuals vaccinated against seasonal influenza	800 000 high-risk individuals covered with seasonal influenza vaccination	820 390 high-risk individuals were vaccinated against seasonal influenza	+20 390 individuals more than the target	The target was exceeded because of strong emphasis by the national and provincial teams
Establish a coordinated disease surveillance system for Notifiable Medical Conditions (NMC)	A strategy and plan for the integration of disease surveillance systems for NMC developed and Implemented	Draft strategy was developed	Strategy for the Integration of Disease Surveillance Systems for NMC approved and implementation plans developed	Strategy for the Integration of Disease Surveillance Systems for NMC was developed and implemented	None	None
Conduct Annual National HIV Antenatal Prevalence Survey	Annual National HIV Antenatal Prevalence Survey conducted	2013 National Antenatal HIV Prevalence Report produced	2014 National Antenatal HIV Prevalence Report produced	A draft 2014 National Antenatal HIV Prevalence Report was produced	The document is still in draft form	Delays in execution and writing of the survey report

Strategy to overcome areas of under performance

The implementation of the Policy Framework and Strategy for Rehabilitation and Disability requires detailed analysis of the readiness of districts to implement it and a full costing prior to the allocation of resources and therefore a change in approach was adopted. This change was required to avoid disorganised expenditure and service delivery. A strategy to improve cataract surgery service delivery was

developed and presented to provinces for consideration. A costing of the strategy will be done prior to implementation. The testing of salt content in foods will be done in the 2016/17 financial year.

Changes to planned targets

None.

Linking performance with budgets

Sub-programmes	2015/2016			2014/2015		
	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
Programme Management	3 245	3 245	-	2 923	2 834	89
District health services	10 864	9 784	1 080	26 827	23 366	3 444
Communicable diseases	21 133	21 133	-	23 710	25 282	1 572
Non-communicable diseases	22 150	20 562	1 588	25 720	25 282	438
Health promotion and nutrition	22 107	22 107	-	21 235	18 353	2 882
Environmental and Port Health Services	135 740	135 740	-	6 740	6 730	10
TOTAL	215 239	212 571	2 668	107 155	102 355	4 800

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, and train health professionals to ensure that the planning of health infrastructure meets 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 the attainment of desired health outputs.

There are five budget sub-programmes:

- Hospitals and Tertiary Health Services
- Trauma, Violence, EMS 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 and policies that guide the management of and service standards in hospitals as well as ensure the production of appropriate numbers, staff mix and appropriately qualified health professionals.

The **Trauma, Violence, Emergency Medical Services 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 publication for public comment. 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.

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 by co-ordinating the three core areas of nursing, including education regulation and practice. This sub-programme is responsible for the promotion and maintenance of a high standard and quality of nursing and midwifery by ensuring that nursing education and training is harmonised with population health needs and are commensurate with the related competency framework, by providing guidance on the production of sufficient numbers and the 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 into 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 is funding infrastructure projects ranging from new and replaced facilities; upgrades and additions; refurbishment, rehabilitation and renovations, to maintenance and repairs. At the end of 2015/16, out of a total of 1 453 infrastructure projects at 898 facilities, 34% are in the construction stage, 28% are in the pre-implementation stage, and 38% are in the final completion stage.

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 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
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 full delegated authority	0	10 central hospitals with full delegated authority	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	No central hospitals have been granted full delegated authority	The assessment recommended that there was a need to review the current structure before delegation can be given. The approved structure will be among aspects that will guide the process
Ensure equitable access to tertiary service through implementation of the National Tertiary services plan	Number of gazetted Tertiary hospitals providing the full package of Tertiary 1 Services	3	4 additional tertiary hospitals (Pietersburg, Frere, Kimberley and Ngwelezana) providing the full package of Tertiary 1 services	0	4 hospitals could not provide the full package of Tertiary 1 services	Availability of sub-specialists. Pietersburg provided about 69.4%, Frere provided about 67%, Kimberley provided about 94% and Ngwelezana Hospital provided about 41.6 % of the full package (36) Tertiary 1 services
Ensure quality health care by improving compliance with National Core Standards at all Central, Tertiary, Regional and Specialised Hospitals	Number of Hospitals that comply fully with the National Core Standards	1 targeted Central hospital fully complied with the National Core Standards namely: Steve Biko at 96%	Full compliance with the National Core Standards in 8 Central hospitals and 5 Tertiary Hospitals	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	12 hospitals obtained overall scores in the range of 47% to 76%	Compliance with standards that are dependent on improving infrastructure has a longer lead time
Develop and implement health workforce staffing norms and standards	Develop guidelines for HRH norms and standards using the WISN methodology	Staffing norms and standards for Clinics and CHCs developed. Implementation guideline developed	Guidelines for HRH Norms for District and specialised hospitals developed.	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	Guidelines not yet completely developed	Auditing of services and activities and consensus building are precursors to guideline development. Their completion was impeded by lack of availability of resources
			Tertiary, Regional and Central Hospital managers oriented on the WISN tool and methodology	Tertiary, Regional and Central Hospital managers were oriented on WISN tool & methodology	None	None
	Number of facilities benchmarked against PHC staffing normative guides	New Indicator-not in the APP 2014/15	1 000	1 000	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Professionalise Nursing Training and Practice through implementation of the objectives of the Nursing Strategy	Public Nursing colleges offering new Nursing programmes (in line with National Qualifications Framework)	0	A national policy for nursing education developed in the context of bedside training	A National Policy for Nursing Education and Training was developed and presented to National Health Council	None	None
	Develop a Nursing and midwifery educators' training and development programme	New Indicator-not in the APP 2014/15	A Nursing and midwifery educators' training and development programme developed	A Programme/ curriculum for capacity development for nursing and midwifery educators was developed	None	None
	Develop a standardised Nursing leadership structure for Provincial DoH	New Indicator-not in the APP 2014/15	A provincial Nursing structures to give authority over nursing and midwifery services tabled at NHC	A draft provincial Nursing structures to give authority over nursing and midwifery services presented to the National Human Resources Committee	Draft structures not tabled to NHC	Costing of the proposed structures is underway
Improve the quality of health infrastructure in South Africa	Number of facilities maintained, repaired and/or refurbished in NHI Districts	New Indicator-not in the APP 2014/15	198 facilities	198 facilities (117 facilities maintained, repaired and/or refurbished; and 81 facilities upgraded as part of maintenance programme)	None	None
	Number of facilities maintained, repaired and/or refurbished outside NHI pilot Districts	New Indicator-not in the APP 2014/15	310 facilities	217 facilities maintained, repaired and/or refurbished	- 93 facilities	Bottlenecks were experienced during the execution of key infrastructure activities
	Number of clinics and Community Health Centres constructed or revitalised	New Indicator-not in the APP 2014/15	35	49 clinics and CHC's constructed and revitalised	+ 14 clinics and CHCs	More clinics and CHCs were completed than anticipated
	Number of hospitals constructed or revitalised	New Indicator-not in the APP 2014/15	2	1 Hospital completed	-1 hospital	One hospital was completed outside the period under review
	Number of new facilities that comply with gazetted infrastructure Norms & Standards	New Indicator-not in the APP 2014/15	37 new facilities	78 doctor consulting rooms constructed and comply	+41 facilities	More compliance was achieved than anticipated
Strengthen the Monitoring of Infrastructure projects	Develop an Infrastructure Monitoring System	New Indicator-not in the APP 2014/15	Infrastructure Monitoring System fully developed and tabled at NHC	An Infrastructure Monitoring System was developed	None	None
Ensure access to and efficient delivery of quality Emergency Medical Services (EMS)	Number of provinces that are compliant with the EMS regulations	New Indicator-not in the APP 2014/15	EMS Regulations and compliance checklist gazetted for implementation	EMS Regulations were published on 9 May 2015. The regulations were revised to incorporate all the stakeholder inputs and the missing Annexures	EMS regulations gazetted without compliance checklist	Some inputs received from interested parties were missed during the finalisation of the regulations. The final regulations were also gazetted without annexures

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Eliminate the backlog of blood alcohol and toxicology tests by 2016	Number of Blood Alcohol reports produced	New Indicator-not in the APP 2014/15	120 000	98 250	-21 750	The JHB Laboratory receives a high number of samples from its current catchment area plus samples from outside its area
	Number of Toxicology reports produced	New Indicator-not in the APP 2014/15	4 500	3 361	-1 139	Delays in the processing of reports due to less numbers of toxicology analysts per search station
Provide food analysis services	Number of food tests performed	New Indicator-not in the APP 2014/15	4 000	16 140	+12 140	Additional interns were employed and the improved turnaround of equipment and availability of consumables
Improve the management of health facilities at all levels of care through the Health Leadership and Management Academy	Establish a coaching mentoring and training programme for health managers	New Indicator-not in the APP 2014/15	Coaching mentoring and training programme developed and piloted	The Coaching mentoring and training programme has been developed and preparations for implementation done	Piloting not done	Implementation is dependent on a robust monitoring system that is part of the Knowledge Management Hub that took longer than anticipated to finalise
	Develop a knowledge hub which includes a web based interactive information system	New Indicator-not in the APP 2014/15	Framework for a knowledge hub developed and approved	Framework for knowledge hub developed and approved	None	None.
	Publish Policy on education and training of EMS Personnel published for implementation	New Indicator-not in the APP 2014/15	Policy on education and training of EMS Personnel published	Policy approved by NHC Tech. Final consultation with DHET undertaken	Policy not published	The delay was due to time required for technical and legal inputs
	Develop regulations for Emergency Care Centres	New Indicator-not in the APP 2014/15	Regulations on Emergency Care Centres Drafted	Regulations on Emergency Centres drafted	None	None
	Publish Regulations for EMS in Mass Gatherings	New Indicator-not in the APP 2014/15	EMS in mass gatherings published for public comment and implementation	EMS in mass gatherings published for public comment	Implementation delayed	All comments are being considered. Regulations to be submitted for promulgation in first quarter

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
	Develop a monitoring system to effectively measure turnaround time of tests conducted at Forensic Chemistry Laboratories	New Indicator-not in the APP 2014/15	A standardised workflow and monitoring system developed for all 3 tests and implemented at 4 forensic chemistry laboratories	Monitoring System Developed	None	None
	Regulations for the Rendering of Forensic Pathology Services promulgated	New Indicator-not in the APP 2014/15	Regulations on for the Rendering of Forensic Pathology Services reviewed and published for public comment	Regulations reviewed and circulated for final perusal to members of the National Forensic Pathology Services Committee (NFPSC)	Regulations not published for public comment	The NFPSC has not finalised its final inputs
	Publish Scope of Practice Guidelines for the rendering of Forensic Pathology Services	New Indicator-not in the APP 2014/15	Review and Finalise the Scope of Practice Guidelines for the rendering of Forensic Pathology Services and Publish for Implementation	Scope of Practice Guidelines reviewed and circulated for final input by the all NFPSC members	Scope of Practice Guidelines were not finalised	The National Forensic Pathology Services Committee has not finalised its inputs
	Number of Health Facilities that are designated to render services for the management of sexual and related offences	New Indicator-not in the APP 2014/15	60 additional facilities designated	Total 38 facilities achieved for designation	-22 facilities	Some of the facilities to be designated not finalised
	Number of Regional Training Centre (RTC) established	4 RTCs established and functional	5 RTCs established	5 RTCs established	None	None

Strategy to overcome areas of under performance

The boundaries for blood alcohol will be reviewed to redefine the catchment areas that will relieve the pressure experienced by the Johannesburg Forensic Chemistry Laboratory. Regulations for the Rendering of Forensic Pathology Services will be submitted for promulgation in the first quarter of the 2016/17 financial year. The Scope of Practice Guidelines for the rendering of Forensic Pathology Services will be submitted for publishing in the first quarter of 2016/17 financial year. Letters were written to Provincial Heads to fast-track identification of the facilities.

In addition to facilitating the development of staffing norms and standards for the district and specialised hospitals, the sub-programme will mobilise resources from partner organisations to support the work at both national and provincial level.

Changes to planned targets

None.

Linking performance with budgets

Sub-programmes	2015/2016			2014/2015		
	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
Programme Management	3 738	3 738	-	4 200	4 191	9
Health facilities infrastructure management	6 093 069	6 092 904	165	6 124 260	5 807 616	316 646
Tertiary health care planning and policy	10 384 335	10 384 336	(1)	10 172 305	10 172 223	82
Hospital management	4 771	4 771	-	4 672	4 583	89
Human resources for health	2 449 047	2 448 222	825	2 380 929	2 380 818	111
Nursing services	4 230	4 229	1	2 656	2 563	93
Forensic Chemistry Laboratories	112 959	112 764	195	119 831	110 056	9 775
Trauma, Violence, EMS and Pathology Medical Services*	5 316	5 315	1	-	-	-
TOTAL	19 057 465	19 056 279	1 186	18 808 853	18 482 048	326 805

*2014/15 allocation for EMS was with Programme4

2.4.6 Programme 6: Health Regulation and Compliance Management

Purpose: Regulate the sale of medicines, health technology and food. Promote accountability and compliance by Statutory Health Councils and Public Entities to legislative requirements. To diagnose mineworkers affected by occupation related cardio-pulmonary disease.

There are three budget sub-programmes:

- Food Control Pharmaceutical Trade and Product Regulation
- Compensation Commissioner for Occupational Diseases and Occupational Health
- 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 respect to Food Control, the sub-programme is responsible for developing safety standards, monitoring compliance thereto 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. During 2015–2016, regulations relating to cosmetics, medical devices and in vitro diagnostics were developed. Legislation establishing the South African Health Products Regulatory Authority (SAHPRA) has been passed by Parliament and approved by the President.

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, reducing the turnaround period in settling claims, amending the Occupational Diseases in Mines and Works Act (78 of 1973), and improving governance, internal controls and relationships with stakeholders.

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 is concerned with 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, certain provisions of the Public Finance Management Act (PFMA) (1 of 1999) as amended, and in conjunction with the principles contained in the King III Report on Corporate Governance as well as other relevant policies and legislative prescripts.

Exercising of oversight by the sub-programme includes facilitation and support of the strategic planning, financial and non-financial reporting, budgeting, compliance and governance processes and procedures of the public entities and statutory health professional councils as legislated. The sub-programme is also responsible for transferring allocations to the respective public entities, as well as the facilitation of the processing of regulations. Several Regulations were published for public comment and some were promulgated into law during the 2015/16 financial year.

The sub-programme also supported the functionality of the Forum of Statutory Health Professional Councils. This Forum, in which all the statutory health professional councils are represented, is established in terms of section 50 of the National Health Act (61 of 2003).

In an attempt to ascertain whether or not the health public entities and statutory professional health councils are equipped to execute their functions, and that there are minimum policies and systems in place to ensure optimal performance as well as adherence to legislative prescripts and the principles of good corporate governance at a minimum, a template to determine the level of functionality in each health public entity and statutory professional health council was developed and implemented.

In line with the King III Report on Corporate Governance, a self-assessment tool for board/council members was developed and implemented. The board/council assessment will be undertaken annually and will lead to an understanding of the accounting authorities' responsibilities relating to compliance, accountability, financial oversight, and ultimately, setting direction for the organisation. Furthermore, it is expected that the assessment will provide the framework for setting priorities that will maintain the board's strengths as well as address areas in need of improvement. It is important that the Ministry of Health is sensitised on the performance of each board/council in the Ministry's jurisdiction. This is to ensure that the Minister's oversight role is strengthened, and that gaps such as a need to change board structure, or training needs, are identified.

For the period under review, the Minister appointed the following new Councils/Boards:

- a) The Health Professions Council of South Africa (HPCSA): The new Council was appointed for the new five-year term of office effective from 1 October 2015 to 30 September 2020. Additionally 12 Professional Boards were appointed.
- b) The National Health Laboratory Service (NHLS): The Minister appointed members to the NHLS Board for a new three-year term of office.
- c) The Minister has extended the term of office of the Interim Traditional Health Practitioners Council of South Africa (ITHPCSA) by a further 24 months.

In the past few years, the National Health Laboratory Service has experienced governance and operational challenges; accordingly the Executive Authority appointed an Interim Management Team to oversee the necessary operational reforms within the NHLS as well as to bring about stability in human resources and finances.

Strategic objectives, performance indicators, planned targets and actual achievements

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
Establish the South African Health Product Regulatory Authority (SAHPRA)	Establish SAHPRA as a public entity	Medicines and Related Substances Amendment Bill 6 of 2014 making provision for SAHPRA discussed by Health Portfolio Committee and stakeholders	SAHPRA Act (Bill 6 of 2014) promulgated and transitional plan from MCC to SAHPRA developed	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	None	None
Establish Institute of Regulatory Science (IRS)	Institute of Regulatory Science (IRS) providing training	New Indicator-not in the APP 2014/15	Project team appointed with business plan drafted and approved	The IRS project team was appointed and the business plan was finalised	None	None
Develop the policy and legislative framework for occupational health	Review occupational health legislative framework	Governance structures were enhanced and functioning	Draft amendments to the Occupational Diseases in Mines and Works Act (78 of 1973) and the Occupational Health Framework	Draft amendments were developed in line with policy on integration of compensation systems	None	None
Establish an occupational health cluster	Occupational health cluster established and functional	One occupational health service facility established in Eastern Cape and Gauteng provinces	Consultation on discussion document and approval of structure, organogram and activities of the occupational health cluster by NHC	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	None	None
Provide occupational health and compensation services through the development of One Stop Service centres in provinces	Number of provinces with One Stop Service Centres to deliver occupational health and compensation services	Occupational Services established in the Eastern Cape and Gauteng provinces	One-stop service centre for occupational health and compensation services in one health facility in Northern Cape and Limpopo established	Local organising committees have been set up in the two districts to support the process of setting up the one-stop service centres	One-stop service centres not functional	No donor funding made available for establishment of one-stop service centres
Establish the National Public Health Institutes of South Africa (NAPHISA) for disease and injury surveillance	Develop legal framework to establish National Public Health Institutes of South Africa (NAPHISA)	Conceptual framework document and business case for NAPHISA developed	Gazetted legislation on NAPHISA	Legislation on NAPHISA was gazetted	None	None

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
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) and also respond to health sector priorities	The Public Entities and Statutory Health Professional Councils Governance structures were fully functional throughout the reporting period	Four public health entities and six statutory health professional councils fully functional and compliant to good governance practices	Four public health entities' and six statutory health professional councils' functionality reports were compiled to review compliance with good corporate governance practices	None	None
	Develop and implement a performance management system for board members	Governance Framework and implementation plan developed	A standardised performance management system for board members developed and piloted	A standardised performance management system for board members was developed and implemented	None	None
	Regulate Medical Devices, In vitro Diagnostics, cosmetics and expand on regulation of Complementary medicines (CAMS)	Medical Devices & IVDs: Published Guidelines and proposed legislation in November 2014 for stakeholder comments deadline 2015. CAMS: published proposed definition for complementary medicine and guidelines on Vitamins & Minerals. 10 CAMS applications under review	Promulgate Regulations for medical devices and IVDs and call up high-risk medical devices and IVDs	Proposed Regulations for medical devices and IVDs and call-up of high-risk medical devices and IVDs were finalised	Regulations awaiting publication for implementation	Additional review and corrections by State legal advisors led to Regulations not being published as planned
			Call up additional categories of CAMS	CAMS for slimming agents and sexual enhancers were called up in May 2015	None	None
	Improve registration turnaround times of ARVs, TB, oncology and vaccines to treat and prevent high burden of diseases	67% of NCEs were registered within 22 months and 8% of multisource medicines were registered within 15 months	55 % of priority medicines registered: NCE = 36 months; Generics = 28 months	56% of priority medicines registered	None	None
	Establish a MOU with Department of Agriculture, Fisheries and Forestry (DAFF)	New Indicator-not in the APP 2014/15	MoU signed between the NDoH and DAFF	MoU was drafted and submitted to DAFF for input	MoU in draft format	Awaiting DAFF input for finalisation of MoU
	Develop Regulations for Cosmetic products	New Indicator-not in the APP 2014/15	Regulations gazetted for public comments	Regulations finalised	Regulations not gazetted	Regulations are under review by State legal advisors

Strategic Objective	Performance Indicator	Actual Achievement 2014/15	Planned Target 2015/16	Actual Achievement 2015/16	Deviation from Planned Target to Actual Achievement 2015/16	Comments on deviation
	Number of applications certified at MBOD as compensable disease claims	New Indicator-not in the APP 2014/15	8 000	7 295	-705	Labour stoppages at the MBOD affected claims certification as did the lack of Certification Committee members between August and November 2015
	Number of compensable disease claims paid by CCOD other than pensioners	New Indicator-not in the APP 2014/15	3 000	1 774	-1226	Labour stoppages at CCOD affected the payment process
	Number of newly appointed boards inducted and trained	New Indicator	Three new boards appointed, inducted and trained (Health Professions Council of South Africa; National Health Laboratory Service and the Interim Traditional Health Practitioners Council of South Africa)	Three new boards were appointed, inducted and trained	None	None
	Develop and implement Dashboard to monitor entities performance and compliance to legislative prescripts	New Indicator-not in the APP 2014/15	10 dashboards developed and piloted (one per entity or statutory council)	10 dashboards to monitor entities and statutory health professional councils' performance and compliance with legislative prescripts were developed and piloted	None	None
	Develop a reporting template to enable feedback to the executive authority	New Indicator-not in the APP 2014/15	Standardised reporting template developed and implemented for Departmental representatives serving on boards	The standardised reporting template was developed and implemented	None	None

Strategy to overcome areas of under performance

The Institute of Regulatory Science will be implemented as part of the MM/SAHPRA. The MoU with DAFF will be finalised during 2016/17 after two parties have agreed to the content thereof. The Minister approved 24 additional medical doctors as members of the Certification Committee who began working in December 2016. Track and trace

project in place at CCOD to find claimants and update documents. There also change management support interventions were introduced at CCOD.

Changes to planned targets

None.

Linking performance with budgets

Sub-programmees	2015/2016			2014/2015		
	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
Programme Management	3 502	3 502		3 832	3 758	74
Food control	8 346	8 347	(1)	6 907	6 871	36
Pharmaceutical trade and product regulation	139 545	138 303	1 242	138 382	120 507	17 875
Public entities' management	1 399 104	1 399 104	-	671 238	652 775	18 463
Compensation Commissioner for Occupational Diseases and Occupational Health	51 235	50 164	1 071	55 912	46 626	9 286
TOTAL	1 601 732	1 599 420	2 312	876 271	830 537	45 734

2.5 Transfer Payments

Transfer payments to Public Entities

Public Entity	TRANSFER ALLOCATION				TRANSFER
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Compensation Fund	3 363			3 363	3 363
Medical Research Council	623 892			623 892	623 892
Medical Schemes Council	2 556			2 556	2 556
National Health Laboratory Services	678 926			678 926	678 926
Service Sector Education and Training Authority	1 969		567	2 536	2 439
Public Sector Education and Training Authority			206	206	0
Human Sciences Research Council	900			900	0
Office of Health Standards Compliance	88 906			88 906	88 906
South African National AIDS Council	15 840		3 500	19 340	19 340
TOTAL	1 416 352		4 273	1 420 625	1 419 422

Transfer payments to Higher Education Institutions

Organisation	TRANSFER ALLOCATION				TRANSFER
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer
	R'000	R'000	R'000	R'000	R'000
Walter Sisulu University	1 046	-	5 216	6 262	5 216
University of Cape Town	-	-	4 700	4 700	4 700
University of KwaZulu-Natal	-	-	7 800	7 800	7 700
University of Pretoria	-	-	7 226	7 226	7 225
University of Stellenbosch	-	-	15 500	15 500	15 500
University of Witwatersrand	-	-	14 347	14 347	13 623
University of Limpopo	2 092	-	-	2 092	-
TOTAL	3 138	-	54 789	57 927	53 964

Transfer payments to all Non-Profit Institutions

Organisation	TRANSFER ALLOCATION				TRANSFER
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer
Health System Trust	11 367	-	-	11 367	11 367
Life Line	19 898	-	-	19 898	19 898
LoveLife	54 396	-	-	54 396	54 396
SA Council for the Blind	752	-	-	752	752
Soul City	16 277	-	-	16 277	16 277
South African Community Epidemiology Network on Drug Abuse	471	-	-	471	471
South African Federation for Mental Health	335	-	-	335	335
National Council Against Smoking	803	-	-	803	803
Wits Health Consortium	650	-	-	650	0
Mental Health and Substance Abuse: Limpopo Mental Health Society	190	-	-	190	190
Health Information System Programme	12 103	-	-	12 103	12 103
National Kidney Foundation of South Africa	350	-	-	350	350

Emadlweni Day Care Centre	-	-	50	50	0
National Institute Community Development and Management (NICDAM)	-	-	-	-	1 356
Community Responsiveness Programme (CPR)	-	-	-	-	521
Ukhamba Projects	-	-	-	-	862
Friends for Life	-	-	-	-	719
Zakheni Training and Development	-	-	-	-	1 481
Leseding Care Givers	-	-	-	-	993
Leandra Community Centre	-	-	-	-	1 016
Ikusasa Le Sizwe Community	-	-	-	-	555
Get Down Productions	-	-	-	-	2 312
Highveld East AIDS Projects Support (HEAPS)	-	-	-	-	2 772
ESSA Christian AIDS Programme (ECAP)	-	-	-	-	977
COTLANDS	-	-	-	-	-
Seboka Training and Support Network	-	-	-	-	864
Muslim AIDS Programme (MAP)	-	-	-	-	480
Networking AIDS Community of South Africa (NACOSA)	-	-	-	-	417
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	1 406
Centre for Positive Care (CPC)	-	-	-	-	1 283
South African Men's Action Group (SAMAG)	-	-	-	-	-
Educational Support Services Trust (ESST)	-	-	-	-	1 794
Moretele Sunrise Hospice	-	-	-	-	944
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	762
Disabled People South Africa (DPSA)	-	-	-	-	-
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	706
BOKAMOSO	-	-	-	-	583
Humana People to People	-	-	-	-	594
South African Organisation for the Prevention of HIV/AIDS (SAOPHA)	-	-	-	-	688
Community Development Foundation of South Africa	-	-	-	-	7 890
St Joseph Care Centre – Sizanani	-	-	-	-	601
Boithuti Lesedi Project	-	-	-	-	854
Get Ready	-	-	-	-	833
Mpilonhle	-	-	-	-	687
Poverty Alleviation Support for People living with AIDS (PASPWA)	-	-	-	-	-
Agri AIDS SA NPC	-	-	-	-	628
Hospice Pallative Care Association	-	-	-	-	839
Society for Family	-	-	-	-	-
TB/HIV Care Association	-	-	-	-	896
Sakhile CBO	-	-	-	-	417
Ramotshinyadi HIV/AIDS	-	-	-	-	401
TOTAL	171 130	-	(3 450)	167 680	155 073

2.6 Conditional Grants

Conditional grants and earmarked funds paid

National Tertiary Service Grant (Direct Grant)

Department who transferred the grant	National Health Department
Purpose of the grant	<ul style="list-style-type: none"> To ensure provision of tertiary health services for all South African citizens To compensate tertiary facilities for additional costs associated with provision of these services
Expected outputs of the grant	<ul style="list-style-type: none"> 298 855 Day patient separations 3 932 950 Inpatient days 670 415 Inpatient separations 1 117 783 Outpatient first attendances 2 666 335 Outpatient follow-up attendances
Actual outputs achieved	<ul style="list-style-type: none"> 302 242 Day patient separations 3 390 619 Inpatient days 550 477 Inpatient separations 1 014 335 Outpatient first attendances 2 757 462 Outpatient follow-up attendances
Amount per amended DORA (R'000)	10 381 174
Amount received (R'000)	10 381 174
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	10 371 080
Reasons for the funds unspent by the entity	Lack of contracts for medical equipment, challenges in appointment of specialists in underserved provinces and supply chain management inefficiencies with respect to procurement of medical equipment.
Reasons for deviations on performance	Same as above
Measures taken to improve performance	Site visits to the funded facilities and provinces were undertaken. Constant communication with the facilities and structures has been shown to improve performance
Monitoring mechanism by the receiving department	Monitoring is done through quarterly and annual reports, and site visits

Comprehensive HIV/ AIDS Grant (Direct Grant)

Department that transferred the grant	National Health Department
Purpose of the grant	<ul style="list-style-type: none"> To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing (HCT) To support the national Department of Health with the President's Emergency Plan for AIDS Relief (PEPFAR) transition process
Expected outputs of the grant	<ul style="list-style-type: none"> 3 656 473 total client remaining on ART 93 000 antenatal client initiated on ART 226 362 infant 1st PCR test around 6 weeks 1 100 792 HIV positive clients screened for TB 564 424 HIV positive patients started on IPT 11 381 565 HIV test client 5 years and older (incl antenatal care) 1 600 000 medical male circumcisions performed
Actual outputs achieved	<ul style="list-style-type: none"> 3 407 781 total client remaining on ART 165 202 antenatal client initiated on ART 169 689 infant 1st PCR test around 6 weeks 1 081 617 HIV positive clients screened for TB 409 518 HIV positive patients started on IPT 12 592 013 HIV test client 5 years and older (incl antenatal care) 465 526 medical male circumcisions performed
Amount per amended DORA (R'000)	13 670 730
Amount received (R'000)	13 670 730
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	13 692 681
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> Under-expenditure as a result of austerity measures on meetings, workshops and HR recruitment Challenges with supply of condoms due to price adjustment Challenges with compliance due to outstanding documents from NGOs
Reasons for deviations on performance	<ul style="list-style-type: none"> Total clients remaining on ART: (a) Data challenges noted in Gauteng, North West and Northern Cape resulting in targets not being met. (b) Patients not retained on ART in provinces due to loss to follow-up Medical male circumcision: Slump in demand for MMC services, lack of full integration of MMC into traditional practice, and sub-optimal capture of implementing partner's data into the DHIS. Provinces were not using the services of NGOs and general practitioners to augment the capacity of the programme
Measures taken to improve performance	<p>Total clients remaining on ART (TROA): Implementation of the adherence strategy will assist in retention of patients on treatment</p> <p>Medical male circumcision: The programme has (a) developed robust district-level MMC micro-plans, (b) developed a MMC country operational plan, (c) developed standard operating procedures for monitoring and evaluation of the programme, (d) developed a demand-creation strategy to address social mobilisation at local level by employing social mobilisation teams, (e) developed partnerships with the Shembe community, Ngoma forum (Mpumalanga) and traditional sectors (Eastern Cape) to assist with safe traditional circumcision, (f) Province to contract the GPs and NGOs to increase capacity of the programme, and (g) revised targets for the 2016/17 FY</p>
Monitoring mechanism by the receiving department	The Department undertakes quarterly performance monitoring and evaluation visits and meetings to assess progress against set targets. The province submits quarterly reports to the NDoH

Health Facility Revitalisation Grant (Direct Grant)

Department that transferred the grant	National Health Department
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 infrastructure in health
Expected outputs of the grant	<ul style="list-style-type: none"> Number of health infrastructure projects initiated, planned, designed, constructed, equipped, operationalised or maintained outside NHI Districts
Actual outputs achieved	<p>A total of 234 facilities constructed, equipped operationalised and maintained:</p> <ul style="list-style-type: none"> 217 facilities maintained, repaired and/or refurbished outside NHI districts 15 clinics and CHCs constructed and revitalized (HFRG excluding equitable share funded projects) 2 hospital completed (HFRG)
Amount per amended DORA (R'000)	5 417 045
Amount received (R'000)	5 417 045
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	5 493 343
Reasons for the funds unspent by the entity	Delays in payment of invoices for work completed and invoices submitted in March 2016
Reasons for deviations on performance	<ul style="list-style-type: none"> In terms of the Health Facility Revitalisation Grant (HFRG), there are still challenges related to the newly implemented system: the Project Monitoring Information System (PMIS). Capacity in terms of staffing within the Infrastructure Units remains a challenge. Poor performance by the implementing agent (Public Works) is a challenge that has to be resolved by putting in place intervention mechanisms through the office of the Heads of Departments of Health. Delays are being encountered in the awarding of tenders, resulting in under-spending, with some of the contracts being terminated as a corrective measure. Provinces such as WC, FS and NW are the most affected provinces in terms of poor performance. Motivations for roll-overs were done with the Provincial Treasuries as the money was already committed on projects
Measures taken to improve performance	<ul style="list-style-type: none"> The NDoH team is continuously providing the provinces. Appointment of staff as per the National Treasury's guidelines The execution of procurement key activities is being streamlined
Monitoring mechanism by the receiving department	Project Monitoring Information System

Health Professions Training and Development Grant (Direct Grant)

Department that transferred the grant	National Health Department
Purpose of the grant	Support provinces to fund service costs associated with training of health science trainees on the public service platform
Expected outputs of the grant	<ul style="list-style-type: none"> 294 undergraduates 498 bursaries 587 postgraduates 1473 registrars 287 specialists 7 tutors 11 resource centre staff 14 admin staff
Actual outputs achieved	<ul style="list-style-type: none"> 397 fully funded undergraduates 255 bursaries 176 fully funded and 231 partially funded postgraduates 1200 fully funded and 570 partially funded registrars 195 fully funded and 160 partially funded specialists 36 tutors 0 resource centre staff 21 admin staff
Amount per amended DORA (R'000)	2 374 722
Amount received (R'000)	2 374 722
Reasons if amount as per DORA was not received	All funds were spent (100%)
Amount spent by the department (R'000)	2 373 729
Reasons for the funds unspent by the entity	All funds were spent (100%)
Reasons for deviations on performance	N/A
Measures taken to improve performance	Site visits to the funded facilities and provinces. Constant communication with the facilities and structures improves performance
Monitoring mechanism by the receiving department	Monitoring is done through quarterly reports, annual reports and site visits

National Health Insurance Grant (Direct Grant)

Department that transferred the grant	National Health Department
Purpose of the grant	<ul style="list-style-type: none"> To test innovations in health services delivery and provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context, in line with the vision for realising universal health coverage for all. To undertake health system strengthening activities in identified focus areas To assess the effectiveness of interventions/activities undertaken in the districts funded through this grant
Expected outputs of the grant	<ul style="list-style-type: none"> Selected municipal Ward-based Outreach Teams equipped and able to collect relevant data from households Monitoring and evaluation including impact assessment of the effectiveness of selected municipal Ward-based Outreach Teams undertaken Supply chain management processes streamlined in pilot districts Compliance with targets in operational plans
Actual outputs achieved	<ul style="list-style-type: none"> Selected teams of municipal Ward-based Outreach Teams have been equipped with key equipment to assist them with performing community outreach work. The equipment includes haemoglobin and blood pressure machines, baby scales and other necessary (basic) diagnostic equipment. Some districts (uMzinyathi and Thabo Mofutsanyana) have acquired mobile caravan units which function as mobile outreach offices. Impact assessments on the municipal Ward-based Outreach Teams have been initiated to different extents by some of the districts. There has been varying impact influenced by the ability of the districts to have fully staffed teams as well as to procure and allocate needed equipment. Districts have attempted to identify and resolve the various gaps and challenges. However, supply chain management is still a challenge
Amount per amended DORA (R'000)	61 077
Amount received (R'000)	61 077
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000)	63 491
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> Delays in execution of planned projects Supplier delays in the delivery of ordered equipment Failure to execute projects
Reasons for deviations on performance	The primary reason for the deviation on performance is the lack of adequately capacitated and fully functional supply chain management systems at district level
Measures taken to improve performance	The Department has provided technical and financial support to the pilot districts to assist with project execution as well as monitoring and evaluation of interventions and related pilot activities
Monitoring mechanism by the receiving department	The Department has held quarterly monitoring and evaluation meetings and conducted site visits to assess progress achieved Provinces and districts were also required to submit monthly financial performance information as part of in-year monitoring

National Health Grant : Health Facility Revitalisation Component (Indirect Grant)

Department that transferred the grant	National Health Department	
Purpose of the grant	<ul style="list-style-type: none"> To create an alternative track to speed up infrastructure delivery, to improve spending, performance, and monitoring and in National Health Insurance (NHI) pilot districts and infrastructure projects To enhance capacity and capability to deliver infrastructure for NHI pilots 	
Expected outputs of the grant	<ul style="list-style-type: none"> Number of health infrastructure projects initiated, planned, implemented and closed-out in NHI pilots 	
Actual outputs achieved	<ul style="list-style-type: none"> Number of Facilities maintained, repaired and/or refurbished in NHI Districts: <ul style="list-style-type: none"> 81 Doctors Consulting Rooms 117 Other Facilities 37 clinics and/or community health centers revitalized 20 Clinic & CHCs in planning designs & construction phase that comply with gazette infrastructure Norms & Standards 	
	Phase	Nr of Projects in NHI Districts
	Initiation Phase	7
	Planning Phase	14
	Construction Phase	81
	Closed Out	118
	Total Projects	220*
Amount per amended DORA (R'000)	612 789	
Amount received (R'000)	612 789	
Reasons if amount as per DORA was not received	Not Applicable	
Amount spent by the department (R'000)	612 623	
Reasons for the funds unspent by the entity	Grant spent 100%	
Reasons for deviations on performance	<p>Critical issues that are still viewed as challenges on the NHG are:</p> <ul style="list-style-type: none"> Limited capacity of current evaluation team: Execution of the evaluation process is currently limited to 1 team responsible for evaluation of all bids. Typically multiple bids are advertised and close around of the same period which results in multiple bids requiring execution at the same time. Evaluation team members still have other responsibilities that fall out their BSEC responsibilities which results in them splitting their capacity to execute on requirements. Bottlenecks experienced during execution of procurement key activities: Execution on the request for information, request for qualification, request for tender and request for proposal involves various sessions with specification and evaluation committee for review and finalization thereof by Departmental Bid Adjudication Committee still requires very high turnaround time 	

* Infrastructure projects run over multiple years. The previous table shown only included projects that had budget assigned to it in the 2015/16 financial year and did not include other pipeline projects which may be implemented in the outer years.

National Health Grant: National Health Insurance (Indirect Grant)

Department that transferred the grant	National Treasury
Purpose of the grant	<ul style="list-style-type: none"> To assess the implications of the NHI reforms in public sector services 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
Expected outputs of the grant	Innovative models for the purchasing of healthcare services, including: <ul style="list-style-type: none"> contracting of health practitioners as defined by need through external service provider organisations establishment of fully constituted and functional District Clinical Specialist Teams linked to the achievement of the Millennium Development Goals (MDGs) Strengthening of school health services linked to addressing the learning challenges of learners in identified schools An alternative chronic care dispensing and distribution model implemented
Actual outputs achieved	PART A: HEALTH PRACTITIONER CONTRACTING A total of 531 HPs have been contracted; this comprises 329 GPs and 202 Pharmacist Assistants. PART B: CHRONIC MEDICATION PROGRAMME An alternative chronic care dispensing and distribution model has been implemented in all the pilot sites (except Eden District) <ol style="list-style-type: none"> 671 facilities registered on the programme 393 149 patients enrolled on the programme 223 external pick-up points contracted 202 Pharmacist Assistants contracted to support the CCMDD 95 site visits undertaken as part of M&E
Amount per amended DORA (R'000)	290 442
Amount received (R'000)	290 442
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000) and deviations on performance.	279 780
Measures taken to improve performance	The Department has provided technical and financial support to the pilot districts to assist with project execution as well as monitoring and evaluation of interventions and related pilot activities
Monitoring mechanism by the receiving department	The Department has held quarterly monitoring and evaluation meetings and conducted site visits to assess progress achieved. Regular performance assessment and monitoring of progress achieved was undertaken through the National District Health Services Committee (NDHSC) meetings attended by key provincial and district personnel on a quarterly basis

National Health Grant: Human Papillomavirus (HPV) Component (Indirect Grant)

Department that transferred the grant	
Purpose of the grant	To enable the health sector to prevent cervical cancer by making available HPV vaccination to Grade 4 schoolgirls in all public and special schools
Expected outputs of the grant	<ul style="list-style-type: none"> 80% of eligible Grade 4 schoolgirls received the HPV vaccination 80% of schools with Grade 4 schoolgirls reached by the HPV vaccination team
Actual outputs achieved	85.3% of eligible Grade 4 schoolgirls received the 1 st dose HPV vaccination
Amount per amended DORA (R'000)	200 000
Amount received (R'000)	200 000
Reasons if amount as per DORA was not received	None
Amount spent by the department (R'000) and deviations on performance.	158 719
Measures taken to improve performance	Strengthened monitoring and evaluation
Monitoring mechanism by the receiving department	Appointment of financial co-ordinator at provincial level. Creation of cost centres for the programme at provincial level

2.7 Donor Funds

Donor Funds Received

Name of donor	CDC (United States)
Full amount of the funding (R'000)	54 000
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"> • Five PHC Systems Strengthening Co-ordinators to be hired • MMC Technical Assistant to be hired at the level of the Assistant Director • TB: TB M&E Officers to be hired. Three already employed • Project Management Unit Director and Deputy Director to be hired • PEPFAR Framework Implementation Plan Unit: Hire PFIP Director • HCT: Reprinting of 5 000 revised HCT registers. Formatting, printing and distribution of 6 250 new HCT linkages • Care and Support: Printing of 500 Adherence Strategy documents • Paediatrics: Printing of 8 000 job aids for HCT in children (IEC material). Printing of 20 000 disclosure guidelines and 6 4587 Standard Operating Procedures for PMTCT • PMTCT: Printing of 20 000 chart booklets and 3 000 modules and Facilitators' Guides • PC 101: Trainings on 10 000 copies of guidelines. Printing of 3 000 Facility and 200 Master Trainer Guides. Master trainers and facility trainers on PC 101 in the 11 NHI districts. Lodging for 30 facility trainers' workshops. Lodging for eight master trainers' workshops • Paediatrics: National and Provincial HCT for paediatric and adolescent trainings and training on paediatric stationery • M&E: conducting 10 district progress workshops and data use trainings • HIV counselling and testing: Printing of HCT Registers • TB: Purchase 76 audiometers to strengthen the hearing screening programme in order to decrease the iatrogenic burden of hearing loss due to MDR-TB therapy • Evaluation of TIER.Net roll-out • TB: Johns Hopkins University (JHU) MDR-TB Nurse Programme
Actual outputs achieved	<ul style="list-style-type: none"> • The Primary Health Care Cluster appointed four of the five outstanding positions. One co-ordinator is yet to be appointed • An MMC Technical Assistant was appointed at the level of Assistant Director • A Project Management Unit Director and a Deputy Director: Programmes were appointed • The PEPFAR Framework Implementation Plan PFIP Unit appointed a Director • Primary Care 101 had all their planned training workshops conducted (30 facility trainers workshops and eight master trainers' workshops) • The HIV Care and Support Directorate filled the advertised position of Deputy Director. • The HCT programme appointed a Deputy Director. A Deputy Director: Condoms is yet to be appointed • A national workshop was conducted on the Adherence Strategy for children and adolescents
Amount received (R'000)	22 262
Amount spent by the department (R'000)	18 708
Reasons for the funds unspent	<ul style="list-style-type: none"> • Delays in receipt of funding as a result of new administrative and compliance requirements by the donor • Changes in departmental priorities of CDC-funded activities (TB and Monitoring & Evaluation). • These delays and changes resulted in the following: <ul style="list-style-type: none"> – Delays experienced in printing of (i) SOPs for management of HIV-positive neonates; (ii) the MSSN (Management of sick and small neonates) Facilitator Manual; and (iii) 5 000 ART desk aids – Delays of planned workshops included (i) National HCT workshops for revision of HCT policy and register; (ii) Training of Trainers – Couples and Paediatric training – Delays experienced in the appointment of a service provider to conduct the TIER.Net Evaluation – Training workshop on TIER.Net postponed to allow for the software changes to include a TB module in TIER.Net – TB: The audiometers were not purchased by the MDR-TB Unit for the last financial year. • All delayed activities for the financial year 2015/16 will be carried over to the new financial year and all measures will be put in place to ensure that they are implemented.
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)

European Union	
Name of donor	European Union
Full amount of the funding	R1 156 653 plus a potential €13 million in two variable tranches to be received late 2016 and early 2017
Period of the commitment	2012–2017
Purpose of the funding	Support the PHC Re-engineering Strategy
Expected outputs	<p>Different project components are being implemented to support the following outputs:</p> <ul style="list-style-type: none"> • Increase access to PHC services • Improve the quality of PHC services • Improve capacity for management of Primary Health Care • Accelerate implementation of the National Plan on HIV and AIDS and TB • Improve maternal and child health • Support systems for the development and implementation of NHI
Actual outputs achieved	<ul style="list-style-type: none"> • 20 project components are being implemented to support these outputs. • Multiple levels of results have been achieved and each of the 20 project components has its own set of indicators that are being monitored
Amount received (R'000)	575 064
Amount spent by the department (R'000)	321 800
Reasons for the funds unspent	None: This is a multi-year budget support fund and the remainder of the funds will be spent during the 2016/17 and 2017/18 financial years
Monitoring mechanism by the donor	The donor has, in partnership with Department of Health, appointed a consortium to conduct a mid-term evaluation on a core set of the project components. The evaluation is under way and the results will be available at the end of October 2016.
Global Fund- Single Stream	
Name of donor	Global Fund- Single Stream
Full amount of the funding (R'000)	1 610 148
Period of the commitment	October 2013 to March 2016
Purpose of the funding	Increasing investment for accelerated impact of the National Strategic Plan for HIV and TB 2012–2016
Expected outputs	<ul style="list-style-type: none"> • 4 450 787 adults and children with advanced HIV infection (currently) receiving antiretroviral therapy • 97% of HIV-positive antenatal clients initiated on ART • 570 pharmacovigilance sites reporting on ARV adverse effects • 94% of TB/HIV co-infected clients initiated on ART • 70% of laboratory-confirmed MDR-TB patients enrolled on second-line treatment • 2 698 nurses trained in MDR-TB initiation and treatment (NIMDR) • 204 725 inmates diagnosed using Xpert MTB/RIF • 426 240 of community members screened for TB by mobile units in peri-mining communities • 383 616 of community members referred for HIV counselling and testing by mobile units in peri-mining communities • 95% of controlled mines that screen miners at least once a year
Actual outputs achieved	<ul style="list-style-type: none"> • 3 332 533 adults and children with advanced HIV infection (currently) receiving antiretroviral therapy • 91% of HIV-positive antenatal clients initiated on ART • 587 pharmacovigilance sites reporting on ARV adverse effects • 80% of TB/HIV co-infected clients initiated on ART • 68% of laboratory-confirmed MDR-TB patients enrolled on second-line treatment • 2 976 nurses trained in MDR-TB initiation and treatment (NIMDR) • 188 106 inmates diagnosed using Xpert MTB/RIF • 436 872 of community members screened for TB by mobile units in peri-mining communities • 387 505 of community members referred for HIV counselling and testing by mobile units in peri-mining communities • 95% of controlled mines that screen miners at least once a year
Amount received (R'000)	857 838
Amount spent by the department (R'000)	818 136
Reasons for the funds unspent	<ul style="list-style-type: none"> • R2 572 342 committed for mapping of expenditures for National Health Accounts, VAT administration and external audit for 2015/16 • Delays in receiving funding surrendered to National Treasury at the end of the 2014/15 financial year resulted in the NDoH using voted funding to settle invoices for the service providers providing ARVs for the Central Chronic Medicine Dispensing and Distribution Programme (CCMDD) • There was slow spending due to revision of the TB programme work-plan and budget which was later approved by the Global Fund in April 2015; this impacted negatively on spending by the TB programme • Delays in recruitment of human resources also contributed to slow expenditure
Monitoring mechanism by the donor	<p>The NDoH 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-recipients for programme management; – On-site technical assistance and capacity-building <p>The Global Fund conducts regular country visits which include site visits to implementing facilities</p> <p>The NDoH submits six-monthly reports to Global Fund which are verified by an audit firm and the Local Fund Agent (LFA) prior to submission to Global Fund. The NDoH also submits quarterly reports to the South African National AIDS Council (SANAC) which serves as Country Co-ordinating Mechanism (CCM) for Global Fund grants in the country. The Global Fund also conducts on-site data verification processes as part of quality checks. Periodically, the Global Fund commissions an audit through the Office of the Inspector-General (OIG) as part of weighing the Global Fund's investments and identifying risks</p>

2.8 Capital Investment

Capital investment, maintenance and asset management plan

Infrastructure projects	2015/2016			2014/2015		
	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	228 951	225 559	3 393	234 989	55 524	179 465
Existing infrastructure assets	0	0	0	0	0	0
Upgrades and additions	95 479	72 472	23 007	61 165	105 765	(44 600)
Rehabilitation, renovations and refurbishments	171 120	141 509	29 611	46 696	7 040	39 656
Maintenance and repairs	30 586	31 116	(530)	0	0	0
Infrastructure transfer	0	0	0	0	0	0
Current (Goods and Services)	97 246	131 250	(32 481)	236 168	95 918	140 250
Capital (Buildings and other fixed structures)	526 136	423 896	55 481	342 850	168 329	174 521
Machinery and Equipment	36 089	57 477	(22 899)	25 841	28 099	(2 258)
TOTAL	659 471	659 370	101	604 859	292 373	312 486

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

** The 2014/15 Annual Report, paragraph 2.8 Capital Investment reported specific infrastructure project types (Doctors consulting rooms, NHI rehabilitation and Nursing Education Institutions). In the 2015/16 Annual Report the table format was updated to include all project types and to show the Goods and Services expenditure and the Machinery and Equipment expenditure separately.

PART C GOVERNANCE

3.1 Introduction

Commitment by the Department of Health to maintain the highest standards of governance is fundamental to the management of public finances and resources. Users want assurance that the Department has good governance structures in place to effectively, efficiently and economically utilise the State's resources, which are funded by the taxpayer.

3.2 Risk Management

The Department recognises that risk management is a valuable management tool which increases its prospects of success through 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 2015/16 financial year. The 2015/16 Strategic and Operational Risk Registers were developed by management and aligned with the Annual Performance Plan 2015/16. Furthermore, the Risk Management Unit commenced with monitoring of the action plans to address the risks as contained in the registers and provided progress reports to the Management and Audit 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. 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 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, whilst 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 the declaration of the interest process 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).

3.5 Code of Conduct

The Department applies the disciplinary code and procedure for the public service. This is applicable to all employees. In addition, the Senior Management Service's (SMS) 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 whereby a reference team is established to offer assistance to employees from internal and external experts.

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 quarterly health screening of employees.

Meetings of the Portfolio Committees

DATE	AGENDA/TOPIC	DATE	AGENDA/TOPIC
Portfolio Committee on Health		Portfolio Committee on Health	
15/04/15	Briefings by the Medical Research Council (MRC), Council for Medical Schemes (CMS) and the Office of Health Standards Compliance (OHSC) on their strategic plans, annual performance plans and budget. Department attended as observer and answer relevant questions	9/09/15	Briefing by the Department of Health on its 1 st quarter report
17/04/15	Briefing by the Department of Health on their strategic plan, annual performance plan and budget	13/10/15	Briefing by the Medical Research Council (MRC) on its annual report. Department attended as observer
20/04/15	Hospitals and Clinics : Availability of medicines/medical equipment in Health District offices' role in the Free State, North West and Western Cape Provinces. Department attended as observer and answer relevant questions	14/10/15	Briefings by the National Health Laboratory Services (NHLS) and the Council for Medical Schemes (CMS) on their annual reports for 2014/15 financial year. Department attended as observer and answer relevant questions
21/04/15	Follow-up briefing by the Council for Medical Schemes (CMS) on their strategic plan, annual performance plan and budget. Department attended as observer and answer relevant questions	15/10/15	Briefing by the Department of Health on its annual report
22/04/15	Briefing by the Public Service Commission (PSC) on their report on a service delivery inspection of hospitals and clinics regarding availability of medicines and medical equipment and the role of health districts offices in the Limpopo Provincial Department of Health. Department attended as observer	4/11/15	Consideration and adoption of the Medicines and Related Substances Amendment Bill [B6D-2014]. Department attended as observer and answer relevant questions

DATE	AGENDA/TOPIC	DATE	AGENDA/TOPIC
Portfolio Committee on Health		Portfolio Committee on Health	
27/05/15	Briefing by the Medical Research Council (MRC) and clinician experts on their opinion on the Medical Innovation Bill. Department attended as observer	17/02/16	Briefing by the Department of Health on its 2nd Quarter 2015/16
10/06/15	Briefing by the Department of Health on their 4 th quarterly report	2/03/16	Briefing by the Department of Health on the Ideal Clinic initiative
5/08/15	Consideration and adoption of A list and B Bill of the Medicines and Related Substances Amendment Bill	9/03/16	Briefing by the Minister of Health on Zika Virus and Typhoid Fever in South Africa and Gauteng Province
12/08/15	Discussion on the Medical Innovation Bill (PMB1 - 2014): Central Drug Authority Opinion	16/03/16	Briefing by the Office of Health Standard Compliance (OHSC). Department attended as observer and answer relevant questions
21/08/15	Briefing by the Minister of Health on the progress report on the National Health Insurance (NHI) pilot sites	Select Committee on Petitions and Executive Undertakings	
Select Committee on Social Services		06/05/15	Hearing on Petitioner Ms NG Fuzane, Western Cape, her daughter Tamara's alleged ill - treatment at Groote Schuur Hospital
13/05/15	Briefing by the Department of Health on its 2015 Strategic and Annual Plans	13/05/15	Hearing on Petitioner Ms NG Fuzane, Western Cape, her daughter Tamara's alleged ill - treatment at Groote Schuur Hospital
26/05/15	National and Provincial Department of Health briefings: Challenges in the Eastern Cape, Free State and Limpopo	03/06/15	Hearing on Petitioner Ms NG Fuzane, Western Cape, her daughter Tamara's alleged ill - treatment at Groote Schuur Hospital
27/10/15	Briefing by the Department of Health on its 2014/ 15 Annual Reports	Portfolio Committee on Agriculture, Forestry and Fisheries	
Standing Committee on Appropriations		03/02/16	Briefing by the Department of Health to the Joint Workshop on Food Security and Food Safety
22/04/15	Briefing by the Department of Health on the Third Quarter Expenditure Report 2014/15	Portfolio Committee on Small Business Development	
02/09/15	Briefing by the Department of Health on the First Quarter expenditure Report 2015/16	05/08/15	Briefing by the Department of Health on its plans for local procurement

3.7 Portfolio Committees

The Department engaged with representatives of different Portfolio Committees in 2015/16 financial year.

3.8 Standing Committee on Public Accounts (SCOPA) Resolutions

SCOPA did not have a hearing in the 2015/16 financial year for the Department.

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 Internal Control Unit

Internal Control Unit ensures that a sound internal control environment is in place within the Department. The unit performs the necessary co-ordination work in this regards, ensuring that activities are performed regularly, effectively and in accordance with Department Strategy, applicable legislation and operational policies additionally, it monitors the integrity and reliability of accounting and recording system.

The control activities and improvement effort of the internal control unit are centered on the risk matrix. This allows the department to monitor strategic and operational risk within an integrated risk-based system that combines impact, probability and current process.

Meetings of the Audit and Risk Audit Committee

Name	Qualifications	Internal or external member	If internal, position in the department	Date appointed	Date Resigned	Nr. of Meetings attended
Advocate WE Huma	LLM (Master of Law), LLB (Bachelor of Laws) and B.Proc	External	Not applicable	01 October 2014	Not applicable	11
Mr T Mofokeng	Bachelor of Commerce, Bachelor of Accounting, Certified Internal Auditor and Chartered Accountant	External	Not applicable	15 June 2012	25 June 2015	01
Ms PMK Mvulane	Chartered Accountant & Registered Auditor, Diploma in Auditing, Bachelor of Commerce in Accounting, Bachelor of Commerce in Accounting (Honours), Final Qualifying Examination South African Institute of Chartered Accountants	External	Not applicable	15 June 2012	Not applicable	10
Professor J W Kruger	PhD in Computer Science, M.Sc. in Computer Science, B.Sc. in Mathematics, Statistics and Psychology, B.Sc. Honours in Operations research and Head of Department: Mathematics	External	Not applicable	01 October 2014	Not applicable	07

3.11 Audit and Risk Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2016.

Audit Committee Responsibility

The Audit 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 Committee also report that it has adopted appropriate formal terms of reference as its Audit 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 to address audit findings and recommendations.

Based on the audit reports received from the Internal Audit Unit and discussed at Audit and Risk Committee meetings during 2015/16 financial year, we are of the opinion that controls evaluated during those audits were adequate and effective for most of the area 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 2015/16. The Audit and Risk Committee monitored further performance on Internal Audit Unit's operations plan on a quarterly basis. Additional capacity has been obtained for internal audit through a co-sourcing arrangement with an external service provider. There have been significant progresses in the work of internal audit as compared to the previous year. 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 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 functions 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 on 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 a notable improvement on the quality of performance information reports and financial statements in the current financial year, mainly due management's commitment in implementing recommendations to improve the situation.

Evaluation of Financial Statements

The Audit and Risk Committee has:

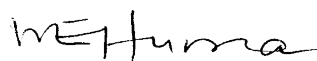
- Reviewed and discussed the audited financial statement to be included in the annual report, with the Auditor-General South Africa (AGSA), the Accounting Officer and Management;
- Reviewed the AGSA management report and management responses thereto;
- Reviewed the department's compliance with legal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

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 and 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 of the Audit and Risk Committee
National Department of Health
Date: 31 July 2016

PART D
HUMAN RESOURCE
MANAGEMENT



Legislation that governs Human Resources Management

POLICY	OBJECTIVE
Basic Condition of Employment Act.	To give effect to the right to fair Labour Practices referred to in Section 23(1) of the constitution by establishing and making provisions for the regulation of Basic Condition of Employment Act
Constitution Of the Republic of South Africa	Provides the supreme law of the Republic. Any law or conduct that is inconsistent with it, is invalid
Employee Relations Act 66 of 1995	Advances economic development, social justice, labour peace and the democratisation of the workplace by fulfilling the primary objects of the Act
Employment Equity Act 55 of 1998	Achieves equity in the workplace by promoting equal opportunity and fair treatment through the elimination of unfair discrimination and implementing affirmative action measures to redress the disadvantages in employment experienced by designated groups, in order to ensure their equitable representation in all occupational categories and levels in the workplace
Human Resource Development Strategy for 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	Maximizes the potential of the people of SA, through the acquisition of knowledge and skills, to work productively and competitively in order to achieve a rising quality of life for all, and to establish an operational plan, together with the necessary institutional arrangements, to achieve this
Occupational Health and Safety Act 85 of 1993	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, 1 of 1999	Provides for the administration of State funds by functionaries, their responsibilities and the incidental matters
Public Service Regulations, 2001 as amended	Provides a new framework for the management of the Public Service, including decentralized decision making and planning within the boundaries of national strategies, programmes and policies
Skills Development Act 97 of 1998	Establishes a high-quality skills development system that is cost-effective and accountable, meets skills needs, and promotes employment 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 for a strategic framework for public services transformation to support the service delivery objectives of government

4.1 Introduction

Human resources practices endeavour to provide leadership in the management and co-ordination of the implementation of human resources information systems, organisational development and change management programmes, as well as employee acquisition. These practices afford the Department an opportunity to 'take stock' of the current human resources needs and assist in the determination of future human resource needs necessary to consistently achieve on the organisational objectives.

For the year under review, an in-depth analysis of the current workforce, the external and internal challenges or influences, and their impact on the future financial and human resources needs, as well as identification of actual activities, was undertaken. This evaluative process was carried out in order to ensure that the Department achieves its objectives.

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. The Charter 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 the 2015/16 financial year, the Department continued with the maintenance of the PERSAL clean-up process. Coupled with the continued implementation of the DPSA's Recruitment Strategy, the Department has maintained a vacancy rate of 3.5%. 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 is aimed at attracting and retaining critical and scarce skills, as well as employees from designated groups. In addition, business processes for 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 organisational performance. Consequently, compliance with regard to the submission of performance agreements as well as the implementation of employees' work-plans, has vastly improved.

4.1.5 Employee Wellness

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

4.1.6 Labour Relations

Awareness campaigns on the 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:

- Recruitment and retention of people with disabilities; and
- Impact assessments of capacity building Initiatives

The Department has put strategies in place to ensure that these workforce challenges are addressed in 2015/16, 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 2015 and 31 March 2016

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Personnel expenditure as a % of total expenditure *1	Nr. of employees *3 (filled and additional post)	Average personnel cost per employee (R'000) *2
Administration	438 501	177 729	1 632	40.5%	448	396
NHI, Health Planning & System Enable	553 053	98 433	668	17.8%	177	556
HIV&AIDS TB & Child Health	14 179 001	71 345	632	0.5%	122	585
Primary Health Care Services	212 571	167 726	649	78.9%	404	415
Hospital, Tertiary Services & HR Development	19 056 279	110 874	996	0.6%	291	654
Health Regulation & Compliance Management	1 599 420	123 990	997	7.8%	374	333
Z=Total as on Financial Systems (BAS)	36 038 825	750 097	5 574	2.1%	1816	413

* 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 2015 and 31 March 2016

Salary Bands	Compensation of Employees Cost (R'000)	% of Total Personnel Cost for Department *1	Average Compensation Cost per Employee (R) *2	Nr of Employees *3
Unskilled and defined decision making (Levels 3-5)	583	0.1%	97	6
Semi-skilled and discretionary decision making (Levels 3-6)	74 027	9.9%	153	484
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	238 136	31.7%	686	347
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	315 378	42.0%	368	858
Senior Management (Levels 13-14)	99 994	13.3%	917	109
Top Management (Levels 15-16)	21 980	2.9%	1 832	12
TOTAL	750 097	100.0%	413	1816

* 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 2015 and 31 March 2016

Programme	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 Programme (R'000)
Administration	119 060	67,0%	3 430	1,9%	5 335	3,0%	7 627	4,3%	177 729
NHI, Health PLN & Sys Enable	60 001	61,0%	473	0,5%	2 010	2,0%	2 783	2,8%	98 433
HIV&AIDS, TB & Child Health	50 731	71,1%	3	0,0%	1 625	2,3%	2 303	3,2%	71 345
Primary Health Care Services	116 190	69,3%	5 249	3,1%	4 923	2,9%	6 972	4,2%	167 726
Hosp, Tertiary Ser & HR Dev	78 672	71,0%	2 121	1,9%	3 235	2,9%	4 355	3,9%	110 874
Health Regul & Compliance MNG	85 678	69,1%	1 407	1,1%	3 206	2,6%	4 708	3,8%	123 988
TOTAL	510 333	68,0%	12 682	1,7%	20 333	2,7%	28 747	3,8%	750 097

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

* 2: Overtime divided by total Compensation of employees expenditure in table 4. 2.1.2 multiplied by 100

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

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

Table 4.2.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2015 and 31 March 2016

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)
Unskilled and defined decision making	408	70,0%	0	0,0%	46	7,8%	38	6,6%	583
Semi-skilled and discretionary decision making	47 959	64,8%	3 452	4,7%	4 767	6,4%	6 558	8,9%	74 027
Skilled technical and academically qualified workers, junior management, supervisors, foreman	168 362	70,7%	6 915	2,9%	8 530	3,6%	12 721	5,3%	238 135
Professionally qualified and experienced specialists and mid-management	224 001	71,2%	2 316	0,7%	4 813	1,5%	7 239	2,3%	315 378
Senior Management	55 881	55,9%		0,0%	2 113	2,1%	1 806	1,8%	99 994
Top Management	13 722	62,4%		0,0%	64	0,3%	385	1,8%	21 980
TOTAL	510 333	68,1%	12 682	1,7%	20 333	2,7%	28 747	3,80%	750 097

* 1: Salaries divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

* 2: Overtime divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

* 3: Home Owner's allowance divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

* 4: Medical Subsidy divided by total Compensation of employees expenditure in table 4.2.1.1 multiplied by 100

4.3 Employment and Vacancies

Table 4.3.1 Employment and vacancies by programme as on 31 March 2016

Programme	Nr of Posts on Approved Establishment	Nr of Filled Posts	Vacancy Rate *1	Nr of Posts Additional to the Establishment *2
Administration	464	447	3.4%	1
NHI, Health PLN & Sys Enable	181	170	2.2%	7
HIV&Aids, TB & Child Health	129	122	5.4%	0
Primary Health Care Services	421	404	4.0%	0
Hosp, Tertiary Ser & HR Dev	306	277	4.9%	14
Health Regul & Compliance MNG	380	328	1.6%	46 ^{*2}
TOTAL	1881	1748	3.5%	68

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

Office note: Post listed includes only Voted Funds

*2: 43 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 2016

Salary Band	Nr of Posts on Approved Establishment	Nr of Filled Posts	Vacancy Rate *1	Nr of Posts Additional to the Establishment
Unskilled and defined decision making	6	6	0.0%	0
Semi-skilled and discretionary decision making	491	483	1.4%	1
Skilled technical and academically qualified workers, junior management, supervisors, foreman	361	338	3.9%	9
Professionally qualified and experienced specialists and mid-management	886	812	3.2%	46
Senior Management	125	98	12.8%	11
Top Management	12	11	0.0%	1
TOTAL	1881	1748	3.5%	68

* 1: (Number of permanent posts minus number of filled posts) divided by number of permanent 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 2016

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,	61	57	6.6%	0
Artisan project and related superintendents,	1	1	0.0%	0
Auxiliary and related workers,	56	54	3.6%	0
Biochemistry pharmacology, zoology & life science technician,	259	253	2.3%	0
Cleaners in offices workshops hospitals etc.,	71	71	0.0%	0
Client inform clerks(switchboard receptionist information clerks),	4	4	0.0%	0
Communication and information related,	14	12	7.1%	1
Computer programmers.,	1	1	0.0%	0
Computer system designers and analysts.,	1	1	0.0%	0
Custodian personnel,	0	0	0.0%	0
Dental practitioners,	0	0	0.0%	0
Dental Specialist	1	1	0.0%	0
Dental Therapy,	1	1	0.0%	0
Dieticians and nutritionists,	8	8	0.0%	0
Emergency Services Related,	3	2	33.3%	0
Engineering sciences related,	1	1	0.0%	0
Engineers and related professionals,	2	2	0.0%	0
Environmental health,	235	231	1.7%	0
Finance and economics related,	3	3	0.0%	0
Financial and related professionals,	44	44	0.0%	0
Financial clerks and credit controllers,	28	27	3.6%	0
General legal administration & rel. professionals,	1	1	0.0%	0
Head of department/chief executive officer,	1	1	0.0%	0
Health sciences related,	143	110	5.6%	25
Human resources & organisational development & related professional,	48	46	2.1%	1
Human Resources Clerks	2	2	0.0%	0
Human resources related,	7	6	0.0%	1
Information technology related,	23	22	4.3%	0

Critical Occupations	Nr of Permanent Posts on the approved establishment	Nr of Filled Posts	Vacancy Rate *1	Nr of Posts Additional to the Establishment
Legal related,	3	2	33.3%	0
Librarians and related professionals,	0	0	0.0%	0
Library mail and related clerks,	32	31	3.1%	0
Light vehicle drivers,	3	3	0.0%	0
Logistical support personnel,	1	1	0.0%	1
Material-recording and transport clerks,	65	64	0.0%	0
Medical practitioners,	19	4	5.3%	14
Medical specialists,	2	2	0.0%	0
Medical technicians/technologists,	2	2	0.0%	0
Messengers porters and deliverers,	19	19	0.0%	0
Natural sciences related,	0	0	0.0%	0
Other administrative & related clerks and organisers,	235	230	1.7%	1
Other administrative policy and related officers,	104	97	0.0%	7
Other information technology personnel.,	5	4	20.0%	0
Other occupations,	4	4	0.0%	0
Pharmacists,	24	21	0.0%	3
Pharmacologist Pathologists & related Professionals (Biochemistry)	0	0	0.0%	0
Physicist	4	3	25.0%	0
Professional nurse,	15	12	13.3%	1
Radiography,	2	2	0.0%	0
Secretaries & other keyboard operating clerks,	97	88	7.2%	2
Security officers,	90	88	2.2%	0
Senior managers,	128	101	14.8%	11
Social Science Related (Health Science Related)	0	0	0.0%	0
Social work and related professionals,	4	4	0.0%	0
Staff nurses and pupil nurses,	1	1	0.0%	0
Statisticians and related professionals,	0	0	0.0%	0
TOTAL	1881	1748	3.5%	68

* 1: (Number of permanent posts minus number of filled posts) divided by number of permanent 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 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	33	28	84.8%	5	15.2%
Salary Level 13	88	77	87.5%	12	12.5%
TOTAL	137	121	88.3%	17	11.7%

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

*2: Total 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	2	100.0%	0	0.0%
Salary Level 15	9	9	100.0%	0	0.0%
Salary Level 14	38	31	81.6%	7	18.4%
Salary Level 13	91	76	83.5%	15	16.5%
TOTAL	141	119	84.4%	22	15.6%

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

*2: Total 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 2015 and 31 March 2016

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	0	0	0
Salary Level 14	1	1	0
Salary Level 13	12	2	6
TOTAL	13	3	6

Table 4.4.4 Reasons for not having complied with the filling of funded vacant SMS posts - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2015 to 31 March 2016.

Reasons for vacancies not advertised within six months
1. Skills shortage in the recruitment market pool which result in posts being re-advertised and headhunting

Reasons for vacancies not filled within twelve months
1. Skills shortage in the recruitment market pool which result in posts being re advertised and headhunting

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 2015 to 31 March 2016.

Disciplinary Steps Taken
None

4.5 Job Evaluation

Table 4.5.1 Job Evaluation by Salary band for the period 1 April 2015 and 31 March 2016

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
Unskilled and defined decision making	6	6	100.0%	0	0.0%	0	0.0%
Semi-skilled and discretionary decision making	491	128	26.1%	0	0.0%	0	0.0%
Skilled technical and academically qualified workers, junior management, supervisors, foreman	359	59	16.4%	0	0.0%	0	0.0%
Professionally qualified and experienced specialists and mid-management	888	364	41.0%	0	0.0%	0	0.0%
Senior Management Service Band A (13)	88	25	28.4%	0	0.0%	0	0.0%
Senior Management Service Band B (14)	33	3	9.1%	0	0.0%	0	0.0%
Senior Management Service Band C (15)	12	1	8.3%	0	0.0%	0	0.0%
Senior Management Service Band D (16)	4	0	0.0%	0	0.0%	0	0.0%
TOTAL	1881	586	31.2%	0	0.0%	0	0.0%

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

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

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

Table 4.5.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2015 and 31 March 2016

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

Table 4.5.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2015 and 31 March 2016

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 2015 and 31 March 2016

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 2015 and 31 March 2016

Salary Band	Nr of employees at beginning of period 1 April 2015	Appointments and transfers into the department *1	Terminations and transfers out of the department *2	Turnover Rate *3
Unskilled and defined decision making	78	4	1	1.2%
Semi-skilled and discretionary decision making	413	91	30	6.0%
Skilled technical and academically qualified workers, junior management, supervisors, foreman	279	8	13	4.5%
Professionally qualified and experienced specialists and mid-management	586	430	94	9.3%
Senior Management	100	12	6	5.4%
Top Management	12	1	0	0.0%
TOTAL	1468	546	144	7.1%

*1 Appointments include transfers into the Department

*2: Terminations include transfers out of the Dept

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

Note: of the 144 employees, 31 Community Services employees from Port Health were terminated at the end of the community service period

Table 4.6.2 Annual turnover rates by critical occupation for the period 1 April 2015 and 31 March 2016

Critical Occupations	Nr of employees at the beginning of period 1 April 2015	Appointments and transfers into the department *1	Terminations and transfers out of the department *2	Turnover Rate *3
Administrative related	47	7	9	16.7%
Ambulance and related workers	0	0	0	0.0%
Artisan project and related superintendents	1	0	0	0.0%
Auxiliary and related workers	11	9	0	0.0%
Biochemistry pharmacology zoology & life sciences. Technician	250	20	12	4.4%
Cleaners in offices workshops hospitals etc.	61	10	5	7.0%
Client inform clerks (switchboard reception information clerks)	4	0	0	0.0%
Communication and information related	16	0	1	6.3%
Computer programmers	1	0	0	0.0%
Computer system designers and analysts	0	0	0	0.0%
Custodian personnel	0	0	0	0.0%
Dental Specialists	1	0	0	0.0%
Dental Therapy	1	0	0	0.0%
Dieticians and nutritionists	9	0	1	11.1%
Electrical and Electronics Engineering Technicians	0	0	0	0.0%
Emergency Services Related	2	0	0	0.0%
Engineering sciences related	1	0	0	0.0%
Engineers and related professionals	1	0	0	0.0%
Environmental health	30	350	45	11.8%

Critical Occupations	Nr of employees at the beginning of period 1 April 2015	Appointments and transfers into the department *1	Terminations and transfers out of the department *2	Turnover Rate *3
Finance and economics related	2	1	0	0.0%
Financial and related professionals	39	9	3	6.3%
Financial clerks and credit controllers	16	10	3	11.5%
Food services aids and waiters	0	0	0	0.0%
General legal administration & rel. professionals	2	0	0	0.0%
Head of department/chief executive officer	1	0	0	0.0%
Health sciences related	145	14	17	10.7%
Human resources & organisational development & related professionals	48	6	2	3.7%
Human resources clerks	0	0	0	0.0%
Human resources related	6	0	0	0.0%
Information technology related	20	3	0	0.0%
Language practitioners interpreters & other communications	0	0	0	0.0%
Legal related	4	0	1	25.0%
Librarians and related professionals	3	0	0	0.0%
Library mail and related clerks	32	2	3	8.8%
Light vehicle drivers	3	0	0	0.0%
Logistics support personnel	64	3	0	0.0%
Material-recording and transport clerks	0	0	1	0.0%
Medical practitioners	3	16	2	10.0%
Medical research and related professionals	0	0	0	0.0%
Medical specialists	1	0	0	0.0%
Medical technicians/technologists	2	0	0	0.0%
Messengers porters and deliverers	19	5	2	8.3%
Natural sciences related	1	0	1	100.0%
Other administrative & related clerks and organisers	198	41	11	4.6%
Other administrative policy and related officers	113	0	5	4.4%
Other information technology personnel	4	1	2	40.0%
Other occupations	2	0	0	0.0%
Pharmacists	11	11	0	0.0%
Pharmacologists pathologists & related professional	0	0	1	0.0%
Physicists	0	0	0	0.0%
Professional nurse	3	5	4	50.0%
Radiography	2	0	0	0.0%
Secretaries & other keyboard operating clerks	84	8	5	5.4%
Security guards	0	0	0	0.0%
Security officers	90	4	3	3.2%
Senior managers	103	11	5	4.3%
Social Work and related professionals	3	0	0	0.0%
Staff nurses and pupil nurses	1	0	0	0.0%
Statisticians and related professionals	1	0	0	0.0%
TOTAL	1468	546	144	7.1%

*1 Appointments include transfers into the Department

*2: Terminations include transfers out of the Department

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

Table 4.6.3 Reasons why staff left the department for the period 1 April 2015 and 31 March 2016

Termination Type	Nr of employees terminated	% of Total Terminations *1
Death,	7	4.9%
Resignation,	43	29.9%
Expiry of contract,*3	37	25.7%
Dismissal - operation changes	0	0.0%
Dismissal - misconduct	3	2.1%
Dismissal - inefficiency	0	0.0%
Discharged due to ill health	1	0.7%
Retirement,	21	14.6%
Transferred Out of the Dept	32	22.2%
Other,	0	0.0%
TOTAL	107	100.0%
Total number of employees who left as a % of total employment *2		7.2%

*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

*3 Contract expiry is excluded from total

Table 4.6.4 Promotions by critical occupation for the period 1 April 2015 and 31 March 2016

Occupation	Employees 1 April 2015	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	48	6	12.5%	30	62.5%
Ambulance and related workers	0	0	0.0%	0	0.0%
Artisan project and related superintendents	1	0	0.0%	1	100.0%
Auxiliary and related workers	11	1	9.1%	6	54.5%
Biochemistry pharmacology. Zoology & life sciences. Technicians	250	2	0.8%	166	66.4%
Chemists	0	0	0.0%	0	0.0%
Cleaners in offices workshops hospitals etc.	61	0	0.0%	49	80.3%
Client inform clerks(switchboard reception information clerks)	4	0	0.0%	3	75.0%
Communication and information related	13	0	0.0%	4	30.8%
Computer programmers.	1	0	0.0%	1	100.0%
Computer system designers and analysts.	0	0	0.0%	0	0.0%
Custodian personnel	0	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	9	0	0.0%	6	66.7%
Diplomats	0	0	0.0%	0	0.0%
Emergency Services Related	2	0	0.0%	1	50.0%
Engineering sciences related	1	0	0.0%	0	0.0%
Engineers and related professionals	1	0	0.0%	0	0.0%
Environmental health	30	1	3.3%	4	13.3%
Finance and economics related	2	1	50.0%	0	0.0%
Financial and related professionals	39	1	2.6%	27	69.2%
Financial clerks and credit controllers	16	1	6.3%	9	56.3%
Food services aids and waiters	0	0	0.0%	0	0.0%
General legal administration & rel. professionals	2	0	0.0%	1	50.0%
Head of department/chief executive officer	1	0	0.0%	0	0.0%
Health sciences related	144	14	9.7%	77	53.1%
Human resources & organisational development & related professionals	48	7	14.6%	30	62.5%
Human resources clerks	0	0	0.0%	0	0.0%
Human resources related	6	0	0.0%	3	50.0%
Information technology related	20	0	0.0%	17	85.0%
Language practitioners interpreters & other communicators	0	0	0.0%	0	0.0%
Legal related	4	0	0.0%	2	50.0%
Librarians and related professionals	3	0	0.0%	0	0.0%
Library mail and related clerks	32	1	3.1%	20	62.5%
Light vehicle drivers	3	0	0.0%	3	100.0%

Occupation	Employees 1 April 2015	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
Logistical support personnel	64	1	1.6%	47	73.4%
Material-recording and transport clerks	0	0	0.0%	0	0.0%
Medical practitioners	3	1	33.3%	0	0.0%
Medical research and related professionals	0	0	0.0%	0	0.0%
Medical specialists	1	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 administrative & related clerks and organisers	198	5	2.5%	142	71.7%
Other administrative policy and related officers	113	11	9.6%	63	55.7%
Other information technology personnel.	4	0	0.0%	1	25.0%
Other occupations	2	0	0.0%	1	50.0%
Pharmacists	11	1	7.1%	11	100.0%
Pharmacologists pathologists & related professional	0	0	0.0%	0	0.0%
Physicists	0	0	0.0%	0	0.0%
Professional nurse	3	0	0.0%	0	0.0%
Radiography	2	0	0.0%	2	100.0%
Secretaries & other keyboard operating clerks	84	16	19.0%	45	53.6%
Security guards	0	0	0.0%	0	0.0%
Security officers	90	2	2.2%	54	60.0%
Senior managers	103	5	4.8%	69	66.3%
Social Work and related professionals	3	0	0.0%	0	0.0%
Staff nurses and pupil nurses	1	0	0.0%	0	0.0%
Statisticians and related professionals	1	0	0.0%	0	0.0%
TOTAL	1468	77	5.2%	906	61.7%

*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 2015 to 31 March 2016

Salary Band	Employees 1 April 2015	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 (Levels 3-5)	78	0	0.0%	0	0.0%
Semi-skilled and discretionary decision making (Levels 3-6)	413	22	5.3%	224	54.2%
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	279	18	6.5%	252	90.3%
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	586	29	4.9%	359	61.3%
Senior Management (Levels 13-14)	100	8	8.0%	71	71.0%
Top Management (Levels 15-16)	12	0	0.0%	0	0.0%
TOTAL	1468	77	5.2%	906	61.7%

*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

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 2016

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers,	43	4	6	12	35	5	5	5	115
Professionals,	117	4	1	12	168	5	5	25	337
Technicians and associate professionals,	253	11	8	20	428	17	15	40	792
Clerks,	98	4	1	3	211	17	6	45	385
Service and sales workers,	60	0	1	0	29	0	1	0	91
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	0	0	0	0	0	0	0	0	0
Labourers and related workers	33	1	0	0	55	3	0	0	92
TOTAL	606	24	17	43	927	47	32	115	1816
Employees with disabilities*1	4	0	0	1	2	1	0	3	11

*Total of employees with disabilities is underrepresented due to non-disclosure.

Table 4.7.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2016

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	2	1	2	1	3	2	1		12
Senior Management	43	3	4	11	35	3	4	6	109
Professionally qualified and experienced specialists and mid-management	257	14	9	28	470	18	21	41	858
Skilled technical and academically qualified workers, junior management, supervisors, foreman	104	1	1	3	181	9	2	46	347
Semi-skilled and discretionary decision making,	199	5	1	5	233	15	4	22	484
Unskilled and defined decision making	1				5				6
TOTAL	606	24	17	48	927	47	32	115	1816

Table 4.7.3 Recruitment for the period 1 April 2015 and 31 March 2016

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	1	0	0	1
Senior Management	5	1	1	0	3	1	0	0	11
Professionally qualified and experienced specialists and mid-management	71	4	5	2	166	7	5	3	263
Skilled technical and academically qualified workers, junior management, supervisors, foreman	4	0	0	0	3	0	0	0	7
Semi-skilled and discretionary decision making,	31	0	0	0	50	1	2	2	86
Unskilled and defined decision making	1	0	0	0	2	0	0	0	3
TOTAL	112	5	6	2	224	10	7	5	371
Employees with disabilities	0	0	0	0	1	0	0	0	1

Table 4.7.4 Promotions for the period 1 April 2015 and 31 March 2016

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	3	0	0	1	3	0	0	1	8
Professionally qualified and experienced specialists and mid-management	5	0	0	0	23	0	0	1	29
Skilled technical and academically qualified workers, junior management, supervisors, foreman	11	0	0	0	7	0	0	0	18
Semi-skilled and discretionary decision making	3	0	0	0	17	2	0	0	22
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	22	0	0	1	50	2	0	2	77
Employees with disabilities	0	0	0	0	0	0	0	0	0

Table 4.7.5 Terminations for the period 1 April 2015 and 31 March 2016

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management (Levels 15-16)	0	0	0	0	0	0	0	0	0
Senior Management (Levels 13-14)	3	0	0	2	0	0	0	1	6
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	31	0	0	2	58	2	0	1	94
Skilled technical and academically qualified workers, junior management, supervisors, foreman (Levels 4-8)	3	1	0	0	7	0	0	2	13
Semi-skilled and discretionary decision making (Levels 3-6)	8	0	0	0	16	1	0	5	30
Unskilled and defined decision making (Levels 3-5)	1	0	0	0	0	0	0	0	1
TOTAL	46	1	0	4	81	3	0	9	144
Employees with disabilities	0	0	0	0	1	0	0	0	1

Table 4.7.6 Disciplinary action for the period 1 April 2015 to 31 March 2016

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Suspension	3	0	0	0	1	0	1	0	5

Table 4.7.7 Skills development for the period 1 April 2015 and 31 March 2016

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, Senior Officials and Managers	15	2	1	2	17	3	3	2	45
Professionals	70	3	2	1	88	4	2	8	178
Technicians and Associate Professionals	112	3	2	5	159	6	6	9	302
Clerks	61	1	0	1	186	9	3	14	275
Service and Sales Workers	76	0	0	0	42	0	1	0	119
Skilled Agriculture and Fishery Workers	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	0	0	0	0	0	0	0	0	0
Elementary Occupations	19	0	0	0	28				47
TOTAL	354	9	5	9	520	22	15	33	967
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 2016

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	33	28	26	92.9%
Salary Level 13	89	72	71	98.6%
TOTAL	138	114	109	95.6%

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

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

* Total number of SMS members is inclusive of 4 Level 13 members that have not yet signed, as they are within the 3 months grace period at the time of filling with DPSA (31 October 2015).

Table 4.8.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2016

Reasons
* Four (4) members who did not sign Performance Agreements are within 3 months grace period of contracting. Therefore 107 of eligible 112 signed their Performance Agreements
* Three (3) members who did not sign Performance Agreements are Health Attaches based in Foreign missions. These members sign their Performance Agreements with Ambassador
* Two (2) members who did not sign Performance Agreements due to pending role clarification based on Operational requirements

Table 4.8.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2016

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 2015 to 31 March 2016

Race and Gender	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R'000)	Average Cost per Beneficiary (R'000) *2
African, Female	248	927	26.8%	3415	14
African, Male	172	606	28.4%	2746	16
Asian, Female	7	32	21.9%	205	29
Asian, Male	2	17	11.8%	54	27
Coloured, Female	17	47	36.2%	250	15
Coloured, Male	4	24	16.7%	47	12
Total Blacks, Female	272	1006	27.0%	3870	14
Total Blacks, Male	178	647	27.5%	2847	16
White, Female	48	115	41.7%	875	18
White, Male	11	48	22.9%	200	18
Employees with a disability	3	11	27.3%	29	1
TOTAL	509	1816	28.0%	7792	15

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

*2: Cost divided by Number of beneficiaries

Table 4.9.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2015 to 31 March 2016

Salary Band	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R'000)	Average Cost per Beneficiary (R'000) *2
Unskilled and defined decision making,	0	6	0.0%	0	0
Semi-skilled and discretionary decision making,	116	484	24.0%	707	6 092
Skilled technical and academically qualified workers, junior management, supervisors, foreman	193	347	55.6%	1992	10 322
Professionally qualified and experienced specialists and mid-management,	195	858	22.7%	4842	24 829
TOTAL	504	1695	29.7%	7540	14 961

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

*2: Cost divided by Number of beneficiaries

Table 4.9.3 Performance Rewards by critical occupation for the period 1 April 2015 and 31 March 2016

Critical Occupation	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R)	Average Cost per Beneficiary (R) *2
Administrative related,	29	58	50.0%	843	29 069
Artisan project and related superintendents	1	1	100.0%	6	6 000
Auxiliary and related workers	6	54	11.1%	44	7 333
Biochemistry pharmacology, zoology & life sciences, Technician	62	253	24.5%	1 520	24 518
Cleaners in offices workshops hospitals, etc	24	71	33.8%	123	5 125
Client inform clerks(switchboard reception information clerks)	3	4	75.0%	28	9 333
Communication and information related	7	12	58.3%	141	20 143
Computer programmers	0	1	0.0%	-	0
Computer system designers and analysts	0	1	0.0%	-	0
Custodian personnel	0	1	0.0%	-	0
Dental practitioners	0	1	0.0%	-	0
Dental Specialist	7	8	87.5%	161	23 000
Dental Therapy	0	2	0.0%	-	0
Dieticians and nutritionists	0	1	0.0%	-	0
Emergency Services Related,	0	2	0.0%	-	0
Engineering sciences related	3	231	1.3%	73	24 333
Engineers and related professionals	2	3	66.7%	59	29 500
Environmental health	10	44	22.7%	171	17 100
Finance and economics related	2	27	7.4%	16	8 000
Financial and related professionals	0	1	0.0%	-	0
Financial clerks and credit controllers	0	1	0.0%	-	0
Food services aids and waiters	48	110	43.6%	1 172	24 417
General legal administration & rel. professionals	24	46	52.2%	369	15 375
Head of department/chief executive officer	0	2	0.0%	-	0
Health sciences related	5	6	83.3%	149	29 800
Human resources & organisation development & related professionals	10	22	45.5%	131	13 100
Human resources related	0	2	0.0%	-	0
Information technology related	15	31	48.4%	128	8 533
Language practitioners interpreters & other communication	1	3	33.3%	4	4 000
Legal related	10	64	15.6%	105	10 500
Librarians and related professionals	0	1	0.0%	-	0
Library mail and related clerks	1	4	25.0%	23	23 000
Light vehicle drivers	1	2	50.0%	27	27 000
Logistical support personnel	1	2	50.0%	14	14 000
Material-recording and transport clerks	8	19	42.1%	43	5 375
Medical practitioners	0	1	0.0%	-	0
Medical research and related professionals	94	230	40.9%	82	8 723
Medical specialists	59	97	60.8%	694	11 763
Medical technicians/technologists	1	4	25.0%	14	14 000
Messengers porters and deliverers	0	4	0.0%	-	0
Other administrative & related clerks and organisers	4	21	19.0%	99	24 750
Other administrative policy and related officers	0	1	0.0%	-	0
Other information technology personnel	0	3	0.0%	-	0
Other occupations	1	12	8.3%	13	13 000
Pharmacists	1	2	50.0%	19	19 000
Pharmacologists pathologists & related professionals	37	88	42.0%	339	9 162
Physicists	25	88	28.4%	142	5 680
Professional nurse	5	100	5.0%	252	50 400
Radiography	0	1	0.0%	-	0
Secretaries & other keyboard operating clerks	2	4	50.0%	50	25 000
Security guards	0	1	0.0%	-	0
Security officers	509	1748	29.1%	7 792	15 309
Senior managers	5	101	4.6%	252	50 412
Social work and related professionals	2	4	50.0%	50	25 215
Staff nurses and pupil nurses	0	1	0.0%	0	0
Statisticians and related professionals	0	0	0.0%	0	0
TOTAL	509	1784	28.0%	7 792	15 309

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

*2: Number of beneficiaries divided by cost

Table 4.9.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2015 and 31 March 2016

Salary Band	Beneficiary Profile			Cost	
	Nr of Beneficiaries	Total Employment	% of Total Employment *1	Cost (R)	Average Cost per Beneficiary (R000) *2
Band A (13)	3	78	3.8%	151 761	50 587
Band B (14)	2	28	7.1%	100 298	50 149
Band C (15)	0	12	0.0%	0	0
Band D (16)	0	4	0.0%	0	0
TOTAL	5	122	4.1%	252 059	50 412

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

*2: Cost divided by Number of beneficiaries

*3: Cost divided by Personnel Cost SMS multiplied by 100

4.10 Foreign Workers**Table 4.10.1 Foreign workers by salary band for the period 1 April 2015 and 31 March 2016**

Salary Band	01 April 2015		31 March 2016		Change	
	Employment at Beginning Period	% of Total*1	Employment at end of period	% of Total	Change in employment	% of Total
Highly skilled supervision (Levels 9-12)	4	50.0%	21	1.2%	17	89.5%
Contract (Levels 13-16)	4	50.0%	4	0.22%	0	11.7%
TOTAL	8	100.0%	25	100.0%	17	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

Table 4.10.2 - Foreign Workers by major occupation for the period 1 April 2015 to 31 March 2016

Salary band	01 April 2015		31 March 2016		Change	
	Nr	% of total*1	Nr	% of total*2	Nr	% Change*
Professionals and managers	8	100%	25	100.0%	17	100.0%
Technicians and associated professionals	0	0%	0	0.0%	0	0.0%
TOTAL	8	100.0%	25	100.0%	17	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 2015 to 31 December 2015**

Salary Band	Total Days	% Days with Medical Certification *1	Nr of Employees using Sick Leave*2	% of Total Employees using Sick Leave *3	Average Days per Employee *4	Estimated Cost (R'000)	Total nr of days with medical certification
Unskilled and defined decision making	32	37.5%	5	0.3%	6	13	12
Semi-skilled and discretionary decision making	3923	51.9%	540	29.7%	7	2905	2036
Skilled technical and academically qualified workers, junior management, supervisors, foreman	2900	49.3%	468	25.7%	6	3226	1430
Professionally qualified and experienced specialists and mid-management	5108	50.3%	732	40.2%	7	9197	2569
Senior Management	513	68.0%	72	4.0%	7	1898	349
Top Management	7	42.9%	3	0.2%	2	41	3
TOTAL	12483	51.3%	1820	100.0%	7	17281	6399

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

*2: This includes donor funded employees

*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

*4: Number of employees using sick leave within the salary band leave divided by Total number of employees using Disability leave multiplied by 100

Table 4.11.2 Disability leave (temporary and permanent) for the period 1 January 2015 to 31 December 2015

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 number of days with medical certification
Unskilled and defined decision making,	0	0.00%	0	0.00%	0		0
Semi-skilled and discretionary decision making,	371	100.00%	28	41.80%	13	297	371
Skilled technical and academically qualified workers, junior management, supervisors, foreman	351	100.00%	15	22.40%	23	434	351
Professionally qualified and experienced specialists and mid-management,	329	100.00%	23	34.30%	14	643	329
Senior Management	11	100.00%	1	1.50%	11	49	11
Top Management,	0	0.00%	0	0.00%	0		0
TOTAL	1187	100.00%	67	100.00%	16	1423	1 062

*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 2015 to 31 December 2015

Salary Band	Total Days Taken	Average days per Employee *1	Number of Employees who took leave*2
Unskilled and defined decision making	111	16	7
Semi-skilled and discretionary decision making	14876	23	659
Skilled technical and academically qualified workers, junior management, supervisors and foreman	13300	22	608
Professionally qualified and experienced specialists and mid-management	20725	22	954
Senior Management	2686	23	119
Top Management	279	19	15
TOTAL	51977	22	2362

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

Table 4.11.4 Capped leave for the period 1 January 2015 to 31 December 2015

Salary Band	Total days of capped leave taken	Nr of Employees who took Capped leave	Average nr of days taken per employee *1	Average capped leave per employee as at 31 Dec 2015 *2	Total nr of capped leave available at 31 Dec 2015	Nr of Employees as at 31 Dec 2015 *3
Unskilled and defined decision making (Levels 3-5)	0	0	0	8	47	6
Semi-skilled and discretionary decision making (Levels 3-6)	27	6	5	13	5519	412
Skilled technical and academically qualified workers, junior management, supervisors and foreman (Levels 4-8)	20	3	7	2	1672	749
Professionally qualified and experienced specialists and mid-management (Levels 9-12 & OSDs)	18	5	4	12	6111	522
Senior Management (Levels 13-14)	9	2	5	17	1960	117
Top Management (Levels 15-16)	0	0	0	268	268	1
TOTAL	74	16	5	9	15577	1807

*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

*3: This includes employees of voted and donor funds

Table 4.11.5 Leave payouts for the period 1 April 2015 and 31 March 2016

Reason	Total Amount (R'000)	Number of Employees	Average Payment per Employee (R'000) *1
Leave payout for 2015/2016 due to non-utilisation of leave for the previous cycle	122	3	41
Capped leave payouts on termination of service for 2015/2016	63	29	2
Current leave payout on termination of service for 2015/2016	2910	83	35
TOTAL	3095	115	27

*1: Total Amount divided by Number of employees

4.12 HIV/AIDS & Health Promotion Programmes**Table 4.12.1 Steps taken to reduce the risk of occupational exposure**

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk

Table 4.12.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position	X		Adv MT Ngake; Chief Negotiator is the chairperson of the integrated employee health and wellness committee
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose	X		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
Question	Yes	No	Details, if yes
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures	X		Employee policy on HIV&AIDS and STI and TB in the workplace has been reviewed and is waiting for management approval. Employees and prospective employees have the right to confidentiality with regard to their HIV/AIDS status, if an employee informs an employer of their HIV/AIDS status. The Unit works closely with Employment Equity, HIV Care and Support Unit and Employment Relations in stigma mitigation and prevention of cases of discrimination. Breaching of confidentiality and acts of discrimination constitutes misconduct
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved	X		On consultation with the Employee Assistance Programme Officer and the Departmental nurse, employees receive counselling and are encouraged to subject themselves to voluntary testing. Every year the Department organises a number of health testing facilities, where employees can 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	Condom distribution and promotion of use of condoms. Male and female condoms are available. More condoms are being distributed as the uptake has increased. Health screening uptake has increased by 10% yearly. The number of employees who attends workshops, awareness campaigns and seminars on health and wellness issues has increased by 5% from last year

4.13 Labour Relations

Table 4.13.1 Collective agreements for the period 1 April 2015 and 31 March 2016

Subject matter	Date
PHSDSBC Resolution 1 of 2015: Amendment to the constitution	2015/07/30
PHSDSBC Resolution 2 of 2015: Amendment to the dispute rules	2015/07/30
PHSDSBC Resolution 3 of 2015: Establishment of council Committees	2015/10/28
PHSDSBC Resolution 4 of 2015 : Operation of chambers	2015/10/28
PHSDSBC Resolution :5 of 2015 Coordination of caucus for council and chambers	2015/10/28
PHSDSBC Resolution 1 of 2016: Transfer of employees to the OHSC	2016/03/31

Table 4.13.2 Misconduct and disciplinary hearings finalised for the period 1 April 2015 and 31 March 2016

Outcomes of disciplinary hearings	Nr	% of Total	Total
Correctional counselling	0	0.0%	6
Verbal Warning	0	0.0%	6
Written Warning	0	0.0%	6
Final Written Warning	1	17.0%	6
Suspend without pay	2	33.0%	6
Fine	0	0.0%	6
Demotion	0	0.0%	6
Dismissal	3	50.0%	6
Not guilty	0	0.0%	6
Case withdrawn	0	0.0%	6
TOTAL	6	100.0%	6

Table 4.13.3: Types of misconduct addressed at disciplinary hearings for the period 1 April 2015 and 31 March 2016

Type of misconduct	Nr	% of Total	Total
Dishonesty	1	20.0%	5
Absenteeism	2	40.0%	5
Assault	2	40.0%	5
TOTAL	5	100.0%	5

Table 4.13.4 Grievances lodged for the period 1 April 2015 and 31 March 2016

Number of grievances addressed	Nr	% of Total	Total
Number of grievances resolved	27	54.0%	50
Number of grievances not resolved	23	46.0%	50
Total number of grievance lodged	50	100.0%	50

Table 4.13.5 Disputes logged with Councils for the period 1 April 2015 and 31 March 2016

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

Table 4.13.6 Strike actions for the period 1 April 2015 and 31 March 2016

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

Table 4.13.7 Precautionary suspensions for the period 1 April 2015 and 31 March 2016

Precautionary Suspensions	
Number of people suspended	5
Number of people whose suspension exceeded 30 days	5
Average number of days suspended	547
Cost (R'000) of suspensions	875

4.14 Skills development

Table 4.14.1 Training needs identified for the period 1 April 2015 and 31 March 2016

Occupational Categories	Gender	Nr of Employees as at 1 April 2015	Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	36	0	23	1	24
	Male	53	0	24	0	24
Professionals	Female	180	0	402	19	421
	Male	122	0	262	7	269
Technicians and associate professionals	Female	295	0	248	10	258
	Male	200	0	160	14	174
Clerks	Female	286	0	581	20	601
	Male	121	0	274	7	281
Service and sales workers	Female	30	0	78	1	79
	Male	59	0	169	3	172
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	1	0	0	0	0
Elementary occupations(Labourers and Related Workers)	Female	51	0	108	0	108
	Male	32	0	44	0	44
Gender sub totals	Female	879	0	1440	51	1491
	Male	589	0	936	31	967
TOTAL		1468	0	2376	82	2458

Table 4.14.2 Training provided for the period 1 April 2015 and 31 March 2016

Occupational Categories	Gender	Nr of Employees as at 1 April 2015	Internship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	36	0	21	4	25
	Male	53	0	16	4	20
Professionals	Female	180	0	85	17	102
	Male	122	0	72	4	76
Technicians and associate professionals	Female	295	15	154	11	180
	Male	200	9	99	14	122
Clerks	Female	286	0	191	21	212
	Male	121	0	61	2	63
Service and sales workers	Female	30	0	42	1	43
	Male	59	0	72	4	76
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	1	0	1
Plant and machine operators and assemblers	Female	1	0	0	0	0
	Male	1	0	0	0	0
Elementary occupations(Labourers and Related Workers)	Female	51	0	28	0	28
	Male	32	0	19	0	19
Gender sub totals	Female	879	15	521	54	590
	Male	589	9	340	28	377
TOTAL		1468	24	861	82	967

4.15 Injury on Duty

Table 4.15.1 Injury on duty for the period 1 April 2015 and 31 March 2016

Nature of injury on duty	Number	% of total
Required basic medical attention only	4	100.0%
Temporary Total Disablement	0	0.0%
Permanent Disablement	0	0.0%
Fatal	0	0.0%
TOTAL	4	100.0%

4.16 Severance Packages

Table 4.16.1 Granting of employee initiated severance packages for the period 1 April 2015 and 31 March 2016

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
Top Management (Levels 15-16)	0	0	0	0
TOTAL	0	0	0	0

PART E FINANCIAL INFORMATION

	Adjusted Appropriation R'000	Statement of Funds R'000	Final Appropriation R'000
employees	61 794	(952)	60 842
	240 635	(18 719)	221 916
subsidies to municipalities	10 533 886	15 000	10 548 886
ancies & accounts	10 951	2 000	12 951
institutions	3 000	271	3 271
ns & private	187 016	-	187 016
tions	-	-	-
capital assets	1 674	-	1 674
equipment	-	-	-
financial assets	-	-	(2 451)
	11 038 956	-	11 036 505
			10 958 798

Report of the Auditor-General to Parliament on Vote no. 16: National Department of Health

Report on the financial statements

Introduction

1. I have audited the financial statements of the National Department of Health set out on pages 92 to 171, which comprise the appropriation statement, the statement of financial position as at 31 March 2016, 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, comprising a summary of significant accounting policies and other explanatory information.

Accounting Officer's responsibility for the financial statements

2. The Accounting Officer is responsible for the preparation and fair presentation of these financial statements in accordance with modified cash standards issued by National Treasury and the requirements of the Public Management Finance Act, 1999 (Act no 1 of 1999) (PFMA), Division of Revenue Act of South Africa, 2015 (Act No. 1 of 2015) (DoRA), and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-General's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

6. 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 2016 and its financial performance and cash flows for the year then ended, in accordance with the modified cash standards issued by National Treasury and the requirements of the PFMA and DoRA.

Emphasis of matter

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

Material under spending of conditional grant

8. As disclosed in the appropriation statement, the Department materially under-spent on the Human Papilloma Virus Vaccine Grant by an amount of R41 281 000.

Additional matter

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

Unaudited supplementary schedules

10. The supplementary information set out on pages 172 to 186 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.

Report on other legal and regulatory requirements

11. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives of selected programmes presented in the annual performance report, compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined objectives

12. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information of the following selected programmes presented in the annual performance report of the Department for the year ended 31 March 2016:
 - Programme 3 : HIV/AIDS, TB and Maternal and Child Health on pages 28 to 36.
 - Programme 5: Hospital, Tertiary Health Services and Human Resource Development on pages 43 to 48.
13. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators

and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by National Treasury's *Framework for managing programme performance information* (FMPPI).

14. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
15. The material findings in respect of the selected programmes are as follows:

Programme 3 – HIV/AIDS, TB and Maternal and Child Health

Usefulness of reported performance information

16. I did not identify any material findings on the usefulness of the reported performance information for this programme.

Reliability of reported performance information

17. The 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 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 department consolidated the results of performance reported at the provincial departments for 25 of 39 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 16 (64%) of 25 indicators selected for the programme.
18. 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 25 (64%) of the total of 39 indicators selected for testing. These indicators relate to information reported through the provincial departments. 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. For 3 indicators included in the 25 indicators we were unable to get adequate assurance that the baseline denominators were reliable. This is due to inadequate systems and processes in place to reliably report on the baseline information. For 1 indicator, a lack of adequate internal controls at the national department resulted in the information reported not being reliable.

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

Usefulness of reported performance information

19. I did not identify any material findings on the usefulness of the reported performance information for this programme.

Reliability of reported performance information

20. The 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. Adequate and reliable corroborating evidence could not be provided for 3 significantly important indicators to assess the reliability of the reported performance information. For 2 indicators, a lack of adequate internal controls resulted in the information reported not being reliable. The auditee's records did not permit the application of alternative audit procedures.

Additional matters

21. I draw attention to the following matters:

Achievement of planned targets

22. Refer to the annual performance report on pages 17 to 53 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the reliability of the reported performance information in paragraphs 16 to 20 of this report.

Adjustment of material misstatements

23. 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, 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 identified material findings on the reliability of the reported performance information.

Compliance with legislation

24. I performed procedures to obtain evidence that the department had complied with applicable legislation regarding financial matters, financial management and other related matters. My material findings on compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

Annual financial statements, performance and annual reports

25. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework in certain instances as required by section 40(1) (b) of the PFMA. Material misstatements of accruals, commitments and immovable assets identified by the auditors in the submitted financial statements were subsequently corrected resulting in the financial statements receiving an unqualified audit opinion.

Performance management

26. The Department has developed policies and procedures relating to performance management at provincial level. Due to internal controls not being adequately implemented at Provincial Departments of Health, the Department did not have and maintain

an effective and efficient system of internal control regarding performance management, which described and represented how the Department's processes of performance monitoring, measurement, review and reporting were conducted, organised and managed, as required by section 38(1) (a) (i) of the PFMA.

Internal control

27. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the findings on the annual performance report and the findings on compliance with legislation included in this report.

Leadership

28. The Accounting Officer has developed and approved policies and procedures for the reporting of performance information where information is derived from Provincial Departments of Health. The Provincial Departments have not effectively implemented these policies and procedures.

Financial and performance management

29. Management did not adequately implement controls over daily and monthly processing and reconciling of transactions. This led to the financial statements being corrected after submission for audit.
30. Internal control processes were not effectively designed and implemented to ensure that performance information reported by the department is reliable for certain indicators.

Other reports

31. I draw attention to the following engagement that could potentially impact on the Department's financial, performance and compliance related matters. My opinion is not modified in respect of these engagements that are either in progress or have been completed.

Performance audits

32. A performance audit on the management of pharmaceuticals was conducted at the National and Provincial Departments of Health relating to the 2014-15 financial year. For the national department, the focus was on their oversight function, the administration of pharmaceuticals and related contracts. The outcomes of this performance audit will be included in a transversal report to be tabled in Parliament later this year.

Auditor-General

Pretoria

31 July 2016



AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme	Appropriation per programme							2014/15	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Administration	456 578	-	(13 162)	443 416	438 501	4 915	98,9%	397 731	386 476
2. National Health Insurance, Health Planning and Systems Enablement	596 646	-	14 567	611 213	553 053	58 160	90,5%	663 901	325 329
3. HIV and AIDS, Tuberculosis and Maternal and Child Health	14 378 878	-	(54 018)	14 324 860	14 179 001	145 859	99,0%	13 046 659	13 027 910
4. Primary Health Care Services	224 917	-	(9 678)	215 239	212 571	2 668	98,8%	107 155	102 355
5. Hospitals, Tertiary Health Services and Human Resource Development	18 993 031	-	64 434	19 057 465	19 056 279	1 021	100,0%	18 808 853	18 482 048
6. Health Regulation and Compliance Management	1 603 875	-	(2 143)	1 601 732	1 599 420	2 312	99,9%	876 271	830 537
Subtotal	36 253 925	-	-	36 253 925	36 038 825	214 935	99,4%	33 900 570	33 154 655

Vote 16
Appropriation Statement for the year ended 31 March 2016

	2015/16		2015/16		2014/15	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
TOTAL (brought forward)	36 253 925	36 038 825	36 253 925	36 038 825	33 900 570	33 154 655
Reconciliation with statement of financial performance						
ADD						
Departmental receipts	53 885		53 885		66 140	
NRF Receipts	-		-		-	
Aid assistance	1 203 879		1 203 879		1 170 219	
Actual amounts per statement of financial performance (total revenue)	37 511 689		37 511 689		35 136 929	
ADD						
Aid assistance		1 164 850		1 164 850		937 619
Prior year unauthorised expenditure approved without funding						
Actual amounts per statement of financial performance (total expenditure)		37 203 840		37 203 840		34 092 274

Vote 16

Appropriation Statement for the year ended 31 March 2016

Appropriation per economic classification									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 270 097	(70 782)	(71 397)	2 127 918	1 933 991	193 927	90,9%	2 082 747	1 629 518
Compensation of employees	774 278	(2 120)	(22 061)	750 097	750 097	-	100,0%	587 923	587 499
Salaries and wages	691 945	(7 809)	(21 896)	662 240	655 857	6 383	99,0%	521 849	517 665
Social contributions	82 333	5 689	(165)	87 857	94 240	(6 383)	107,3%	66 074	69 834
Goods and services	1 495 819	(68 662)	(49 336)	1 377 821	1 183 894	193 927	85,9%	1 494 824	1 042 019
Administrative fees	1 149	(358)	(46)	745	689	56	92,5%	903	740
Advertising	14 928	(646)	(2 557)	11 725	10 402	1 323	88,7%	8 708	9 310
Minor assets	36 031	(22 816)	(3 011)	10 204	7 055	3 149	69,1%	28 011	8 235
Audit costs: External	36 179	(15 950)	(39)	20 190	20 132	58	99,7%	27 919	27 921
Bursaries: Employees	1 800	(180)	-	1 620	1 553	67	95,9%	1 072	1 076
Catering: Departmental activities	5 518	(816)	(520)	4 182	3 150	1 032	75,3%	4 447	3 223
Communication	22 821	(3028)	(195)	19 598	19 550	48	99,8%	14 122	15 723
Computer services	16 979	(5 300)	236	11 915	11 915	-	100,0%	16 550	13 776
Consultants: Business and advisory services	62 777	18 386	19 367	100 530	65 595	34 935	65,2%	78 627	54 814
Infrastructure and planning services	3 953	(3 953)	-	-	-	-	-	13 500	4 286
Legal services	8 519	396	(1 531)	7 384	6 990	394	94,7%	5 966	6 197
Contractors	301 501	(2 699)	(3 433)	295 369	286 243	9 126	96,9%	389 132	95 289
Agency and support / outsourced services	186 730	(11 761)	(5 862)	169 107	154 287	14 820	91,2%	152 618	92 364
Entertainment	248	(155)	(27)	66	2	64	3,0%	327	18
Fleet services (including government motor transport)	36 078	12 082	1 482	49 642	60 781	(11 139)	122,4%	27 598	27 201
Inventory: Clothing material and accessories	1 193	3 034	(175)	4 052	494	3 558	12,2%	3 205	2 709
Inventory: Food and food supplies	572	(112)	(38)	422	114	308	27,0%	303	94
Inventory: Fuel, oil and gas	1 438	835	(43)	2 230	2 040	190	91,5%	1 442	1 076
Inventory: Materials and supplies	1 912	(1 089)	(508)	315	131	184	41,6%	893	334
Inventory: Medical supplies	196 388	(5 290)	(36 239)	154 859	77 538	77 321	50,1%	212 275	209 556
Inventory: Medicine	152 308	(21 481)	-	130 827	98 338	32 489	75,2%	177 162	177 192
Inventory: Other supplies	11 205	2 703	(1 741)	12 167	11 994	173	98,6%	11 820	10 332
Consumable supplies	2 800	1 154	(188)	3 766	3 007	759	79,8%	2 077	1 687
Consumable: Stationery, printing and office supplies	34 406	(2 652)	(6 931)	24 823	20 196	4 627	81,4%	27 535	18 359
Operating leases	109 078	24 626	(1 383)	132 321	131 666	655	99,5%	96 126	93 532
Property payments	27 995	(3 380)	(220)	24 395	23 661	734	97,0%	23 392	22 599
Travel and subsistence	107 165	(12 141)	2 145	97 169	92 748	4 421	95,5%	99 510	82 744
Training and development	16 231	(10 485)	(339)	5 407	4 546	861	84,1%	5 416	4 789
Operating payments	82 598	(14 842)	(7 236)	60 520	49 569	10 951	81,9%	57 135	50 283
Venues and facilities	14 699	7 354	96	22 149	19 410	2 739	87,6%	6 833	6 490
Rental and hiring	620	(98)	(400)	122	98	24	80,3%	200	90
Transfers and subsidies	33 519 141	2 122	32 627	33 553 890	33 536 117	17 773	99,9%	31 320 130	31 296 917

Vote 16
Appropriation Statement for the year ended 31 March 2016

Appropriation per economic classification									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provinces and municipalities	31 904 748	-	-	31 904 748	31 904 748	-	100,0%	30 380 282	30 380 282
Provinces	31 904 748	-	-	31 904 748	31 904 748	-	100,0%	30 380 282	30 380 282
Provincial Revenue Funds	31 904 748	-	-	31 904 748	31 904 748	-	100,0%	30 380 282	30 380 282
Departmental agencies and accounts	1 417 125	-	3 500	1 420 625	1 419 422	1 203	99,9%	673 450	655 048
Departmental agencies and accounts	1 417 125	-	3 500	1 420 625	1 419 422	1 203	99,9%	673 450	655 048
Higher education institutions	26 138	-	31 789	57 927	53 964	3 963	93,2%	43 200	40 200
Foreign governments and international organisations	-	-	-	-	-	-	-	2 658	2 622
Non-profit institutions	171 130	-	(3 450)	167 680	155 073	12 607	92,5%	217 147	215 383
Households	-	2 122	788	2 910	2 910	-	100,0%	3 393	3 382
Social benefits	-	2 122	788	2 910	2 910	-	100,0%	3 393	3 382
Payments for capital assets	464 687	67 885	38 645	571 217	567 817	3 400	99,4%	496 753	227 287
Buildings and other fixed structures	354 629	74 853	41 159	470 641	470 641	-	100,0%	380 279	168 865
Buildings	354 629	74 853	41 159	470 641	470 641	-	100,0%	380 279	168 865
Machinery and equipment	110 058	(8 108)	(5 770)	96 180	92 968	3 212	96,7%	105 699	58 247
Transport equipment	1 259	-	-	1 259	1 259	-	100,0%	-	-
Other machinery and equipment	108 799	(8 108)	(5 770)	94 921	91 709	3 212	96,7%	105 699	58 247
Software and other intangible assets	-	1 140	3 256	4 396	4 208	188	95,7%	10 775	175
Payments for financial assets	-	775	125	900	900	-	100,0%	940	933
	36 253 925	-	-	36 253 925	36 038 825	215 100	99,4%	33 900 570	33 154 655

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 1: Administration									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Ministry	31 417	(949)	(516)	29 952	29 952	-	100,0%	29 083	28 851
2. Management	19 641	(139)	344	19 846	19 846	-	100,0%	21 518	20 885
3. Corporate Services	213 467	(1 800)	(11 671)	199 996	199 693	303	99,8%	182 471	178 331
4. Office Accommodation	125 810	21 900	(86)	147 624	147 624	-	100,0%	110 525	110 449
5. Financial Management	66 243	(19 012)	(1 233)	45 998	41 386	4 612	90,0%	54 134	47 960
Total for sub programmes	456 578	-	(13 162)	443 416	438 501	4 915	98,9%	397 731	386 476
Economic classification									
Current payments	443 993	(396)	(12 085)	431 512	426 936	4 576	98,9%	389 466	381 821
Compensation of employees	177 115	(186)	801	177 730	177 729	1	100,0%	167 500	167 468
Salaries and wages	156 983	(223)	156	156 916	154 428	2 488	98,4%	147 953	147 554
Social contributions	20 132	37	645	20 814	23 301	(2 487)	111,9%	19 547	19 914
Goods and services	266 878	(210)	(12 886)	253 782	249 207	4 575	98,2%	221 966	214 353
Administrative fees	474	(41)	(89)	344	290	54	84,3%	471	505
Advertising	6 590	277	(400)	6 467	6 337	130	98,0%	3 493	5 367
Minor assets	2 915	323	(1 758)	1 480	986	494	66,6%	1 974	675
Audit costs: External	35 549	(15 400)	(39)	20 110	20 110	-	100,0%	27 919	27 921
Bursaries: Employees	1 500	-	-	1 500	1 553	(53)	103,5%	1 072	1 076
Catering: Departmental activities	1 261	159	(373)	1 047	877	170	83,8%	1 020	616
Communication	10 451	(607)	(24)	9 820	9 815	5	99,9%	7 520	8 895
Computer services	10 471	(3 058)	(1 250)	6 163	6 151	12	99,8%	9 962	8 835
Consultants: Business and advisory services	5 621	219	(440)	5 400	4 800	600	88,9%	2 428	2 180
Infrastructure and planning services	-	-	-	-	-	-	-	500	-
Legal services	7 605	970	(1 291)	7 284	6 990	294	96,0%	4 500	5 029
Contractors	4 920	(3 469)	(4)	1 447	1 447	-	100,0%	3 815	2 352
Agency and support / outsourced services	1 215	158	(500)	873	870	3	99,7%	526	668
Entertainment	108	(39)	(27)	42	-	42	-	25	8
Fleet services (including government motor transport)	7 193	(605)	(348)	6 240	5 797	443	92,9%	6 207	4 991
Inventory: Clothing material and accessories	441	159	(175)	425	414	11	97,4%	380	4
Inventory: Food and food supplies	160	11	-	171	45	126	26,3%	134	38
Inventory: Fuel, oil and gas	136	-	(110)	26	4	22	15,4%	145	4
Inventory: Materials and supplies	228	(78)	(8)	142	104	38	73,2%	24	154
Inventory: Medical supplies	2	20	-	22	29	(7)	131,8%	3	-
Inventory: Medicine	2	(1)	-	1	-	1	-	-	-
Consumable supplies	1 184	(462)	(56)	666	403	263	60,5%	604	528
Consumable: Stationery, printing and office supplies	8 830	1 198	(955)	9 073	8 606	467	94,9%	9 685	9 084
Operating leases	103 414	25 685	(874)	128 225	128 104	121	99,9%	91 140	90 241

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 1: Administration

Programme 1: Administration									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Property payments	26 925	(3 370)	(220)	23 335	23 330	5	100,0%	22 812	22 311
Travel and subsistence	20 745	(1 460)	(2 725)	16 560	15 565	995	94,0%	18 177	15 664
Training and development	4 456	(175)	(239)	4 042	3 851	191	95,3%	4 766	4 591
Operating payments	2 916	(494)	(610)	1 842	1 837	5	99,7%	1 769	1 427
Venues and facilities	1 511	(157)	(321)	1 033	892	141	86,4%	895	1 189
Rental and hiring	55	(3)	(50)	2	-	2	-	-	-
Transfers and subsidies	2 742	186	788	3 716	3 413	303	91,8%	2 184	2 150
Departmental agencies and accounts	2 742	-	-	2 742	2 439	303	88,9%	1 397	1 366
Departmental agencies	2 742	-	-	2 742	2 439	303	88,9%	1 397	1 366
Households	-	186	788	974	974	-	100,0%	787	784
Social benefits	-	186	788	974	974	-	100,0%	787	784
Payments for capital assets	9 843	-	(1 865)	7 978	7 942	36	99,5%	5 896	2 322
Machinery and equipment	9 843	-	(1 865)	7 978	7 942	36	99,5%	5 896	2 322
Transport equipment	1 259	-	-	1 259	1 259	-	100,0%	-	-
Other machinery and equipment	8 584	-	(1 865)	6 719	6 683	36	99,5%	5 896	2 322
Payments for financial assets	-	210	-	210	210	-	100,0%	185	183
TOTAL	456 578	-	(13 162)	443 416	438 501	4 915	98,9%	397 731	386 476

Vote 16
Appropriation Statement for the year ended 31 March 2016

1.1 Ministry									
	2015/16						2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	29 774	(1 160)	(344)	28 270	28 270	-	100,0%	28 513	28 413
Compensation of employees	16 736	(229)	(124)	16 383	16 383	-	100,0%	15 792	15 785
Salaries and wages	15 216	(229)	(124)	14 863	14 726	137	99,1%	14 460	14 298
Social contributions	1 520	-	-	1 520	1 657	(137)	109,0%	1 332	1 487
Goods and services	13 038	(931)	(220)	11 887	11 887	-	100,0%	12 721	12 628
Administrative fees	-	-	-	-	-	-	-	-	18
Advertising	50	-	-	50	30	20	60,0%	-	47
Minor assets	80	-	-	80	10	70	12,5%	250	16
Catering: Departmental activities	150	100	(100)	150	108	42	72,0%	90	42
Communication (G&S)	1 200	(271)	-	929	986	(57)	106,1%	980	1 015
Computer services	5	-	-	5	-	5	-	17	1
Consultants: Business and advisory services	10	-	-	10	-	10	-	10	8
Contractors	25	10	-	35	6	29	17,1%	80	16
Agency and support / outsourced services	-	40	-	40	34	6	85,0%	95	24
Entertainment	35	-	-	35	-	35	-	18	-
Fleet services (including government motor transport)	2 295	(100)	-	2 195	2 305	(110)	105,0%	1 970	2 107
Inventory: Clothing material and accessories	10	-	-	10	-	10	-	-	-
Inventory: Food and food supplies	36	-	-	36	8	28	22,2%	46	9
Inventory: Fuel, oil and gas	1	-	-	1	1	-	100,0%	-	1
Inventory: Materials and supplies	1	-	-	1	-	1	-	-	-
Consumable supplies	110	-	-	110	25	85	22,7%	95	17
Consumable: Stationery, printing and office supplies	887	(50)	(120)	717	584	133	81,5%	1 018	902
Operating leases	280	-	-	280	331	(51)	118,2%	230	95
Travel and subsistence	7 459	(660)	-	6 799	7 200	(401)	105,9%	7 482	7 906
Operating payments	144	-	-	144	97	47	67,4%	90	165
Venues and facilities	260	-	-	260	162	98	62,3%	250	239
Transfers and subsidies	-	180	-	180	180	-	100,0%	187	187
Households	-	180	-	180	180	-	100,0%	187	187
Social benefits	-	180	-	180	180	-	100,0%	187	187
Payments for capital assets	1 643	-	(172)	1 471	1 471	-	100,0%	367	236
Machinery and equipment	1 643	-	(172)	1 471	1 471	-	100,0%	367	236
Transport equipment	1 259	-	-	1 259	1 259	-	100,0%	-	-
Other machinery and equipment	384	-	(172)	212	212	-	100,0%	367	236
Payments for financial assets	-	31	-	31	31	-	100,0%	16	15
TOTAL	31 417	(949)	(516)	29 952	29 952	-	100,0%	29 083	28 851

Vote 16
Appropriation Statement for the year ended 31 March 2016
1.2 Management

1.2 Management									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	19 171	(145)	621	19 647	19 647	-	100,0%	20 850	20 634
Compensation of employees	14 270	-	1 188	15 458	15 458	-	100,0%	15 431	15 427
Salaries and wages	13 284	-	543	13 827	13 827	-	100,0%	13 825	13 980
Social contributions	986	-	645	1 631	1 631	-	100,0%	1 606	1 447
Goods and services	4 901	(145)	(567)	4 189	4 189	-	100,0%	5 419	5 207
Administrative fees	17	(11)	-	6	7	(1)	116,7%	-	-
Advertising	6	(2)	-	4	-	4	-	418	403
Minor assets	130	(28)	(81)	21	21	-	100,0%	130	52
Catering: Departmental activities	124	(21)	(94)	9	9	-	100,0%	72	54
Communication (G&S)	566	(85)	(84)	397	393	4	99,0%	465	417
Computer services	5	(5)	-	-	-	-	-	-	-
Consultants: Business and advisory services	2	29	-	31	29	2	93,5%	-	-
Legal services	5	-	-	5	-	5	-	-	-
Contractors	15	(8)	-	7	1	6	14,3%	30	22
Entertainment	24	(3)	(21)	-	-	-	-	(3)	-
Fleet services (including government motor transport)	349	(64)	-	285	288	17	94,0%	362	295
Inventory: Food and food supplies	22	-	-	22	9	13	40,9%	32	10
Inventory: Fuel, oil and gas	6	-	-	6	-	6	-	-	-
Inventory: Clothing materials and accessories	3	-	-	3	1	2	33,3%	-	72
Medical supplies	1	(1)	-	-	-	-	-	-	-
Inventory: Medicine	1	(1)	-	-	-	-	-	-	-
Consumable supplies	38	(3)	(7)	28	8	20	28,6%	30	-
Consumable: Stationery, printing and office supplies	319	103	(153)	269	261	8	97,0%	289	296
Operating leases	70	(10)	-	60	91	(31)	151,7%	170	158
Property payments	-	-	-	-	-	-	-	-	9
Travel and subsistence	2 884	144	-	3 028	3 085	(57)	101,9%	3 169	3 281
Training and development	20	-	(20)	-	-	-	-	-	-
Operating payments	134	(94)	(36)	4	3	1	75,0%	155	29
Venues and facilities	110	(85)	(21)	4	3	1	75,0%	100	109
Rental and hiring	50	-	(50)	-	-	-	-	-	-
Transfers and subsidies	-	6	-	6	6	-	100,0%	40	40
Households	-	6	-	6	6	-	100,0%	40	40
Social benefits	-	6	-	6	6	-	100,0%	40	40
Payments for capital assets	470	-	(277)	193	193	-	100,0%	614	198
Machinery and equipment	470	-	(277)	193	193	-	100,0%	614	198
Other machinery and equipment	470	-	(277)	193	193	-	100,0%	614	198
Payments for financial assets	-	-	-	-	-	-	-	14	13
TOTAL	19 641	(139)	344	19 846	19 846	-	100,0%	21 518	20 885

Vote 16
Appropriation Statement for the year ended 31 March 2016

Economic classification	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
1.3 Corporate Services								
Economic classification								
Current payments	203 735	(1 975)	(11 241)	190 519	190 519	-	100,0%	177 512
Compensation of employees	123 604	3 655	-	127 259	127 258	1	100,0%	119 008
Salaries and wages	108 311	3 618	-	111 929	109 605	2 324	97,9%	104 116
Social contributions	15 293	37	-	15 330	17 653	(2 323)	115,2%	14 892
Goods and services	80 131	(5 630)	(11 241)	63 260	63 261	(1)	100,0%	58 504
Administrative fees	257	(30)	-	227	173	54	76,2%	311
Advertising	6 373	339	(360)	6 352	6 307	45	99,3%	2 905
Minor assets	2 071	342	(1 520)	893	797	96	89,2%	1 174
Bursaries: Employees	1 500	-	-	1 500	1 553	(53)	103,5%	1 072
Catering: Departmental activities	812	80	(170)	722	721	1	99,9%	762
Communication (G&S)	8 436	(245)	(60)	8 251	8 287	(36)	100,4%	5 921
Computer services	9 981	(2 390)	(1 245)	5 846	6 151	(305)	105,2%	9 348
Consultants: Business and advisory services	5 040	190	(440)	4 790	4 771	19	99,6%	2 068
Legal services	7 600	682	(1 291)	6 991	6 990	1	100,0%	4 534
Contractors	3 372	(2 526)	-	846	1 184	(338)	140,0%	2 852
Agency and support / outsourced services	1 215	114	(500)	829	836	(7)	100,8%	431
Entertainment	29	(32)	-	7	-	7	-	10
Fleet services (including government motor transport)	3 900	(378)	(308)	3 214	3 086	128	96,0%	3 120
Inventory: Clothing material and accessories	431	159	(175)	415	414	1	99,8%	380
Inventory: Food and food supplies	91	11	-	102	23	79	22,5%	45
Inventory: Fuel, oil and gas	129	-	(110)	19	3	16	15,8%	145
Inventory: Materials and supplies	217	(80)	-	137	103	34	75,2%	23
Inventory: Medical supplies	1	21	-	22	29	(7)	131,8%	3
Inventory: Medicine	1	-	-	1	-	1	-	-
Consumable supplies	955	(459)	(28)	468	365	103	78,0%	454
Consumable: Stationery, printing and office supplies	7 134	1 118	(602)	7 650	7 549	101	98,7%	7 968
Operating leases	1 760	-	(741)	1 019	925	94	90,8%	1 605
Property payments	3 720	(840)	(220)	2 660	2 635	25	99,1%	2 125
Travel and subsistence	7 087	(544)	(2 498)	4 045	4 141	(96)	102,4%	4 710
Training and development	4 436	(175)	(219)	4 042	3 851	191	95,3%	3 615
Operating payments	2 638	(412)	(574)	1 652	1 651	1	99,9%	4 591
Venues and facilities	930	(72)	(300)	558	716	(158)	128,3%	1 233
Rental and hiring	5	(3)	-	2	-	2	-	545
Transfers and subsidies	2 742	-	788	3 530	3 227	303	91,4%	1 815
Departmental agencies and accounts	2 742	-	-	2 742	2 439	303	88,9%	1 397
Departmental agencies	2 742	-	-	2 742	2 439	303	88,9%	1 397
Households	-	-	788	788	788	-	100,0%	418
Social benefits	-	-	788	788	788	-	100,0%	417

Vote 16
Appropriation Statement for the year ended 31 March 2016

1.3 Corporate Services		2015/16				2014/15		
Economic classification		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation
		R'000	R'000	R'000	R'000	R'000	R'000	%
Payments for capital assets		6 990	-	(1 218)	5 772	5 772	-	100,0%
Machinery and equipment		6 990	-	(1 218)	5 772	5 772	-	100,0%
Other machinery and equipment		6 990	-	(1 218)	5 772	5 772	-	100,0%
Payments for financial assets		-	175	-	175	175	-	100,0%
TOTAL		213 467	(1 800)	(11 671)	199 996	199 693	303	99,8%
							182 471	178 331

1.4 Office Accommodation		2015/16				2014/15		
Economic classification		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation
		R'000	R'000	R'000	R'000	R'000	R'000	%
Current payments		125 810	21 900	(86)	147 624	147 624	-	100,0%
Goods and services		125 810	21 900	(86)	147 624	147 624	-	100,0%
Contractors		1 500	(1 265)	-	235	235	-	100,0%
Consumable supplies		-	-	-	-	4	(4)	-
Operation leases		101 105	25 695	(86)	126 714	126 690	24	100,0%
Property payments		23 205	(2 530)	-	20 675	20 695	(20)	100,1%
TOTAL		125 810	21 900	(86)	147 624	147 624	-	100,0%
							110 525	110 449
							110 525	110 449
							848	932
							-	-
							88 990	88 987
							20 687	20 530
							110 525	110 449

Vote 16
Appropriation Statement for the year ended 31 March 2016

1.5 Financial Management									
Economic classification	2015/16				2014/15				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	65 503	(19 016)	(1 035)	45 452	40 876	4 576	89,9%	52 066	47 691
Compensation of employees	22 505	(3 612)	(263)	18 630	18 630	-	100,0%	17 269	17 251
Salaries and wages	20 172	(3 612)	(263)	16 297	16 270	27	99,8%	15 552	15 242
Social contributions	2 333	-	-	2 333	2 360	(27)	101,2%	1 717	2 009
Goods and services	42 998	(15 404)	(772)	26 822	22 246	4 576	82,9%	34 797	30 440
Administrative fees	200	-	(89)	111	110	1	99,1%	160	152
Advertising	161	(60)	(40)	61	-	61	-	170	89
Minor assets	634	9	(157)	486	158	328	32,5%	420	100
Audit costs: External	35 549	(15 400)	(39)	20 110	20 110	-	100,0%	27 919	27 921
Catering: Departmental activities	175	-	(9)	166	39	127	23,5%	96	20
Communication (G&S)	249	(6)	-	243	149	94	61,3%	154	144
Computer services	480	(163)	(5)	312	-	312	-	597	24
Consultants: Business and advisory services	569	-	-	569	-	569	-	350	-
Infrastructure and planning services	-	-	-	-	-	-	-	500	-
Legal services	-	288	-	288	-	288	-	-	495
Contractors	8	320	(4)	324	21	303	6,5%	5	2
Agency and support / outsourced services	-	4	-	4	-	4	-	-	-
Entertainment	10	(4)	(6)	-	-	-	-	-	-
Fleet services (including government motor transport)	649	(63)	(40)	546	138	408	25,3%	755	217
Inventory: Food and food supplies	11	-	-	11	5	6	45,5%	11	4
Inventory: Clothing materials and accessories	7	2	(8)	1	-	1	-	1	1
Consumable supplies	81	-	(21)	60	1	59	1,7%	25	7
Consumable: Stationery, printing and office supplies	490	27	(80)	437	212	225	48,5%	410	249
Operating leases	199	-	(47)	152	67	85	44,1%	145	63
Travel and subsistence	3 315	(400)	(227)	2 688	1 139	1 549	42,4%	2 816	862
Training and development	-	-	-	-	-	-	-	243	-
Operating payments	-	42	-	42	86	(44)	204,8%	20	-
Venues and facilities	211	-	-	211	11	200	5,2%	-	90
Transfers and subsidies	-	-	-	-	-	-	-	142	140
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Social benefits	-	-	-	-	-	-	-	-	-
Payments for capital assets	740	-	(198)	542	506	36	93,4%	1 926	129
Machinery and equipment	740	-	(198)	542	506	36	93,4%	1 926	129
Other machinery and equipment	740	-	(198)	542	506	36	93,4%	1 926	129
Payments for financial assets	-	4	-	4	4	-	100,0%	-	-
TOTAL	66 243	(19 012)	(1 233)	45 998	41 386	4 612	90,0%	54 134	47 960

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 2: National Health Insurance, Health Planning and Systems Enablement									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Sub programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
1. Programme Management	3 020	(2 272)	(151)	597	597	-	100,0%	437	331
2. Technical Policy and Planning	19 869	(4 650)	(973)	14 246	14 028	218	98,5%	11 222	9 976
3. Health Information Management, Monitoring and Evaluation	85 042	(6 317)	10 512	89 237	57 421	31 816	64,3%	69 449	38 933
4. Sector-Wide Procurement	29 429	(1 194)	(1 953)	26 282	26 282	-	100,0%	24 532	24 347
5. Health Financing and National Health Insurance	395 765	1 182	(3 158)	393 789	367 663	26 126	93,4%	483 460	177 446
6. International Health and Development	63 521	13 251	10 290	87 062	87 062	-	100,0%	74 751	74 296
Total for sub programmes	596 646	-	14 567	611 213	553 053	58 160	90,5%	663 901	325 329
Economic classification									
Current payments	507 961	(182)	16 327	524 106	467 496	56 610	89,2%	570 450	233 455
Compensation of employees	95 534	(120)	3 019	98 433	98 433	-	100,0%	90 763	91 490
Salaries and wages	86 909	(1 120)	3 181	88 970	88 029	941	98,9%	81 852	81 886
Social contributions	8 625	1 000	(162)	9 463	10 404	(941)	109,9%	8 911	9 604
Goods and services	412 427	(62)	13 308	425 673	369 063	56 610	86,7%	479 687	141 965
Administrative fees	91	(45)	93	139	85	54	61,2%	65	12
Advertising	1 506	(1 012)	(70)	424	229	195	54,0%	845	337
Minor assets	1 153	(364)	(423)	366	220	146	60,1%	766	111
Catering: Departmental activities	778	(88)	(71)	619	493	126	79,6%	865	490
Communication (G&S)	915	(128)	-	787	928	(141)	117,9%	1 057	839
Computer services	1 429	(398)	(9)	1 022	453	569	44,3%	1 775	646
Consultants: Business and advisory services	32 340	(2 110)	11 691	41 921	12 564	29 357	30,0%	36 955	9 697
Legal services	390	(200)	(190)	-	-	-	-	211	258
Contractors	277 779	7 983	-	285 762	278 074	7 688	97,3%	367 928	75 735
Agency and support / outsourced services	22 745	165	-	22 910	6 536	16 374	28,5%	1 163	239
Entertainment	21	(21)	-	-	-	-	-	290	8
Fleet services (including government motor transport)	2 602	(359)	(499)	1 744	2 028	(284)	116,3%	1 646	1 517
Inventory: Food and food supplies	91	(2)	(38)	51	18	33	35,3%	44	13
Inventory: Fuel, oil and gas	37	(7)	-	30	18	12	60,0%	57	6
Inventory: Clothing materials and accessories	97	(95)	-	2	1	1	50,0%	176	1
Inventory: Medicine	2	-	-	2	-	2	-	-	1
Consumable supplies	581	(252)	20	349	119	230	34,1%	324	38
Consumable: Stationery, printing and office supplies	2 587	(265)	(351)	1 971	1 289	682	65,4%	3 828	740
Operating leases	1 270	-	(446)	824	659	165	80,0%	915	576
Property payments	10	(10)	-	-	-	-	-	20	6
Travel and subsistence	28 653	(4 569)	2 555	26 639	28 260	(1 621)	106,1%	33 757	24 925
Training and development	1 250	(600)	(100)	550	500	50	90,9%	-	-

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 2: National Health Insurance, Health Planning and Systems Enablement									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Operating payments	30 690	1 833	126	32 649	31 634	1 015	96,9%	24 854	24 054
Venues and facilities	5 210	482	1 220	6 912	4 955	1 957	71,7%	2 146	1 716
Rental and hiring	200	-	(200)	-	-	-	-	-	-
Transfers and subsidies	86 097	120	-	86 217	84 667	1 550	98,2%	90 879	90 878
Provinces and municipalities	61 077	-	-	61 077	61 077	-	100,0%	76 956	76 956
Provinces	61 077	-	-	61 077	61 077	-	100,0%	76 956	76 956
Provincial Revenue Funds	61 077	-	-	61 077	61 077	-	100,0%	76 956	76 956
Departmental agencies and accounts	900	-	-	900	-	900	-	-	-
Departmental agencies (non-business entities)	900	-	-	900	-	900	-	-	-
Non-profit institutions	24 120	-	-	24 120	23 470	650	97,3%	13 671	13 670
Households	-	120	-	120	120	-	100,0%	252	252
Social benefits	-	120	-	120	120	-	100,0%	252	252
Payments for capital assets	2 588	-	(1 760)	828	828	-	100,0%	2 515	940
Machinery and equipment	2 588	-	(1 760)	828	828	-	100,0%	2 255	765
Other machinery and equipment	2 588	-	(1 760)	828	828	-	100,0%	2 255	765
Software and other intangible assets	-	-	-	-	-	-	-	260	175
Payments for financial assets	-	62	-	62	62	-	100,0%	57	56
TOTAL	596 646	-	14 567	611 213	553 053	58 160	90,5%	663 901	325 329

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Appropriation Statement for the year ended 31 March 2016

2.1 Programme Management									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2 965	(2 272)	(96)	597	597	-	100,0%	403	331
Compensation of employees	2 265	(2 265)	-	-	-	-		3	2
Salaries and wages	2 265	(2 265)	-	-	-	-		(187)	-
Social contributions	-	-	-	-	-	-		190	2
Goods and services	700	(7)	(96)	597	597	-	100,0%	400	329
Minor assets	120	(50)	-	70	-	70		20	-
Catering: Departmental activities	-	-	-	-	-	-		5	1
Communication (G&S)	10	-	-	10	21	(11)	210,0%	25	19
Contractors	-	-	-	-	-	-		10	1
Fleet services	40	-	-	40	24	16	60,0%	50	16
Inventory: Food and food supplies	-	-	-	-	-	-		4	-
Inventory: Fuel, oil and gas	10	-	-	10	-	10		-	-
Consumable: Stationery, printing and office supplies	20	-	-	20	-	20		35	-
Operating leases	20	-	-	20	-	20		-	-
Travel and subsistence	480	43	(96)	427	405	22	94,8%	246	217
Operating payments	-	-	-	-	-	-		5	-
Venues and facilities	-	-	-	-	147	(147)		-	75
Payments for capital assets	55	-	(55)	-	-	-		34	-
Machinery and equipment	55	-	(55)	-	-	-		34	-
Other machinery and equipment	55	-	(55)	-	-	-		34	-
TOTAL	3 020	(2 272)	(151)	597	597	-	100,0%	437	331

Vote 16
Appropriation Statement for the year ended 31 March 2016

2.2 Technical Policy and Planning									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	19 476	(4 720)	(690)	14 066	13 848	218	98,5%	11 089	9 969
Compensation of employees	12 038	(2 670)	(108)	9 260	9 260	-	100,0%	6 694	7 447
Salaries and wages	10 656	(2 670)	-	7 986	8 261	(275)	103,4%	5 594	6 607
Social contributions	1 382	-	(108)	1 274	999	275	78,4%	1 100	840
Goods and services	7 438	(2 050)	(582)	4 806	4 588	218	95,5%	4 395	2 522
Administrative fees	15	(15)	-	-	1	(1)	-	30	-
Advertising	580	(520)	-	60	70	(10)	116,7%	125	41
Minor assets	390	(372)	-	18	25	(7)	138,9%	178	2
Catering: Departmental activities	43	(8)	-	35	8	27	22,9%	90	-
Communication (G&S)	72	(17)	-	55	94	(39)	170,9%	179	45
Computer services	-	-	-	-	15	(15)	-	55	-
Consultants: Business and advisory services	217	(217)	-	-	2	(2)	-	88	492
Contractors	-	-	-	-	1	(1)	-	120	-
Agency and support / outsourced services	-	-	-	-	-	-	-	30	174
Fleet services (including government motor transport)	365	(22)	(2)	341	308	33	90,3%	370	297
Inventory: Food and food supplies	12	2	-	14	3	11	21,4%	14	-
Inventory: Fuel, oil and gas	2	(2)	-	-	-	-	-	42	-
Inventory: Clothing materials and accessories	90	(90)	-	-	-	-	-	158	-
Consumable supplies	-	-	-	-	-	-	-	75	-
Consumable: Stationery, printing and office supplies	686	(446)	(144)	96	95	1	99,0%	358	3
Operating leases	130	-	-	130	107	23	82,3%	25	74
Property payments	10	(10)	-	-	-	-	-	-	-
Travel and subsistence	2 071	(53)	(436)	1 582	1 582	-	100,0%	2 290	1 336
Operating payments	2 455	(230)	-	2 225	2 001	224	89,9%	170	-
Venues and facilities	300	(50)	-	250	276	(26)	110,4%	-	97
Transfers and subsidies	-	20	-	20	20	-	100,0%	2	2
Households	-	20	-	20	20	-	100,0%	2	2
Social benefits	-	20	-	20	20	-	100,0%	2	2
Payments for capital assets	393	-	(283)	110	110	-	100,0%	131	5
Machinery and equipment	393	-	(283)	110	110	-	100,0%	131	5
Other machinery and equipment	393	-	(283)	110	110	-	100,0%	131	5
Payments for financial assets	-	50	-	50	50	-	100,0%	-	-
TOTAL	19 869	(4 650)	(973)	14 246	14 028	218	98,5%	11 222	9 976

Vote 16
Appropriation Statement for the year ended 31 March 2016

2.3 Health Information Management, Monitoring and Evaluation									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	59 207	(6 326)	10 958	63 839	33 573	30 266	52,6%	54 794	24 865
Compensation of employees	19 508	(1 326)	(332)	17 850	17 850	-	100,0%	18 041	18 041
Salaries and wages	17 016	(1 326)	(153)	15 537	15 537	-	100,0%	15 845	15 701
Social contributions	2 492	-	(179)	2 313	2 313	-	100,0%	2 202	2 340
Goods and services	39 699	(5 000)	11 290	45 989	15 723	30 266	34,2%	36 747	6 824
Administrative fees	30	(30)	-	-	-	-	-	20	-
Advertising	480	(380)	-	100	86	14	86,0%	510	180
Minor assets	367	(257)	-	110	36	74	32,7%	415	29
Catering: Departmental activities	220	(30)	-	190	118	72	62,1%	210	168
Communication (G&S)	154	(64)	-	90	63	27	70,0%	360	75
Computer services	808	(398)	-	410	342	68	83,4%	1 603	537
Consultants: Business and advisory services	31 515	(2 133)	11 290	40 672	11 793	28 879	29,0%	22 178	2 537
Contractors	27	(22)	-	5	2	3	40,0%	80	5
Agency and support / outsourced services	200	(200)	-	-	1	(1)	-	1 005	7
Fleet services (including government motor transport)	640	(220)	-	420	401	19	95,5%	830	495
Inventory: Food and food supplies	10	-	-	10	3	7	30,0%	10	4
Inventory: Fuel, oil and gas	5	(5)	-	-	-	-	-	5	2
Inventory: Materials and supplies	7	(5)	-	2	-	2	-	15	-
Consumable supplies	50	(20)	-	30	14	16	46,7%	116	15
Consumable: Stationery, printing and office supplies	851	(161)	-	690	278	412	40,3%	2 910	223
Operating leases	400	-	-	400	252	148	63,0%	600	234
Property payments	-	-	-	-	-	-	-	20	6
Travel and subsistence	2 785	(615)	-	2 170	1 799	371	82,9%	4 490	1 818
Operating payments	500	(460)	-	40	72	(32)	180,0%	800	19
Venues and facilities	650	-	-	650	463	187	71,2%	570	470
Transfers and subsidies	25 020	9	-	25 029	23 479	1 550	93,8%	13 797	13 796
Departmental agencies and accounts	900	-	-	900	-	900	-	-	-
Departmental agencies (non-business entities)	900	-	-	900	-	900	-	-	-
Non-profit institutions	24 120	-	-	24 120	23 470	650	97,3%	13 671	13 670
Households	-	9	-	9	9	-	100,0%	126	126
Social benefits	-	9	-	9	9	-	100,0%	126	126
Payments for capital assets	815	-	(446)	369	369	-	100,0%	894	259
Machinery and equipment	815	-	(446)	369	369	-	100,0%	634	84
Other machinery and equipment	815	-	(446)	369	369	-	100,0%	634	84
Software and other intangible assets	-	-	-	-	-	-	-	260	175
Payments for financial assets	-	-	-	-	-	-	-	14	13
TOTAL	85 042	(6 317)	10 512	89 237	57 421	31 816	64,3%	69 499	38 933

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Appropriation Statement for the year ended 31 March 2016

2.4 Sector-Wide Procurement									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	29 038	(1 233)	(1 758)	26 047	26 047	-	100,0%	24 035	24 028
Compensation of employees	21 335	(1 233)	(360)	19 742	19 742	-	100,0%	18 246	18 240
Salaries and wages	19 913	(1 233)	(360)	18 320	17 105	1 215	93,4%	18 194	15 907
Social contributions	1 422	-	-	1 422	2 637	(1 215)	185,4%	2 052	2 333
Goods and services	7 703	-	(1 398)	6 305	6 305	-	100,0%	5 789	5 788
Advertising	106	-	(32)	74	73	1	98,6%	125	116
Minor assets	21	330	(328)	23	22	1	95,7%	6	13
Catering: Departmental activities	215	-	(71)	144	143	1	99,3%	100	124
Communication (G&S)	99	(54)	-	45	40	5	88,9%	90	58
Computer services	116	-	(9)	107	96	11	89,7%	112	109
Consultants: Business and advisory services	203	(80)	-	123	145	(22)	117,9%	82	142
Legal services	390	(200)	(190)	-	-	-	-	211	258
Contractors	90	(15)	-	75	47	28	62,7%	50	57
Entertainment	11	(11)	-	-	-	-	-	-	-
Fleet services (including government motor transport)	220	(117)	-	103	136	(33)	132,0%	166	162
Inventory: Food and food supplies	11	(4)	-	7	3	4	42,9%	4	2
Inventory: Materials and supplies	-	-	-	-	1	(1)	-	-	1
Consumable supplies	11	(2)	-	9	5	4	55,6%	-	2
Consumable: Stationery, printing and office supplies	308	-	(214)	94	94	-	100,0%	60	65
Operating leases	230	-	(111)	119	118	1	99,2%	140	97
Travel and subsistence	3 193	(870)	(241)	2 082	2 082	-	100,0%	1 889	1 759
Operating payments	1 809	1 023	(74)	2 758	2 758	-	100,0%	2 273	2 350
Venues and facilities	670	-	(128)	542	542	-	100,0%	481	473
Transfers and subsidies	-	39	-	39	39	-	100,0%	124	124
Households	-	39	-	39	39	-	100,0%	124	124
Social benefits	-	39	-	39	39	-	100,0%	124	124
Payments for capital assets	391	-	(195)	196	196	-	100,0%	373	195
Machinery and equipment	391	-	(195)	196	196	-	100,0%	373	195
Other machinery and equipment	391	-	(195)	196	196	-	100,0%	373	195
TOTAL	29 429	(1 194)	(1 953)	26 282	26 282	-	100,0%	24 532	24 347

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Appropriation Statement for the year ended 31 March 2016
2.5 Health Financing and National Health Insurance

2.5 Health Financing and National Health Insurance									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	334 373	1 130	(2 958)	332 545	306 419	26 126	92,1%	406 108	100 251
Compensation of employees	14 112	1 142	(52)	15 202	15 202	-	100,0%	14 919	14 915
Salaries and wages	12 342	1 142	(32)	13 452	13 451	1	100,0%	13 569	13 275
Social contributions	1 770	-	(20)	1 750	1 751	(1)	100,1%	1 350	1 640
Goods and services	320 261	(12)	(2 906)	317 343	291 217	26 126	91,8%	391 189	85 336
Administrative fees	30	-	(7)	23	-	23	-	-	-
Advertising	230	(112)	(38)	80	-	80	-	(5)	-
Minor assets	205	-	(195)	10	10	-	100,0%	112	57
Catering: Departmental activities	200	-	-	200	194	6	97,0%	340	123
Communication (G&S)	120	-	-	120	90	30	75,0%	123	98
Computer services	500	-	-	500	-	500	-	-	-
Consultants: Business and advisory services	350	(100)	(99)	151	150	1	99,3%	14 552	6 526
Contractors	277 662	8 020	-	285 682	278 024	7 658	97,3%	367 658	75 667
Agency and support / outsourced services	22 500	(500)	-	22 000	6 535	15 465	29,7%	20	5
Entertainment	-	-	-	-	-	-	-	260	-
Fleet services (including government motor transport)	860	-	(597)	263	263	-	100,0%	(140)	131
Inventory: Food and food supplies	50	-	(38)	12	7	5	58,3%	8	5
Inventory: Fuel, oil and gas	20	-	-	20	-	20	-	10	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	5	-
Consumable supplies	510	(220)	(80)	210	9	201	4,3%	3	13
Consumable: Stationery, printing and office supplies	450	342	(193)	599	441	158	73,6%	240	208
Operating leases	400	-	(335)	65	65	-	100,0%	110	116
Travel and subsistence	9 538	(4 242)	(972)	4 324	3 446	878	79,7%	7 703	2 112
Training and development	1 250	(600)	(100)	550	500	50	90,9%	-	-
Operating payments	2 596	(2 100)	-	496	400	96	80,6%	(5)	8
Venues and facilities	2 590	(500)	(52)	2 038	1 083	955	53,1%	195	267
Transfers and subsidies	61 077	52	-	61 129	61 129	-	100,0%	76 956	76 956
Provinces and municipalities	61 077	-	-	61 077	61 077	-	100,0%	76 956	76 956
Provinces	61 077	-	-	61 077	61 077	-	100,0%	76 956	76 956
Provincial Revenue Funds	61 077	-	-	61 077	61 077	-	100,0%	76 956	76 956
Households	-	52	-	52	52	-	100,0%	-	-
Other transfers to households	-	52	-	52	52	-	100,0%	-	-
Payments for capital assets	315	-	(200)	115	115	-	100,0%	396	239
Machinery and equipment	315	-	(200)	115	115	-	100,0%	396	239
Other machinery and equipment	315	-	(200)	115	115	-	100,0%	396	239
TOTAL	395 765	1 182	(3 158)	393 789	367 663	26 126	93,4%	483 460	177 446

Vote 16
Appropriation Statement for the year ended 31 March 2016

2.6 International Health and Development									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	62 902	13 239	10 871	87 012	87 012	-	100,0%	74 021	74 011
Compensation of employees	26 276	6 232	3 871	36 379	36 379	-	100,0%	32 854	32 845
Salaries and wages	24 717	5 232	3 726	33 675	33 675	-	100,0%	30 837	30 396
Social contributions	1 559	1 000	145	2 704	2 704	-	100,0%	2 017	2 449
Goods and services	36 626	7 007	7 000	50 633	50 633	-	100,0%	41 167	41 166
Administrative fees	16	-	100	116	84	32	72,4%	15	12
Advertising	110	-	-	110	-	110	-	90	-
Minor assets	50	(15)	100	135	127	8	94,1%	35	10
Catering: Departmental activities	100	(50)	-	50	30	20	60,0%	120	74
Communication (G&S)	460	7	-	467	620	(153)	132,8%	280	544
Computer services	5	-	-	5	-	5	-	5	-
Consultants: Business and advisory services	55	420	500	975	474	501	48,6%	55	-
Contractors	-	-	-	-	-	-	-	10	5
Agency and support / outsourced services	45	865)	-	910	-	910	-	108	53
Entertainment	10	(10)	-	-	-	-	-	30	8
Fleet services (including government motor transport)	477	-	100	577	896	(319)	155,3%	370	416
Inventory: Food and food supplies	8	-	-	8	2	6	25,0%	4	2
Inventory: Fuel, oil and gas	-	-	-	-	18	(18)	-	-	4
Inventory: Medicine	2	-	-	2	-	2	-	-	1
Consumable supplies	10	(10)	100	100	91	9	91,0%	130	7
Consumable: Stationery, printing and office supplies	272	-	200	472	381	91	80,7%	225	241
Operating leases	90	-	-	90	117	(27)	130,0%	40	55
Travel and subsistence	10 566	1 168	4 300	16 054	18 946	(2 892)	118,0%	17 139	17 683
Operating payments	23 330	3 600	200	27 130	26 403	727	97,3%	21 611	21 677
Venues and facilities	1 000	1 032	1 400	3 432	2 444	988	71,2%	900	374
Payments for capital assets	619	-	(581)	38	38	-	100,0%	687	242
Machinery and equipment	619	-	(581)	38	38	-	100,0%	687	242
Other machinery and equipment	619	-	(581)	38	38	-	100,0%	687	242
Payments for financial assets	-	12	-	12	12	-	100,0%	43	43
TOTAL	63 251	13 251	10 290	87 062	87 062	-	100,0%	74 751	74 296

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Appropriation Statement for the year ended 31 March 2016

Programme 3: HIV and AIDS, Tuberculosis, Maternal and Child Health									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	3 652	2 200	(464)	5 388	5 388	-	100,0%	4 278	4 225
2. HIV and AIDS	14 106 361	2 886	(45 089)	14 064 158	13 962 474	101 684	99,3%	12 786 142	12 782 033
3. Tuberculosis	27 571	-	(4 582)	22 989	20 094	2 895	87,4%	23 455	21 783
4. Women's Maternal and Reproductive Health	18 578	(2 972)	(1 889)	13 717	13 717	-	100,0%	14 589	12 422
5. Child, Youth and School Health	222 716	(2 114)	(1 994)	218 608	177 328	41 280	81,1%	218 195	207 447
Total for sub programmes	14 378 878	-	(54 018)	14 324 860	14 179 001	145 859	99,0%	13 046 659	13 027 910
Economic classification									
Current payments									
Compensation of employees	543 259	(935)	(53 682)	488 642	358 495	130 147	73,4%	518 496	515 858
Salaries and wages	72 303	(710)	(248)	71 345	71 345	-	100,0%	65 314	65 285
Social contributions	64 229	(1 303)	(118)	62 808	62 531	277	99,6%	58 371	57 413
Goods and services	8 074	593	(130)	8 537	8 814	(277)	103,2%	6 943	7 872
Administrative fees	470 956	(225)	(53 434)	417 297	287 150	130 147	68,8%	453 182	450 573
Advertising	120	(120)	-	-	1	(1)	-	-	9
Minor assets	1 850	1 450	(723)	2 577	2 498	79	96,9%	651	611
Catering: Departmental activities	1 000	3 982	(43)	4 939	3 632	1 307	73,5%	547	694
Communication (G&S)	750	60	(100)	710	464	246	65,4%	667	347
Computer services	6 180	(940)	(71)	5 169	4 699	470	90,9%	577	1 024
Consultants: Business and advisory services	1 006	(1 001)	(5)	-	-	-	-	-	-
Legal services	10 363	16 188	(3 558)	22 993	19 647	3 346	85,4%	4 438	10 901
Contractors	50	-	(50)	-	-	-	-	878	845
Agency and support / outsourced services	11 254	(9 151)	(5)	2 098	47	2 051	2,2%	9 755	9 414
Entertainment	-	11 560	-	11 560	11 424	136	98,8%	2 600	2 604
Fleet services (including government motor transport)	-	-	-	-	-	-	-	5	-
Inventory: Food and food supplies	18 750	11 005	(14)	29 741	34 036	(4 295)	114,4%	11 906	11 418
Inventory: Fuel, oil and gas	32	7	-	39	19	20	48,7%	21	13
Inventory: Materials and supplies	6	5	-	11	2	9	18,2%	12	3
Inventory: Medical supplies	3	2	-	5	3	2	60,0%	-	-
Inventory: Medicine	188 791	1 020	(36 239)	153 572	76 540	77 032	49,8%	210 829	209 221
Inventory: Other supplies	152 100	(21 432)	-	130 668	98 280	32 388	75,2%	177 047	177 110
Consumable supplies	-	-	-	-	-	-	-	80	-
Consumable: Stationery, printing and office supplies	69	40	(2)	107	51	56	47,7%	157	15
Operating leases	8 866	1 315	(4 564)	5 617	2 744	2 873	48,9%	4 265	2 447
Property payments	424	40	(7)	457	375	82	82,1%	335	235
Travel and subsistence	-	-	-	-	9	(9)	-	-	-
Training and development	17 246	4 118	(1 526)	19 838	15 120	4 718	76,2%	13 891	11 892
Operating payments	9 990	(9 300)	-	690	-	690	0%	-	-
	38 260	(14 620)	(6 214)	17 426	9 098	8 328	52,2%	12 427	9 657

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 3: HIV and AIDS, Tuberculosis, Maternal and Child Health									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Venues and facilities	3 726	5 667	(313)	9 080	8 461	619	93,2%	2 094	2 113
Rental and hiring	120	(120)	-	-	-	-	-	-	-
Transfers and subsidies	13 833 817	710	-	13 834 527	13 819 482	15 045	99,9%	12 515 376	12 510 961
Provinces and municipalities	13 670 730	-	-	13 670 730	13 670 730	-	100,0%	12 311 322	12 311 322
Provinces	13 670 730	-	-	13 670 730	13 670 730	-	100,0%	12 311 322	12 311 322
Provincial Revenue Funds	13 670 730	-	-	13 670 730	13 670 730	-	100,0%	12 311 322	12 311 322
Departmental agencies and accounts	15 840	-	3 500	19 340	19 340	-	100,0%	15 000	15 000
Departmental agencies	15 840	-	3 500	19 340	19 340	-	100,0%	15 000	15 000
Higher education institutions	3 138	-	-	3 138	-	3 138	0%	3 000	-
Non-profit institutions	144 109	-	(3 500)	140 609	128 702	11 907	91,5%	185 758	184 346
Households	-	710	-	710	710	-	100,0%	296	293
Social benefits	-	710	-	710	710	-	100,0%	296	293
Payments for capital assets	1 802	-	(336)	1 466	799	667	54,5%	12 277	531
Machinery and equipment	1 802	-	(336)	1 466	799	667	54,5%	12 227	531
Other machinery and equipment	1 802	-	(336)	1 466	799	667	54,5%	12 227	531
Payments for financial assets	-	225	-	225	225	-	100,0%	560	560
TOTAL	14 378 878	-	(54 018)	14 324 860	14 179 001	145 859	99,0%	13 046 659	13 027 910

Vote 16
Appropriation Statement for the year ended 31 March 2016
3.1 Programme Management

3.1 Programme Management									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 597	1 981	(434)	5 144	5 144	-	100,0%	4 214	4 209
Compensation of employees	2 897	1 190	(20)	4 067	4 067	-	100,0%	2 806	2 802
Salaries and wages	2 716	1 190	(20)	3 886	3 689	197	94,9%	2 565	2 572
Social contributions	181	-	-	181	378	(197)	208,8%	241	230
Goods and services	700	791	(414)	1 077	1 077	-	100,0%	1 408	1 407
Administrative fees	-	-	-	-	1	(1)	-	-	9
Minor assets	6	3	-	9	8	1	88,9%	20	-
Communication (G&S)	15	60	(21)	54	53	1	98,1%	10	60
Computer services	5	-	(5)	-	-	-	-	-	-
Fleet services (including government motor transport)	17	70	(14)	73	73	-	100,0%	55	46
Inventory: Food and food supplies	4	-	-	4	2	2	50,0%	4	1
Consumable supplies	-	-	-	-	-	-	-	10	-
Consumable: Stationery, printing and office supplies	23	(3)	(11)	9	9	-	100,0%	45	8
Operating leases	4	40	(7)	37	36	1	97,3%	40	10
Travel and subsistence	626	491	(353)	764	763	1	99,9%	1 224	1 262
Operating payments	-	-	-	-	5	(5)	-	-	10
Venues and facilities	-	130	(3)	127	127	-	100,0%	-	1
Transfers and subsidies	-	10	-	10	10	-	100,0%	11	10
Households	-	10	-	10	10	-	100,0%	11	10
Social benefits	-	10	-	10	10	-	100,0%	11	10
Payments for capital assets	55	-	(30)	25	25	-	100,0%	53	6
Machinery and equipment	55	-	(30)	25	25	-	100,0%	53	6
Other machinery and equipment	55	-	(30)	25	25	-	100,0%	53	6
Payments for financial assets	-	209	-	209	209	-	100,0%	-	-
TOTAL	3 652	2 200	(464)	5 388	5 388	-	100,0%	4 278	4 225

Vote 16
Appropriation Statement for the year ended 31 March 2016

2015/16										2014/15	
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure		
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000		
Economic classifications	271 467	2 445	(45 089)	228 823	142 851	85 972	62,4%	271 365	270 886		
Current payments	30 438	2 461	-	32 899	32 899	-	100,0%	31 047	31 040		
Compensation of employees	27 300	1 470	-	28 770	28 625	145	99,5%	27 795	27 213		
Salaries and wages	3 138	991	-	4 129	4 274	(145)	103,5%	3 252	3 827		
Social contributions	241 029	(16)	(45 089)	195 924	109 952	85 972	56,1%	240 318	239 846		
Goods and services	400	84	-	484	460	24	95,0%	200	157		
Advertising	95	130	-	225	123	102	54,7%	323	51		
Minor assets	460	-	-	460	288	172	62,6%	460	229		
Catering: Departmental activities	350	-	-	350	2 198	(1 848)	628,0%	330	661		
Communication (G&S)	10 100	16 200	(3 530)	22 770	19 563	3 207	85,9%	3 700	10 204		
Consultants: Business and advisory services	-	-	-	-	-	-	-	850	845		
Legal services	6 013	(5 900)	-	113	47	66	41,6%	6 266	5 874		
Contractors	-	-	-	-	-	-	-	5	-		
Entertainment	1 350	625	-	1 975	2 074	(99)	105,0%	2 000	1 690		
Fleet services (including government motor transport)	5	5	-	10	6	4	60,0%	6	6		
Inventory: Food and food supplies	-	5	-	5	2	3	40,0%	-	1		
Inventory: Fuel, oil and gas	187 091	-	(36 239)	150 852	75 536	75 316	50,1%	210 829	209 221		
Inventory: Medical supplies	-	-	-	-	-	-	-	50	-		
Inventory: Other supplies	5	40	-	45	28	17	62,2%	63	11		
Consumable supplies	1 096	(880)	-	216	237	(21)	109,7%	595	263		
Consumable: Stationery, printing and office supplies	150	-	-	150	83	67	55,3%	150	80		
Operating leases	-	-	-	-	9	(9)	-	-	-		
Property payments	4 664	285	-	4 949	4 347	602	87,8%	5 250	4 045		
Travel and subsistence	28 750	(10 525)	(5 320)	12 905	4 529	8 376	35,1%	8 741	6 161		
Operating payments	500	(85)	-	415	422	(7)	101,7%	500	347		
Venues and facilities	13 833 817	425	-	13 834 242	13 819 197	15 045	99,9%	12 513 674	12 510 672		
Transfers and subsidies	13 670 730	-	-	13 670 730	13 670 730	-	100,0%	12 311 322	12 311 322		
Provinces and municipalities	13 670 730	-	-	13 670 730	13 670 730	-	100,0%	12 311 322	12 311 322		
Provinces	13 670 730	-	-	13 670 730	13 670 730	-	100,0%	12 311 322	12 311 322		
Provincial Revenue Funds	15 840	-	3 500	19 340	19 340	-	100,0%	15 000	15 000		
Departmental agencies and accounts	15 840	-	3 500	19 340	19 340	-	100,0%	15 000	15 000		
Departmental agencies	3 138	-	-	3 138	-	3 138	-	3 000	-		
Higher education institutions	144 109	-	(3 500)	140 609	128 702	11 907	91,5%	184 348	184 346		
Non-profit institutions	-	425	-	425	425	-	100,0%	4	4		
Households	-	425	-	425	425	-	100,0%	4	4		
Social benefits	1 077	-	-	1 077	410	667	38,1%	973	345		
Payments for capital assets	1 077	-	-	1 077	410	667	38,1%	973	345		
Machinery and equipment	1 077	-	-	1 077	410	667	38,1%	973	345		
Other machinery and equipment	1 077	-	-	1 077	410	667	38,1%	973	345		
Payments for financial assets	-	16	-	16	16	-	100,0%	130	130		
TOTAL	14 106 361	2 886	(45 089)	14 064 158	13 962 474	101 684	99,3%	12 786 142	12 782 033		

Vote 16
Appropriation Statement for the year ended 31 March 2016

3.3 Tuberculosis		2015/16					2014/15		
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	27 380	(4)	(4 550)	22 826	19 931	2 895	87,3%	23 229	21 699
Compensation of employees	11 944	(4)	(39)	11 901	11 901	-	100,0%	10 968	10 964
Salaries and wages	10 392	(4)	-	10 388	10 501	(113)	101,1%	9 798	9 633
Social contributions	1 552	-	(39)	1 513	1 400	113	92,5%	1 170	1 331
Goods and services	15 436	-	(4 511)	10 925	8 030	2 895	73,5%	12 261	10 735
Administrative fees	120	(120)	-	-	-	-	-	-	-
Advertising	150	1 250	-	1 400	1 400	-	100,0%	63	63
Minor assets	230	-	-	230	106	124	46,1%	49	20
Catering: Departmental activities	40	-	-	40	38	2	95,0%	40	16
Communication (G&S)	150	-	-	150	146	4	97,3%	130	151
Consultants: Business and advisory services	-	-	-	-	-	-	-	695	667
Legal services	-	-	-	-	-	-	-	28	-
Contractors	4 185	(2 900)	-	1 285	-	1 285	-	3 191	3 245
Agency and support / outsourced services	-	-	-	-	-	-	-	(4)	-
Fleet services (including government motor transport)	590	-	-	590	587	3	99,5%	577	533
Inventory: Food and food supplies	16	-	-	16	7	9	43,8%	4	4
Inventory: Fuel, oil and gas	2	-	-	2	-	2	-	-	1
Inventory: Materials and supplies	2	2	-	4	2	2	50,0%	-	-
Consumable supplies	47	-	-	47	22	25	46,8%	28	2
Consumable: Stationery, printing and office supplies	4 514	898	(4 253)	1 159	1 158	1	99,9%	3 240	1 973
Operating leases	50	-	-	50	61	(11)	122,0%	20	21
Travel and subsistence	3 640	570	(258)	3 952	3 370	582	85,3%	3 000	2 876
Training and development	170	-	-	170	-	170	-	-	-
Operating payments	830	-	-	830	154	676	18,6%	550	529
Venues and facilities	700	300	-	1 000	979	21	97,9%	650	634
Transfers and subsidies	-	4	-	4	4	-	100,0%	43	42
Households	-	4	-	4	4	-	100,0%	43	42
Social benefits	-	4	-	4	4	-	100,0%	43	42
Payments for capital assets	191	-	(32)	159	159	-	100,0%	183	42
Machinery and equipment	191	-	(32)	159	159	-	100,0%	183	42
Other machinery and equipment	191	-	(32)	159	159	-	100,0%	183	42
TOTAL	27 571	-	(4 582)	22 989	20 094	2 895	87,4%	23 455	21 783

Vote 16
Appropriation Statement for the year ended 31 March 2016

3.4 Women's Maternal and Reproductive Health

3.4 Women's Maternal and Reproductive Health									
2015/16					2014/15				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	18 370	(3 202)	(1 758)	13 410	13 410	-	100,0%	12 537	11 935
Compensation of employees	11 452	(2 430)	(58)	8 964	8 964	-	100,0%	8 541	8 533
Salaries and wages	10 251	(2 256)	(58)	7 937	7 889	48	99,4%	7 561	7 537
Social contributions	1 201	(174)	-	1 027	1 075	(48)	104,7%	980	996
Goods and services	6 918	(772)	(1 700)	4 446	4 446	-	100,0%	3 996	3 402
Advertising	1 100	48	(700)	448	619	(171)	138,2%	355	353
Minor assets	56	2	-	58	45	13	77,6%	60	49
Catering: Departmental activities	150	-	(100)	50	17	33	34,0%	47	45
Communication (G&S)	80	-	(50)	30	41	(11)	136,7%	40	51
Computer services	1	(1)	-	-	-	-	-	-	-
Consultants: Business and advisory services	85	(70)	-	15	7	8	46,7%	3	2
Contractors	351	(351)	-	-	-	-	-	295	293
Fleet services (including government motor transport)	140	10	-	150	119	31	79,3%	127	115
Inventory: Food and food supplies	5	-	-	5	2	3	40,0%	3	1
Inventory: Fuel, oil and gas	2	-	-	2	-	2	0%	2	1
Inventory: Materials and supplies	1	-	-	1	1	-	100,0%	-	-
Consumable supplies	2	(2)	-	-	-	-	-	3	1
Consumable: Stationery, printing and office supplies	1 096	(400)	-	696	591	105	84,9%	87	70
Operating leases	100	-	-	100	73	27	73,0%	40	47
Travel and subsistence	1 993	(88)	(360)	1 545	1 236	309	80,0%	1 397	1 377
Operating payments	1 080	280	(200)	1 160	1 254	(94)	108,1%	954	405
Venues and facilities	676	(200)	(290)	186	441	(255)	237,1%	583	592
Transfers and subsidies	-	230	-	230	230	-	100,0%	1 431	21
Non-profit institutions	-	-	-	-	-	-	-	1 410	-
Households	-	230	-	230	230	-	100,0%	21	21
Social benefits	-	230	-	230	230	-	100,0%	21	21
Payments for capital assets	208	-	(131)	77	77	-	100,0%	200	45
Machinery and equipment	208	-	(131)	77	77	-	100,0%	200	45
Other machinery and equipment	208	-	(131)	77	77	-	100,0%	200	45
Payments for financial assets	-	-	-	-	-	-	-	421	421
TOTAL	18 578	(2 972)	(1 889)	13 717	13 717	-	100,0%	14 589	12 422

Vote 16
Appropriation Statement for the year ended 31 March 2016

3.5 Child, Youth and School Health

3.5 Child, Youth and School Health									
2015/16					2014/15				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	222 445	(2 155)	(1 851)	218 439	177 159	41 280	81,1%	207 151	207 129
Compensation of employees	15 572	(1 927)	(131)	13 514	13 514	-	100,0%	11 952	11 946
Salaries and wages	13 570	(1 703)	(40)	11 827	11 827	-	100,0%	10 652	10 458
Social contributions	2 002	(224)	(91)	1 687	1 687	-	100,0%	1 300	1 488
Goods and services	206 873	(228)	(1 720)	204 925	163 645	41 280	79,9%	195 199	195 183
Advertising	200	68	(23)	245	19	226	7,8%	33	38
Minor assets	613	3 847	(43)	4 417	3 350	1 067	75,8%	95	574
Catering: Departmental activities	100	60	-	160	121	39	75,6%	120	57
Communication (G&S)	5 585	(1 000)	-	4 585	2 261	2 324	49,3%	67	101
Computer services	1 000	(1 000)	-	-	-	-	-	-	-
Consultants: Business and advisory services	178	58	(28)	208	77	131	37,0%	40	28
Legal services	50	-	(50)	-	-	-	-	-	-
Contractors	705	-	(5)	700	-	700	-	3	2
Agency and support / outsourced services	-	11 560	-	11 560	11 424	136	98,8%	2 604	2 604
Fleet services (including government motor transport)	16 653	10 300	-	26 953	31 183	(4 230)	115,7%	9 147	9 034
Inventory: Food and food supplies	2	2	-	4	2	2	50,0%	4	1
Inventory: Fuel, oil and gas	2	-	-	2	-	2	0%	10	-
Inventory: Medical supplies	1 700	1 020	-	2 720	1 004	1 716	36,9%	-	-
Inventory: Medicine	152 100	(21 432)	-	130 668	98 280	32 388	75,2%	177 047	177 110
Inventory: Other supplies	-	-	-	-	-	-	-	30	-
Consumable supplies	15	2	(2)	15	1	14	6,7%	53	1
Consumable: Stationery, printing and office supplies	2 137	1 700	(300)	3 537	749	2 788	21,2%	298	133
Operating leases	120	-	-	120	122	(2)	101,7%	85	77
Travel and subsistence	6 323	2 860	(555)	8 628	5 404	3 224	62,6%	3 020	2 332
Training and development	9 820	(9 300)	-	520	-	520	0%	-	-
Operating payments	7 600	(4 375)	(694)	2 531	3 156	(625)	124,7%	2 182	2 552
Venues and facilities	1 850	5 522	(20)	7 352	6 492	860	88,3%	361	539
Transfers and subsidies	-	41	-	41	41	-	100,0%	217	216
Households	-	41	-	41	41	-	100,0%	217	216
Social benefits	-	41	-	41	41	-	100,0%	217	216
Payments for capital assets	271	-	(143)	128	128	-	100,0%	10 818	93
Machinery and equipment	271	-	(143)	128	128	-	100,0%	10 818	93
Other machinery and equipment	271	-	(143)	128	128	-	100,0%	10 818	93
Payments for financial assets	-	-	-	-	-	-	-	9	9
TOTAL	222 716	(2 114)	(1 994)	218 608	177 328	41 280	81,1%	218 195	207 447

Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 4: Primary Health Care Services

	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1. Programme Management	3 095	150	-	3 245	3 245	-	100,0%	2 834
2. District Health Services	24 481	(9 564)	(4 053)	10 864	9 784	1 080	90,1%	25 790
3. Communicable Diseases	18 088	3 045	-	21 133	21 133	-	100,0%	23 366
4. Non-Communicable Diseases	23 533	2 900	(4 283)	22 150	20 562	1 588	92,8%	25 282
5. Health Promotion and Nutrition	25 625	(2 192)	(1 326)	22 107	22 107	-	100,0%	18 353
6. Environmental and Port Health Services	130 095	5 661	(16)	135 740	135 740	-	100,0%	6 730
Total for sub programmes	224 917	-	(9 678)	215 239	212 571	2 668	98,8%	107 155
Economic classification								
Current payments	219 691	(547)	(9 501)	209 643	207 024	2 619	98,8%	90 774
Compensation of employees	175 878	(516)	(7 636)	167 726	167 726	-	100,0%	57 087
Salaries and wages	152 345	953	(7 219)	146 079	146 106	(27)	100,0%	50 799
Social contributions	23 533	(1 469)	(417)	21 647	21 620	27	99,9%	6 288
Goods and services	43 813	(31)	(1 865)	41 917	39 298	2 619	93,8%	33 687
Administrative fees	22	90	-	112	301	(189)	268,8%	-
Advertising	1 904	(151)	(384)	1 369	249	1 120	18,2%	1 714
Minor assets	1 822	(674)	-	1 148	404	744	35,2%	766
Bursaries: Employees	300	(180)	-	120	-	120	0%	-
Catering: Departmental activities	1 014	(230)	-	784	636	148	81,1%	804
Communication (G&S)	1 474	(376)	-	1 098	866	232	78,9%	1 441
Computer services	28	(15)	-	13	6	7	46,2%	-
Consultants: Business and advisory services	3 171	1 943	(343)	4 771	3 198	1 573	67,0%	1 380
Contractors	215	200	-	415	301	114	72,5%	472
Agency and support / outsourced services	140	(95)	-	45	-	45	0%	-
Entertainment	13	(2)	-	11	-	11	0%	-
Fleet services (including government motor transport)	2 356	1 307	-	3 663	10 647	(6 984)	290,7%	1 328
Inventory: Clothing material and supplies	500	3 000	-	3 500	-	3 500	0%	2 603
Inventory: Food and food supplies	59	(9)	-	50	12	38	24,0%	12
Inventory: Fuel, oil and gas	66	(44)	-	22	1	21	4,5%	3
Inventory: Materials and supplies	118	(47)	-	71	19	52	26,8%	95
Inventory: Medical supplies	100	(40)	-	60	50	10	83,3%	-
Inventory: Medicine	8	47	-	55	54	1	98,2%	-
Inventory: Other supplies	-	350	-	350	270	80	77,1%	-
Consumable supplies	169	2 095	-	2 264	2 256	8	99,6%	104
Consumable: Stationery, printing and office supplies	9 154	(4 141)	(765)	4 248	4 154	94	97,8%	3 339
Operating leases	1 120	(282)	-	838	642	196	76,6%	367
Property payments	10	-	-	10	-	10	0%	-

Vote 16
Appropriation Statement for the year ended 31 March 2016
Programme 4: Primary Health Care Services

Programme 4: Primary Health Care Services									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Travel and subsistence	13 357	(2 872)	-	10 485	9 879	606	94,2%	8 066	7 714
Training and development	200	(150)	-	50	-	50	-	10	-
Operating payments	3 893	(462)	(373)	3 058	2 115	943	69,2%	10 343	10 182
Venues and facilities	2 580	707	-	3 287	3 238	49	98,5%	1 283	1 363
Rental and hiring	20	-	-	20	-	20	0%	10	-
Transfers and subsidies	2 901	516	50	3 467	3 417	50	98,6%	7 947	7 557
Foreign governments and international organisations	-	-	-	-	-	-	0%	2 658	2 622
Non-profit institutions	2 901	-	50	2 951	2 901	50	98,3%	4 851	4 500
Households	-	516	-	516	516	-	100,0%	438	435
Social benefits	-	516	-	516	516	-	100,0%	438	435
Payments for capital assets	2 325	-	(227)	2 098	2 098	-	100,0%	4 212	3 989
Machinery and equipment	2 325	-	(227)	2 098	2 098	-	100,0%	4 212	3 989
Other machinery and equipment	2 325	-	(227)	2 098	2 098	-	100,0%	4 212	3 989
Payments for financial assets	-	31	-	31	32	(1)	103,2%	36	35
TOTAL	224 917	-	(9 678)	215 239	212 571	2 668	98,8%	107 155	102 355

4.1 Programme Management									
	2015/16						2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	3 020	124	-	3 144	3 144	-	100,0%	2 742	2 653
Compensation of employees	2 340	92	-	2 432	2 432	-	100,0%	2 156	2 147
Salaries and wages	2 064	92	-	2 156	2 183	(27)	101,3%	1 756	1 927
Social contributions	276	-	-	276	249	27	90,2%	400	220
Goods and services	680	32	-	712	712	-	100,0%	586	506
Minor assets	15	30	-	45	5	40	11,1%	67	59
Catering: Departmental activities	50	-	-	50	51	(1)	102,0%	15	13
Communication (G&S)	40	-	-	40	46	(6)	115,0%	68	99
Contractors	20	-	-	20	9	11	45,0%	28	27
Fleet services (including government motor transport)	44	-	-	44	24	20	54,5%	24	16
Inventory: Clothing material and supplies	-	-	-	-	-	-	0%	4	-
Inventory: Food and food supplies	2	-	-	2	1	1	50,0%	(2)	1
Inventory: Materials and supplies	1	-	-	1	1	-	100,0%	1	1
Consumable supplies	15	-	-	15	5	10	33,3%	12	14
Consumable: Stationery, printing and office supplies	95	(30)	-	65	51	14	78,5%	107	80
Operating leases	36	-	-	36	49	(13)	136,1%	15	11

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4.1 Programme Management

	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Travel and subsistence	362	32	-	394	470	(76)	119,3%	247
Payments for capital assets	75	26	-	101	101	-	100,0%	181
Machinery and equipment	75	26	-	101	101	-	100,0%	181
Other machinery and equipment	75	26	-	101	101	-	100,0%	181
TOTAL	3 095	150	-	3 245	3 245	-	100,0%	2 923
								2 834

4.2 District Health Services

	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Current payments	24 139	(9 573)	(4 046)	10 520	9 440	1 080	89,7%	21 656
Compensation of employees	11 552	(1 472)	(3 662)	6 418	6 418	-	100,0%	13 763
Salaries and wages	11 048	(1 696)	(3 662)	5 690	5 690	-	100,0%	12 411
Social contributions	504	224	-	728	728	-	100,0%	1 352
Goods and services	12 587	(8 101)	(384)	4 102	3 022	1 080	73,7%	7 887
Administrative fees	10	-	-	10	83	(73)	830%	1
Advertising	195	720	(384)	531	-	531	0%	60
Minor assets	810	(540)	-	270	86	184	31,9%	111
Bursaries: Employees	200	(180)	-	20	-	20	0%	-
Catering: Departmental activities	300	(240)	-	60	60	-	100,0%	389
Communication (G&S)	155	(45)	-	110	54	56	49,1%	114
Computer services	3	-	-	3	-	3	0%	4
Consultants: Business and advisory services	50	197	-	247	-	247	0%	1 037
Contractors	27	200	-	227	168	59	74,0%	59
Fleet services (including government motor transport)	270	20	-	290	378	(88)	130,3%	223
Inventory: Food and food supplies	20	-	-	20	2	18	10,0%	10
Inventory: Fuel, oil and gas	7	-	-	7	-	7	0%	-
Consumable supplies	100	(47)	-	53	50	3	94,3%	6
Consumable: Stationery, printing and office supplies	3 300	(3 074)	-	226	215	11	95,1%	571
Operating leases	100	-	-	100	38	62	38,0%	140
Travel and subsistence	3 820	(2 547)	-	1 273	1 294	(21)	101,6%	1 891
Training and development	150	(150)	-	-	-	-	0%	10
Operating payments	2 050	(1 750)	-	300	259	41	86,3%	3 200
Venues and facilities	1 000	(665)	-	335	335	-	100,0%	50
Rental and hiring	20	-	-	20	-	20	0%	10
								-

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Appropriation Statement for the year ended 31 March 2016

4.2 District Health Services							
	2015/16				2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%
Economic classification							
Transfers and subsidies							
Non-profit institutions	-	-	-	-	-	-	0%
Payments for capital assets	342	-	(7)	335	335	-	100,0%
Machinery and equipment	342	-	(7)	335	335	-	100,0%
Other machinery and equipment	342	-	(7)	335	335	-	100,0%
Payments for financial assets	-	9	-	9	9	-	100,0%
TOTAL	24 481	(9 564)	(4 053)	10 864	9 784	1 080	90,1%

4.3 Communicable Diseases							
	2015/16				2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%
Economic classification							
Current payments	17 583	3 027	-	20 610	20 610	-	100,0%
Compensation of employees	9 691	242	-	9 933	9 933	-	100,0%
Salaries and wages	8 239	405	-	8 644	8 451	-	100,0%
Social contributions	1 452	(163)	-	1 289	1 289	-	100,0%
Goods and services	7 892	2 785	-	10 677	10 677	-	100,0%
Advertising	620	(520)	-	100	79	21	79,0%
Minor assets	186	(108)	-	78	67	11	85,9%
Catering: Departmental activities	200	(50)	-	150	130	20	86,7%
Communication (G&S)	122	(22)	-	100	115	(15)	115,0%
Computer services	15	(15)	-	-	-	-	0%
Consultants: Business and advisory services	700	2 233	-	2 933	2 663	270	90,8%
Contractors	15	(13)	-	2	1	1	50,0%
Agency and support / outsourced services	15	(15)	-	-	-	-	0%
Fleet services (including government motor transport)	575	(27)	-	548	575	(27)	104,9%
Inventory: Clothing material and supplies	-	-	-	-	-	-	0%
Inventory: Food and food supplies	10	(3)	-	7	6	1	85,7%
Inventory: Fuel, oil and gas	2	(1)	-	1	-	1	0%
Inventory: Materials and supplies	7	(7)	-	-	-	-	0%
Inventory: Medicine	-	55	-	55	54	1	98,2%
Consumable supplies	15	2 165	-	2 180	2 179	1	100,0%
Consumable: Stationery, printing and office supplies	1 145	(918)	-	227	228	(1)	100,4%
Operating leases	400	(250)	-	150	129	21	86,0%
Travel and subsistence	2 715	(875)	-	1 840	2 400	(560)	130,4%
Operating payments	560	69	-	629	375	254	59,6%

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Appropriation Statement for the year ended 31 March 2016

4.3 Communicable Diseases									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Venues and facilities	590	1 087	-	1 677	1 676	1	99,9%	1 000	995
Transfers and subsidies	-	5	-	5	5	-	100,0%	2 687	2 650
Foreign governments and international organisations	-	-	-	-	-	-	0%	2 658	2 622
Households	-	5	-	5	5	-	100,0%	29	28
Social benefits	-	5	-	5	5	-	100,0%	29	28
Payments for capital assets	505	6	-	511	511	-	100,0%	420	242
Machinery and equipment	505	6	-	511	511	-	100,0%	420	242
Other machinery and equipment	505	6	-	511	511	-	100,0%	420	242
Payments for financial assets	-	7	-	7	7	-	100,0%	-	-
TOTAL	18 088	3 045	-	21 133	21 133	-	100,0%	23 710	23 366

4.4 Non-Communicable Diseases									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	21 217	2 829	(4 329)	19 717	18 178	1 539	92,2%	23 426	23 371
Compensation of employees	15 080	2 844	(3 974)	13 950	13 950	-	100,0%	16 905	16 896
Salaries and wages	13 166	2 844	(3 557)	12 453	12 453	-	100,0%	15 022	15 072
Social contributions	1 914	-	(417)	1 497	1 497	-	100,0%	1 883	1 824
Goods and services	6 137	(15)	(355)	5 767	4 228	1 539	73,3%	6 521	6 475
Administrative fees	10	(10)	-	-	147	(147)	0%	-	-
Advertising	225	56	-	281	-	281	0%	955	954
Minor assets	162	(61)	-	101	93	8	92,1%	31	24
Catering: Departmental activities	134	(5)	-	129	96	33	74,4%	94	77
Communication (G&S)	87	(9)	-	78	120	(42)	153,8%	86	112
Consultants: Business and advisory services	2 421	(487)	(343)	1 591	535	1 056	33,6%	1 316	1 168
Contractors	51	13	-	64	73	(9)	114,1%	194	194
Entertainment	2	(2)	-	-	-	-	-	-	-
Fleet services	152	46	-	198	188	10	94,9%	172	192
Inventory: Food and food supplies	10	(6)	-	4	1	3	25,0%	2	2
Inventory: Fuel, oil and gas	4	(3)	-	1	-	1	0%	1	1
Inventory: Materials and supplies	-	-	-	-	-	-	0%	-	50
Inventory: Medical supplies	50	-	-	50	50	-	100%	50	-
Inventory: Medicine	8	(8)	-	-	-	-	0%	-	-
Inventory: Other supplies	-	350	-	350	270	80	77,1%	-	-
Consumable supplies	28	(23)	-	5	6	(1)	120,0%	5	2

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Appropriation Statement for the year ended 31 March 2016

4.4 Non-Communicable Diseases

4.4 Non-Communicable Diseases									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Consumable: Stationery, printing and office supplies	275	(119)	(12)	144	126	18	87,5%	90	202
Operating leases	224	(32)	-	192	129	63	67,2%	202	145
Travel and subsistence	1 547	118	-	1 665	1 705	(40)	102,4%	1 882	1 766
Operating payments	357	82	-	439	220	219	50,1%	1 355	1 424
Venues and facilities	390	85	-	475	469	6	98,7%	86	162
Transfers and subsidies	2 098	56	50	2 204	2 154	50	97,7%	2 088	1 736
Non-profit institutions	2 098	-	50	2 148	2 098	50	97,7%	2 083	1 732
Households	-	56	-	56	56	-	100,0%	5	4
Social benefits	-	56	-	56	56	-	100,0%	5	4
Payments for capital assets	218	-	(4)	214	214	-	100,0%	206	175
Machinery and equipment	218	-	(4)	214	214	-	100,0%	206	175
Other machinery and equipment	218	-	(4)	214	214	-	100,0%	206	175
Payments for financial assets	-	15	-	15	16	(1)	106,7%	-	-
TOTAL	23 533	2 900	(4 283)	22 150	20 562	1 588	92,8%	25 720	25 282

Note 16
Appropriation Statement for the year ended 31 March 2016
4.5 Health Promotion and Nutrition

2015/16							2014/15		
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	24 537	(2 171)	(1 126)	21 240	21 240	-	100,0%	20 282	17 413
Compensation of employees	16 260	(2 171)	-	14 089	14 089	-	100,0%	10 143	10 142
Salaries and wages	14 873	(2 517)	-	12 356	12 356	-	100,0%	8 993	8 911
Social contributions	1 387	346	-	1 733	1 733	-	100,0%	1 150	1 231
Goods and services	8 227	-	(1 126)	7 151	7 151	-	100,0%	10 139	7 271
Administrative fees	-	-	-	-	-	-	-	10	-
Advertising	594	(407)	-	187	147	40	78,6%	70	483
Minor assets	107	135	-	242	148	94	61,2%	76	24
Catering: Departmental activities	180	65	-	245	222	23	90,6%	180	162
Communication (G&S)	610	(500)	-	110	158	(48)	143,6%	826	965
Consultants: Business and advisory services	-	-	-	-	-	-	-	389	141
Contractors	77	-	-	77	48	29	62,3%	12	27
Entertainment	1	-	-	1	-	1	0%	-	-
Fleet services (including government motor transport)	430	-	-	430	613	(183)	142,6%	485	479
Inventory: Food and food supplies	4	-	-	4	1	3	25,0%	4	1
Inventory: Fuel, oil and gas	3	-	-	3	1	2	33,3%	5	2
Inventory: Materials and supplies	60	-	-	60	18	42	30,0%	55	40
Consumable supplies	11	-	-	11	5	6	45,5%	10	2
Consumable: Stationery, printing and office supplies	3 655	-	(753)	2 902	2 901	1	100,0%	5 033	2 205
Operating leases	110	-	-	110	119	(9)	108,2%	150	33
Travel and subsistence	1 729	-	-	1 729	1 865	(136)	107,9%	1 674	1 336
Operating payments	606	707	(373)	940	842	98	89,6%	1 100	1 289
Venues and facilities	100	-	-	100	63	37	63,0%	60	82
Transfers and subsidies	803	11	-	814	814	-	100,0%	768	768
Non-profit institutions	803	-	-	803	803	-	100,0%	768	768
Households	-	11	-	11	11	-	100,0%	-	-
Social benefits	-	11	-	11	11	-	100,0%	-	-
Payments for capital assets	285	(32)	(200)	53	53	-	100,0%	182	170
Machinery and equipment	285	(32)	(200)	53	53	-	100,0%	182	170
Other machinery and equipment	285	(32)	(200)	53	53	-	100,0%	182	170
Payments for financial assets	-	-	-	-	-	-	100,0%	3	2
TOTAL	25 625	(2 192)	(1 326)	22 107	22 107	-	100,0%	21 235	18 353

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Appropriation Statement for the year ended 31 March 2016
4.6 Environmental and Port Health Services

Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	129 495	5 217	-	134 412	134 412	-	100,0%	6 251	6 243
Compensation of employees	120 955	(51)	-	120 904	120 904	-	100,0%	4 631	4 631
Salaries and wages	102 955	1 825	-	104 780	104 780	-	100,0%	4 473	4 473
Social contributions	18 000	(1 876)	-	16 124	16 124	-	100,0%	158	158
Goods and services	8 240	5 268	-	13 508	13 508	-	100,0%	1 620	1 612
Administrative fees	2	100	-	102	71	31	69,6%	-	-
Advertising	270	-	-	270	23	247	8,5%	28	30
Minor assets	542	(130)	-	412	5	407	1,2%	35	430
Bursaries: Employees	100	-	-	100	-	100	0%	-	-
Catering: Departmental activities	150	-	-	150	77	73	51,3%	120	93
Communication (G&S)	460	200	-	660	373	287	56,5%	15	30
Computer services	10	-	-	10	6	4	60,0%	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	64	33
Contractors	25	-	-	25	2	23	8,0%	190	160
Agency and support / outsourced services	125	(80)	-	45	-	45	0%	-	-
Entertainment	10	-	-	10	-	10	0%	-	-
Fleet services (including government motor transport)	885	1 268	-	2 153	8 869	(6 716)	411,9%	62	45
Inventory: Clothing material and supplies	500	3 000	-	3 500	-	3 500	0%	190	157
Inventory: Food and food supplies	13	-	-	13	1	12	7,7%	2	1
Inventory: Fuel, oil and gas	50	(40)	-	10	-	10	0%	-	-
Inventory: Materials and supplies	50	(40)	-	10	-	10	0%	-	-
Inventory: Medical supplies	50	(40)	-	10	-	10	0%	-	-
Consumable supplies	-	-	-	-	11	(11)	-	106	77
Consumable: Stationery, printing and office supplies	684	-	-	684	633	51	92,5%	145	98
Operating leases	250	-	-	250	178	72	71,2%	20	13
Property payments	10	-	-	10	-	10	0%	-	-
Travel and subsistence	3 184	400	-	3 584	2 145	1 439	59,8%	531	389
Training and development	50	-	-	50	-	50	0%	-	-
Operating payments	320	430	-	750	419	331	55,9%	25	-
Venues and facilities	500	200	-	700	695	5	99,3%	87	56
Transfers and subsidies	-	444	-	444	444	-	100,0%	404	403
Households	-	444	-	444	444	-	100,0%	404	403
Social benefits	-	444	-	444	444	-	100,0%	404	403
Payments for capital assets	900	-	(16)	884	884	-	100,0%	85	84
Machinery and equipment	900	-	(16)	884	884	-	100,0%	85	84
Other machinery and equipment	900	-	(16)	884	884	-	100,0%	85	84
TOTAL	130 095	5 661	(16)	135 740	135 740	-	100,0%	6 740	6 730

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Programme 5: Hospital, Tertiary Health Services and Human Resource Development									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Programme Management	3 619	-	119	3 738	3 738	-	100,0%	4 200	4 191
2. Health Facilities Infrastructure Management	6 052 635	-	40 434	6 093 069	6 092 904	165	100,0%	6 124 260	5 807 614
3. Tertiary Health Care Planning and Policy	10 384 206	160	(31)	10 384 335	10 384 336	(1)	100,0%	10 172 305	10 172 223
4. Hospital Management	4 962	(217)	26	4 771	4 771	-	100,0%	4 672	4 583
5. Human Resources for Health	2 421 285	(583)	28 345	2 449 047	2 448 222	825	100,0%	2 380 929	2 380 818
6. Nursing Services	4 741	(308)	(203)	4 230	4 229	1	100,0%	2 656	2 563
7. Forensic Chemistry Laboratories	114 450	2 600	(4 091)	112 959	112 764	195	99,8%	119 831	110 056
8. Violence, Trauma and EMS	7 133	(1 652)	(165)	5 316	5 315	1	100,0%	-	-
Total for sub programmes	18 993 031	-	64 434	19 057 465	19 056 279	1 186	100,0%	18 808 853	18 482 048
Economic classification									
Current payments	360 014	(68 282)	(7 684)	284 048	284 070	(22)	100%	322 890	233 242
Compensation of employees	116 037	(383)	(4 780)	110 874	110 874	-	100,0%	100 089	100 047
Salaries and wages	103 481	(456)	(4 679)	98 346	96 447	1 899	98,1%	87 941	87 153
Social contributions	12 556	73	(101)	12 528	14 427	(1 899)	115,2%	12 148	12 894
Goods and services	243 977	(67 899)	(2 904)	173 174	173 196	(22)	100%	222 801	133 195
Administrative fees	242	(242)	-	-	-	-	-	81	81
Advertising	745	(477)	(80)	188	188	-	100,0%	554	123
Minor assets	26 634	(25 521)	(20)	1 093	1 093	-	100,0%	22 472	5 410
Catering: Departmental activities	470	(276)	24	218	193	25	88,5%	242	155
Communication	1 805	(523)	-	1 282	1 279	3	99,8%	1 843	1 731
Computer services	2 537	(1 350)	-	1 187	1 186	1	99,9%	2 631	2 473
Consultants: Business and advisory services	2 378	(726)	-	1 652	1 652	-	100,0%	1 506	883
Infrastructure and planning services	3 953	(3 953)	-	-	-	-	-	13 000	4 286
Legal services	100	(100)	-	-	-	-	-	17	-
Contractors	4 477	1 758	(886)	5 349	5 318	31	99,4%	4 341	4 816
Agency and support / outsourced services	159 899	(27 826)	(287)	131 786	131 620	166	99,9%	147 019	88 115
Entertainment	41	(33)	-	8	-	8	-	2	-
Fleet services (including government motor transport)	1 597	(69)	-	1 528	1 462	66	95,7%	1 365	1 260
Inventory: Clothing material and supplies	190	(125)	-	65	58	7	89,2%	45	26
Inventory: Food and food supplies	61	(17)	-	44	13	31	29,5%	32	9
Inventory: Fuel, oil and gas	1 053	880	67	2 000	1 997	3	99,9%	1 182	1 050
Inventory: Materials and supplies	885	(871)	-	14	2	12	14,3%	161	80
Inventory: Medical supplies	7 225	(6 490)	-	735	731	4	99,5%	1 230	311
Inventory: Medicine	100	(95)	-	5	4	1	80,0%	25	8
Inventory: Other supplies	11 000	2 353	(1 741)	11 612	11 612	-	100,0%	11 530	10 247
Consumable supplies	344	(141)	-	203	103	100	50,7%	207	341

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Programme 5: Hospital, Tertiary Health Services and Human Resource Development									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consumable: Stationery, printing and office supplies	1 844	(240)	(120)	1 484	1 426	58	96,1%	1 062	805
Operating leases	1 190	(467)	-	723	723	-	100,0%	1 003	806
Property payments	-	-	-	-	-	-	-	50	18
Travel and subsistence	12 794	(3 609)	304	9 489	9 835	(346)	103,6%	9 406	9 113
Training and development	60	(60)	-	-	186	(186)	-	100	-
Operating payments	1 446	(259)	(165)	1 022	1 009	13	98,7%	1 300	875
Venues and facilities	832	555	-	1 387	1 408	(21)	101,5%	305	109
Rental and hiring	75	25	-	100	98	2	98,0%	90	64
Transfers and subsidies	18 195 941	383	31 789	18 228 113	18 227 288	825	100,0%	18 032 537	18 032 536
Provinces and municipalities	18 172 941	-	-	18 172 941	18 172 941	-	100,0%	17 992 004	17 992 004
Provinces	18 172 941	-	-	18 172 941	18 172 941	-	100,0%	17 992 004	17 992 004
Provincial Revenue Funds	18 172 941	-	-	18 172 941	18 172 941	-	100,0%	17 992 004	17 992 004
Higher education institutions	23 000	-	31 789	54 789	53 964	825	98,5%	40 200	40 200
Households	-	383	-	383	383	-	100,0%	333	332
Social benefits	-	383	-	383	383	-	100,0%	333	332
Payments for capital assets	437 076	67 885	40 204	545 165	544 782	383	99,9%	453 371	216 217
Buildings and other fixed structures	354 629	74 853	41 159	470 641	470 641	-	100,0%	378 403	168 329
Buildings	354 629	74 853	41 159	470 641	470 641	-	100,0%	378 403	168 329
Machinery and equipment	82 447	(6 968)	(955)	74 524	74 141	383	99,5%	74 968	47 888
Other machinery and equipment	82 447	(6 968)	(955)	74 524	74 141	383	99,7%	74 968	47 888
Payments for financial assets	-	14	125	139	139	-	100,0%	55	53
TOTAL	18 993 031	-	64 434	19 057 465	19 056 279	1 186	100,0%	18 808 853	18 482 048

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Appropriation Statement for the year ended 31 March 2016

5.1 Programme Management									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 564	(40)	174	3 698	3 698	-	100,0%	3 958	3 949
Compensation of employees	2 864	(40)	(48)	2 776	2 776	-	100,0%	2 899	2 890
Salaries and wages	2 746	(40)	(48)	2 658	2 540	118	95,6%	2 669	2 603
Social contributions	118	-	-	118	236	(118)	200,0%	230	287
Goods and services	700	-	222	922	922	-	100,0%	1 059	1 059
Administrative fees	10	(10)	-	-	-	-	-	-	-
Advertising	-	-	-	-	-	-	-	-	20
Minor assets	55	(31)	-	24	-	24	-	13	5
Catering: Departmental activities	20	(10)	-	10	5	5	50,0%	10	1
Communication (G&S)	9	9	-	18	18	-	100,0%	20	31
Consultants: Business and advisory services	-	41	-	41	73	(32)	178,0%	-	-
Legal services	-	-	-	-	-	-	-	17	-
Contractors	5	7	-	12	3	9	25,0%	5	2
Entertainment	10	(3)	-	7	-	7	-	-	-
Fleet services (including government motor transport)	-	78	-	78	26	52	33,3%	50	41
Inventory: Food and food supplies	2	3	-	5	3	2	60,0%	4	2
Inventory: Materials and supplies	5	-	-	5	-	5	-	-	-
Consumable supplies	66	(50)	-	16	-	16	-	12	3
Consumable: Stationery, printing and office supplies	42	9	-	51	25	26	49,0%	40	47
Travel and subsistence	461	(39)	222	644	751	(107)	116,6%	867	888
Operating payments	10	-	-	10	3	7	30,0%	21	19
Venues and facilities	-	-	-	-	15	(15)	-	-	-
Rental and hiring	5	(4)	-	1	-	1	-	-	-
Transfers and subsidies	-	40	-	40	40	-	100,0%	120	120
Households	-	40	-	40	40	-	100,0%	120	120
Social benefits	-	40	-	40	40	-	100,0%	120	120
Payments for capital assets	55	-	(55)	-	-	-	-	122	122
Machinery and equipment	55	-	(55)	-	-	-	-	122	122
Other machinery and equipment	55	-	(55)	-	-	-	-	122	122
TOTAL	3 619	-	119	3 738	3 738	-	100,0%	4 200	4 191

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5.2 Health Facilities Infrastructure Management									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	216 321	(67 917)	(725)	147 679	147 514	165	99,9%	198 463	109 122
Compensation of employees	11 051	(26)	(725)	10 300	10 300	-	100,0%	10 072	10 062
Salaries and wages	9 801	(26)	(663)	9 112	9 112	-	100,0%	9 170	8 906
Social contributions	1 250	-	(62)	1 188	1 188	-	100,0%	902	1 156
Goods and services	205 270	(67 891)	-	137 379	137 214	165	99,9%	188 391	99 060
Administrative fees	100	(100)	-	-	-	-	-	-	-
Advertising	500	(493)	-	7	62	(55)	885,7%	460	-
Minor assets	25 770	(24 880)	-	890	994	(104)	111,7%	22 380	5 143
Catering: Departmental activities	100	(89)	-	11	11	-	100,0%	70	31
Communication (G&S)	140	-	-	140	116	24	82,9%	130	98
Computer services	320	(300)	-	20	-	20	-	250	-
Consultants: Business and advisory services	1 088	(957)	-	131	119	12	90,8%	500	-
Infrastructure and planning services	3 953	(3 953)	-	-	-	-	-	13 000	4 286
Legal services	100	(100)	-	-	-	-	-	-	-
Contractors	50	-	-	50	-	50	-	50	1
Agency and support / outsourced services	157 199	(27 294)	-	129 905	129 739	116	99,9%	145 300	86 310
Fleet services (including government motor transport)	550	(199)	-	351	342	9	97,4%	362	150
Inventory: Clothing material and supplies	150	(150)	-	-	-	-	-	-	-
Inventory: Food and food supplies	20	-	-	20	1	19	5,0%	9	1
Inventory: Fuel, oil and gas	851	(851)	-	-	-	-	-	159	77
Inventory: Materials and supplies	7 000	(6 360)	-	640	640	-	100,0%	1 000	123
Inventory: Medical supplies	75	(63)	-	12	3	9	25,0%	56	4
Consumable supplies	355	(220)	-	135	133	2	98,5%	390	63
Consumable: Stationery, printing and office supplies	120	(46)	-	74	61	13	82,4%	140	86
Operating leases	6 550	(1 646)	-	4 904	4 876	28	99,4%	3 555	2 639
Travel and subsistence	60	(60)	-	-	-	-	-	100	-
Training and development	90	(71)	-	19	47	(28)	247,4%	270	5
Operating payments	129	(59)	-	70	70	-	100,0%	210	43
Venues and facilities	5 417 045	26	-	5 417 071	5 417 071	-	100,0%	5 501 981	5 501 981
Transfers and subsidies	5 417 045	-	-	5 417 045	5 417 045	-	100,0%	5 501 981	5 501 981
Provinces and municipalities	5 417 045	-	-	5 417 045	5 417 045	-	100,0%	5 501 981	5 501 981
Provinces	5 417 045	-	-	5 417 045	5 417 045	-	100,0%	5 501 981	5 501 981
Provincial Revenue Funds	5 417 045	-	-	5 417 045	5 417 045	-	100,0%	5 501 981	5 501 981
Subsidies on products and production	-	-	-	-	-	-	-	-	-
Other transfers to private enterprises	-	-	-	-	-	-	-	-	-
Households	-	26	-	26	26	-	100,0%	-	-
Social benefits	-	26	-	26	26	-	100,0%	-	-

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5.2 Health Facilities Infrastructure Management

	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Payments for capital assets	419 269	67 885	41 159	528 313	528 313	-	100,0%	423 816
Buildings and other fixed structures	354 629	74 853	41 159	470 641	470 641	-	100,0%	378 403
Buildings	354 629	74 853	41 159	470 641	470 641	-	100,0%	378 403
Machinery and equipment	64 640	(6 968)	-	57 672	57 672	-	100,0%	45 413
Other machinery and equipment	64 640	(6 968)	-	57 672	57 672	-	100,0%	45 413
Payments for financial assets	-	6	-	6	6	-	100,0%	-
TOTAL	6 052 635	-	40 434	6 093 069	6 092 904	165	100,0%	6 124 260
								5 807 614

5.3 Tertiary Health Care Planning and Policy

	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Current payments	2 980	121	-	3 101	3 102	(1)	100,0%	3 988
Compensation of employees	2 280	49	-	2 329	2 330	(1)	100,0%	3 216
Salaries and wages	1 849	49	-	1 898	2 054	(156)	108,2%	2 859
Social contributions	431	-	-	431	276	155	64,0%	357
Goods and services	700	72	-	772	772	-	100,0%	772
Advertising	5	(5)	-	-	-	-	-	-
Minor assets	-	25	-	25	-	25	-	1
Catering: Departmental activities	10	38	-	48	46	2	95,8%	2
Communication (G&S)	65	(16)	-	49	51	(2)	104,1%	39
Fleet services	75	(12)	-	63	74	(11)	117,5%	63
Inventory: Food and food supplies	5	-	-	5	2	3	40,0%	3
Consumable supplies	2	(2)	-	-	2	(2)	-	-
Consumable: Stationery, printing and office supplies	31	(22)	-	9	9	-	100,0%	10
Operating leases	20	-	-	20	23	(3)	115,0%	17
Travel and subsistence	486	65	-	551	564	(13)	102,4%	637
Operating payments	1	1	-	2	1	1	50,0%	-
Transfers and subsidies	10 381 174	39	-	10 381 213	10 381 213	-	100,0%	10 168 235
Provinces and municipalities	10 381 174	-	-	10 381 174	10 381 174	-	100,0%	10 168 235
Provinces	10 381 174	-	-	10 381 174	10 381 174	-	100,0%	10 168 235
Provincial Revenue Funds	10 381 174	-	-	10 381 174	10 381 174	-	100,0%	10 168 235
Households	-	39	-	39	39	-	100,0%	-
Social benefits	-	39	(52)	39	39	-	100,0%	-
Payments for capital assets	52	-	(52)	-	-	-	-	-
Machinery and equipment	52	-	(52)	-	-	-	-	-

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5.3 Tertiary Health Care Planning and Policy									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other machinery and equipment	52	-	(52)	-	-	-	-	-	-
Payments for financial assets	-	-	21	21	21	-	100,0%	-	-
TOTAL	10 384 206	160	(31)	10 384 335	10 384 336	(1)	100,0%	10 172 305	10 172 223
5.4 Hospital Management									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4 843	(217)	135	4 761	4 761	-	100,0%	4 590	4 520
Compensation of employees	3 661	(566)	(67)	3 028	3 028	-	100,0%	3 461	3 456
Salaries and wages	3 150	(431)	(28)	2 691	2 691	-	100,0%	2 981	3 051
Social contributions	511	(135)	(39)	337	337	-	100,0%	480	405
Goods and services	1 182	349	202	1 733	1 733	-	100,0%	1 129	1 064
Advertising	-	-	-	-	-	-	-	59	69
Minor assets	3	7	-	10	2	8	20,0%	26	30
Catering: Departmental activities	80	(77)	24	27	27	-	100,0%	24	10
Communication (G&S)	100	(60)	-	40	65	(25)	162,5%	76	75
Entertainment	1	-	-	1	-	1	-	2	-
Fleet services (including government motor transport)	155	(90)	-	65	46	19	70,8%	95	77
Inventory: Food and food supplies	3	-	-	3	-	3	-	2	-
Consumable supplies	3	-	-	3	-	3	-	1	1
Consumable: Stationery, printing and office supplies	100	(90)	21	31	30	1	96,8%	23	40
Travel and subsistence	605	(451)	157	311	310	1	99,7%	761	696
Operating payments	50	10	-	60	54	6	90,0%	-	-
Venues and facilities	82	1 100	-	1 182	1 199	(17)	101,4%	60	66
Payments for capital assets	119	-	(109)	10	10	-	100,0%	80	61
Machinery and equipment	119	-	(109)	10	10	-	100,0%	80	61
Other machinery and equipment	119	-	(109)	10	10	-	100,0%	80	61
Payments for financial assets	-	-	-	-	-	-	-	2	2
TOTAL	4 962	(217)	26	4 771	4 771	-	100,0%	4 672	4 583

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5.5 Human Resources for Health									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification	23 345	(712)	(3 396)	19 237	19 237	-	100,0%	18 814	18 762
Current payments	19 195	(129)	(3 396)	15 670	15 670	-	100,0%	14 527	14 520
Compensation of employees	17 734	(129)	(3 396)	14 209	13 679	530	96,3%	12 469	12 690
Salaries and wages	1 461	-	-	1 461	1 991	(530)	136,3%	2 058	1 830
Social contributions	4 150	(583)	-	3 567	3 567	-	100,0%	4 287	4 242
Goods and services	100	(100)	-	-	-	-	-	81	81
Administrative fees	-	66	-	66	16	50	24,2%	4	8
Minor assets	100	-	-	100	77	23	77,0%	115	97
Catering: Departmental activities	103	-	-	103	58	45	56,3%	90	81
Communication (G&S)	-	-	-	-	-	-	-	2	-
Computer services	270	210	-	480	454	26	94,6%	830	827
Consultants: Business and advisory services	187	(182)	-	5	2	3	40,0%	176	167
Contractors	335	-	-	335	344	(9)	102,7%	449	470
Fleet services (including government motor transport)	4	-	-	4	1	3	25,0%	5	2
Inventory: Food and food supplies	3	-	-	3	-	3	-	2	1
Inventory: Fuel, oil and gas	2	-	-	2	-	2	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	5	-
Inventory: Medicine	1	(1)	-	-	-	-	-	3	-
Consumable supplies	385	179	-	564	485	79	86,0%	171	143
Consumable: Stationery, printing and office supplies	250	(143)	-	107	102	5	95,3%	120	129
Operating leases	1 760	(617)	-	1 143	1 391	(248)	121,7%	1 762	1 695
Travel and subsistence	350	265	-	615	602	13	97,9%	437	541
Operating payments	300	(260)	-	40	35	5	87,5%	35	-
Venues and facilities	2 397 722	129	31 789	2 429 640	2 428 815	825	100,0%	2 361 992	2 361 992
Transfers and subsidies	2 397 722	-	-	2 397 722	2 397 722	-	100,0%	2 321 788	2 321 788
Provinces and municipalities	2 397 722	-	-	2 397 722	2 397 722	-	100,0%	2 321 788	2 321 788
Provinces	2 397 722	-	-	2 397 722	2 397 722	-	100,0%	2 321 788	2 321 788
Provincial Revenue Funds	23 000	-	31 789	54 789	53 964	825	98,5%	40 200	40 200
Higher education institutions	-	129	-	129	129	-	100,0%	4	4
Households	-	129	-	129	129	-	100,0%	4	4
Social benefits	218	-	(152)	66	66	-	100,0%	94	36
Payments for capital assets	218	-	(152)	66	66	-	100,0%	94	36
Machinery and equipment	218	-	(152)	66	66	-	100,0%	94	36
Other machinery and equipment	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	104	104	104	-	100,0%	29	28
TOTAL	2 421 285	(583)	28 345	2 449 047	2 448 222	825	100,0%	2 380 929	2 380 818

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Economic classification	2015/16					2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Current payments	97 319	2 443	(3 629)	96 133	96 320	(187)	100,2%	90 654
Compensation of employees	69 804	(149)	(530)	69 125	69 125	-	100,0%	64 114
Salaries and wages	61 496	(149)	(530)	60 817	59 507	1 310	97,8%	56 306
Social contributions	8 308	-	-	8 308	9 618	(1 310)	115,8%	7 808
Goods and services	27 515	2 592	(3 099)	27 008	27 195	(187)	100,0%	26 540
Minor assets	222	(148)	-	74	66	8	89,2%	20
Communication (G&S)	1 302	(419)	-	883	881	2	99,8%	1 470
Computer services	2 200	(1 033)	-	1 167	1 186	(19)	101,6%	2 379
Consultants: Business and advisory services	1 000	-	-	1 000	1 006	(6)	100,6%	176
Contractors	4 175	1 943	(886)	5 232	5 259	(27)	100,5%	4 110
Agency and support / outsourced services	2 700	(532)	(287)	1 881	1 881	-	100,0%	1 719
Fleet services (including government motor transport)	365	184	-	549	531	18	96,7%	306
Inventory: Clothing material and supplies	40	25	-	65	58	7	89,2%	45
Inventory: Food and food supplies	-	-	-	-	-	-	-	4
Inventory: Fuel, oil and gas	1 050	880	67	1 997	1 997	-	100,0%	1 180
Inventory: Materials and supplies	7	-	-	7	2	5	28,6%	2
Inventory: Medical supplies	225	(130)	-	95	91	4	95,8%	230
Inventory: Medicine	100	(96)	-	4	3	1	75,0%	20
Inventory: Other supplies	11 000	2 353	(1 741)	11 612	11 612	-	100,0%	11 530
Consumable supplies	152	(67)	-	85	81	4	95,3%	130
Consumable: Stationery, printing and office supplies	630	14	(140)	504	514	(10)	102,0%	405
Operating leases	750	(228)	-	522	522	-	100,0%	711
Property payments	-	-	-	-	-	-	-	50
Travel and subsistence	1 102	(44)	(67)	991	980	11	98,9%	1 449
Training and development	425	(139)	(45)	241	186	(186)	100,0%	514
Operating payments	70	29	-	99	241	1	99,0%	90
Rental and hiring	-	149	-	149	149	-	100,0%	71
Transfers and subsidies	-	149	-	149	149	-	100,0%	71
Households	-	149	-	149	149	-	100,0%	71
Social benefits	-	-	-	-	-	-	-	-
Payments for capital assets	17 131	-	(462)	16 669	16 287	382	97,7%	29 082
Machinery and equipment	17 131	-	(462)	16 669	16 287	382	97,7%	29 082
Other machinery and equipment	17 131	-	(462)	16 669	16 287	382	97,7%	29 082
Payments for financial assets	-	8	-	8	8	-	100,0%	24
TOTAL	114 450	2 600	(4 091)	112 959	112 764	195	99,8%	119 831
								110 056

Vote 16
Appropriation Statement for the year ended 31 March 2016

5.8 Violence, Trauma and EMS

5.8 Violence, Trauma and EMS									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	6 953	(1 652)	(15)	5 286	5 286	-	100,0%	-	-
Compensation of employees	4 921	(652)	(14)	4 255	4 255	-	100,0%	-	-
Salaries and wages	4 615	(652)	(14)	3 949	3 837	112	97,2%	-	-
Social contributions	306	-	-	305	418	(112)	136,6%	-	-
Goods and services	2 032	(1 000)	(1)	1 031	1 031	-	100,0%	-	-
Administrative fees	32	(32)	-	-	-	-	-	-	-
Advertising	40	(25)	-	15	18	(3)	120,0%	-	-
Minor assets	394	(392)	-	2	-	2	-	-	-
Catering: Departmental activities	100	(88)	-	12	17	(5)	141,7%	-	-
Communication (G&S)	36	(11)	-	25	60	(35)	240,0%	-	-
Computer services	17	(17)	-	-	-	-	-	-	-
Consultants: Business and advisory services	20	(20)	-	-	-	-	-	-	-
Contractors	60	(10)	-	50	54	(4)	108,0%	-	-
Entertainment	20	(20)	-	-	-	-	-	-	-
Fleet services (including government motor transport)	57	10	-	67	77	(10)	114,9%	-	-
Inventory: Food and food supplies	20	(20)	-	-	2	(2)	-	-	-
Consumable supplies	20	42	-	62	5	57	8,1%	-	-
Consumable: Stationery, printing and office supplies	236	(60)	(1)	175	164	11	93,7%	-	-
Operating leases	-	-	-	-	15	(15)	-	-	-
Travel and subsistence	820	(292)	-	528	530	(2)	100,4%	-	-
Operating payments	90	(90)	-	-	-	-	-	-	-
Venues and facilities	70	25	-	95	89	6	93,7%	-	-
Payments for capital assets	180	-	(150)	30	29	1	96,7%	-	-
Machinery and equipment	180	-	(150)	30	29	1	96,7%	-	-
Other machinery and equipment	180	-	(150)	30	29	1	96,7%	-	-
TOTAL	7 133	(1 652)	(165)	5 316	5 315	1	100,0%	-	-

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Vote 16
Appropriation Statement for the year ended 31 March 2016

Programme 6: Health Regulation and Compliance Management									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Travel and subsistence	14 370	(3 749)	3 537	14 158	14 089	69	99,5%	16 213	13 436
Training and development	275	(200)	(490)	75	9	66	12,0%	540	198
Operating payments	5 393	(870)	(150)	4 523	3 876	647	85,7%	6 442	4 068
Venues and facilities	840	100	(490)	450	456	(6)	101,3%	110	-
Rental and hiring	150	-	(150)	-	-	-	-	100	26
Transfers and subsidies	1 397 643	207	-	1 397 850	1 397 850	-	100,0%	671 207	652 835
Departmental agencies and accounts	1 397 643	-	-	1 397 643	1 397 643	-	100,0%	657 053	638 682
Departmental agencies (non-business entities)	1 397 643	-	-	1 397 643	1 397 643	-	100,0%	657 053	638 682
Non-profit institutions	-	-	-	-	-	-	-	12 867	12 867
Households	-	207	-	207	207	-	100,0%	1 287	1 286
Social benefits	-	207	-	207	207	-	100,0%	1 287	1 286
Payments for capital assets	11 053	-	2 629	13 682	11 368	2 314	83,1%	18 532	3 288
Buildings and other fixed structures	-	-	-	-	-	-	-	1 876	536
Buildings	-	-	-	-	-	-	-	1 876	536
Machinery and equipment	11 053	(1 140)	(627)	9 286	7 160	2 126	77,1%	6 141	2 752
Other machinery and equipment	11 053	(1 140)	(627)	9 286	7 160	2 126	77,1%	6 141	2 752
Software and Intangible assets	-	1 140	3 256	4 396	4 208	188	95,7%	10 515	-
Payments for financial assets	-	233	-	233	232	1	99,6%	47	46
TOTAL	1 603 875	-	(2 143)	1 601 732	1 599 420	2 312	99,9%	876 271	830 537

Vote 16
Appropriation Statement for the year ended 31 March 2016

6.1 Programme Management									
Economic classification	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	3 615	(15)	(160)	3 440	3 441	(1)	100,0%	3 757	3 727
Compensation of employees	2 915	334	-	3 249	3 250	(1)	100,0%	2 583	2 577
Salaries and wages	2 756	334	-	3 090	2 887	203	93,4%	2 153	2 303
Social contributions	159	-	-	159	363	(204)	228,3%	430	274
Goods and services	700	(349)	(160)	191	191	-	100,0%	1 174	1 150
Advertising	73	(73)	-	-	-	-	-	-	-
Minor assets	-	-	-	-	11	(11)	-	30	-
Catering: Departmental activities	30	(15)	-	15	6	9	40,0%	15	8
Communication (G&S)	40	(2)	-	38	49	(11)	128,9%	42	43
Consultants: Business and advisory services	-	-	-	-	-	-	-	568	570
Contractors	-	-	-	-	-	-	-	10	-
Fleet services (including government motor transport)	40	-	(38)	2	1	1	50,0%	45	23
Inventory: Food and food supplies	12	-	-	12	1	11	8,3%	4	1
Inventory: Fuel, oil and gas	10	-	-	10	-	10	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	10	-
Consumable supplies	-	-	-	-	-	-	-	20	-
Consumable: Stationery, printing and office supplies	35	30	(26)	39	38	1	97,4%	40	11
Operating leases	20	-	-	20	30	(10)	150,0%	15	10
Travel and subsistence	410	(291)	(66)	53	53	-	100,0%	375	484
Operating payments	-	2	-	2	2	-	100,0%	-	-
Venues and facilities	30	-	(30)	-	-	-	-	-	-
Payments for capital assets	55	7	-	62	61	1	98,4%	75	31
Machinery and equipment	55	7	-	62	61	1	98,4%	75	31
Other machinery and equipment	55	7	-	62	61	1	98,4%	75	31
TOTAL	3 670	(8)	(160)	3 502	3 502	-	100,0%	3 832	3 758

Vote 16
Appropriation Statement for the year ended 31 March 2016

6.2 Food Control									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	9 745	(992)	(454)	8 299	8 299	-	100,0%	6 853	6 817
Compensation of employees	8 241	(992)	-	7 249	7 250	(1)	100,0%	5 613	5 605
Salaries and wages	7 550	(1 248)	-	6 302	6 302	-	100,0%	4 813	4 938
Social contributions	691	256	-	947	948	(1)	100,1%	800	667
Goods and services	1 504	-	(454)	1 050	1 050	-	100,0%	1 240	1 212
Administrative fees	-	-	-	-	-	-	-	5	-
Advertising	-	-	-	-	-	-	-	30	34
Minor assets	56	(22)	(17)	17	16	1	94,1%	50	13
Catering: Departmental activities	5	-	-	5	5	-	100,0%	10	3
Communication (G&S)	37	(2)	-	35	40	(5)	114,3%	30	32
Consultants: Business and advisory services	-	15	(15)	-	-	-	-	10	3
Contractors	-	-	-	-	-	-	-	5	1
Agency and support / outsourced services	40	(15)	(25)	-	-	-	-	-	-
Entertainment	5	(5)	-	-	-	-	-	-	-
Fleet services (including government motor transport)	150	(12)	(7)	131	131	-	100,0%	133	155
Inventory: Food and food supplies	2	(2)	-	-	-	-	-	4	-
Consumable supplies	5	-	-	5	5	-	100,0%	15	-
Consumable: Stationery, printing and office supplies	251	(5)	(150)	96	86	10	89,6%	105	195
Operating leases	90	-	(56)	34	38	(4)	111,8%	20	25
Travel and subsistence	783	48	(184)	647	646	1	99,8%	813	750
Operating payments	80	-	-	80	83	(3)	103,8%	10	1
Payments for capital assets	53	-	(6)	47	47	-	100,0%	54	54
Machinery and equipment	53	-	(6)	47	47	-	100,0%	54	54
Other machinery and equipment	53	-	(6)	47	47	-	100,0%	54	54
TOTAL	9 798	(992)	(460)	8 346	8 347	(1)	100,0%	6 907	6 871

Vote 16
Appropriation Statement for the year ended 31 March 2016
6.3 Pharmaceutical Trade and Product Regulation

6.3 Pharmaceutical Trade and Product Regulation									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	123 353	(322)	5 695	128 726	128 727	(1)	100,0%	125 059	118 788
Compensation of employees	95 419	(650)	(13 217)	81 552	81 551	1	100,0%	70 489	69 500
Salaries and wages	90 957	(5 711)	(13 217)	72 029	72 027	2	100,0%	62 955	61 298
Social contributions	4 462	5 061	-	9 523	9 524	(1)	100,0%	7 534	8 202
Goods and services	27 934	328	18 912	47 174	47 176	(2)	100,0%	54 570	49 288
Administrative fees	160	(20)	(50)	110	12	98	10,9%	230	133
Advertising	710	(210)	(400)	100	128	(28)	128%	1 346	617
Minor assets	645	(80)	(100)	465	325	140	69,9%	375	290
Catering: Departmental activities	680	(226)	-	454	307	147	67,6%	348	417
Communication (G&S)	554	100	-	454	923	469	203,3%	1 050	922
Computer services	1 348	522	1 500	3 370	3 868	(498)	114,8%	1 821	1 628
Consultants: Business and advisory services	5 048	4 620	12 032	21 700	21 700	-	100,0%	27 991	27 194
Legal services	100	-	-	100	-	100	-	60	-
Contractors	96	(20)	-	76	36	40	47,4%	90	72
Agency and support / outsourced services	621	(215)	-	406	217	189	53,4%	320	128
Entertainment	60	(55)	-	5	2	3	40,0%	-	2
Fleet services (including government motor transport)	2 560	115	2 388	5 063	5 103	(40)	100,8%	4 140	5 281
Inventory: Clothing material and accessories	12	-	-	12	-	12	-	100	13
Inventory: Food and food supplies	113	(100)	-	13	3	10	23,1%	23	6
Inventory: Fuel, oil and gas	-	1	-	1	3	(2)	300,0%	-	-
Inventory: Materials and supplies	11	-	-	11	-	11	0%	17	-
Inventory: Medical supplies	10	-	-	10	-	10	0%	3	3
Inventory: Medicine	96	-	-	96	-	96	0%	80	73
Inventory: Other supplies	5	-	-	5	-	5	0%	-	-
Consumable supplies	198	(129)	-	69	43	26	62,3%	195	29
Consumable: Stationery, printing and office supplies	1 004	20	-	1 024	935	89	91,3%	651	507
Operating leases	1 150	(350)	-	800	819	(19)	102,4%	1 317	752
Property payments	-	-	-	-	17	(17)	-	-	33
Travel and subsistence	11 035	(3 356)	4 002	11 681	11 551	130	98,9%	12 398	10 232
Training and development	25	-	-	25	-	25	-	-	-
Operating payments	983	(209)	-	774	774	-	100,0%	1 905	930
Venues and facilities	710	100	(460)	350	410	(60)	117,1%	10	-
Rental and hiring	-	-	-	-	-	-	-	100	26
Transfers and subsidies	-	125	-	125	125	-	100,0%	1 060	1 059
Households	-	125	-	125	125	-	100,0%	1 060	1 059
Social benefits	-	125	-	125	125	-	100,0%	1 060	1 059
Payments for capital assets	8 419	-	2 042	10 461	9 219	1 242	88,1%	12 236	634
Machinery and equipment	8 419	(140)	(1 214)	7 065	5 827	1 238	82,5%	2 466	634

6.3 Pharmaceutical Trade and Product Regulation									
		2015/16				2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Other machinery and equipment	8 419	(140)	(1 214)	7 065	5 827	1 238	82,5%	2 466	634
Software and Intangible assets	-	140	3 256	3 396	3 392	4	99,9%	9 770	-
Payments for financial assets	-	233	-	233	232	1	99,6%	27	26
TOTAL	131 772	36	7 737	139 545	138 303	1 242	99,1%	138 382	120 507

6.4 Public Entities Management									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	5 659	(620)	(215)	4 824	4 824	-	100,0%	4 533	4 441
Compensation of employees	2 553	101	-	2 654	2 654	-	100,0%	2 441	2 431
Salaries and wages	2 242	86	-	2 328	2 329	(1)	100,0%	2 141	2 123
Social contributions	311	15	-	326	325	1	99,7%	300	308
Goods and services	3 106	(721)	(215)	2 170	2 170	-	100,0%	2 092	2 010
Advertising	500	-	-	500	679	(179)	135,8%	370	380
Minor assets	2	40	-	42	38	4	90,5%	-	-
Catering: Departmental activities	30	-	-	30	15	15	50,0%	55	12
Communication (G&S)	35	-	-	35	39	(4)	111,4%	20	37
Consultants: Business and advisory services	1 006	(63)	-	943	937	6	99,4%	-	437
Legal services	274	(274)	-	-	-	-	-	300	65
Fleet services (including government motor transport)	50	-	-	50	2	48	4,0%	55	8
Inventory: Food and food supplies	2	-	-	2	1	1	50,0%	4	-
Consumable supplies	-	3	-	3	2	1	66,7%	-	-
Consumable: Stationery, printing and office supplies	460	(314)	-	146	140	6	95,9%	348	239
Travel and subsistence	427	100	(215)	312	292	20	93,6%	790	537
Training and development	200	(200)	-	-	-	-	-	-	198
Operating payments	120	(13)	-	107	17	90	15,9%	150	97
Venues and facilities	-	-	-	-	8	(8)	-	-	-
Transfers and subsidies	1 394 280	-	-	1 394 280	1 394 280	-	100,0%	666 705	648 334
Departmental agencies and accounts	1 394 280	-	-	1 394 280	1 394 280	-	100,0%	653 838	635 467
Departmental agencies (non-business entities)	1 394 280	-	-	1 394 280	1 394 280	-	100,0%	653 838	635 467
Non-profit institutions	-	-	-	-	-	-	-	12 867	12 867
Payments for capital assets	52	(7)	(45)	-	-	-	-	-	-
Machinery and equipment	52	(7)	(45)	-	-	-	-	-	-
Other machinery and equipment	52	(7)	(45)	-	-	-	-	-	-
TOTAL	1 399 991	(627)	(260)	1 399 104	1 399 104	-	100,0%	671 238	652 775

Vote 16
Appropriation Statement for the year ended 31 March 2016
6.5 Compensation Commissioner for Occupational Diseases

6.5 Compensation Commissioner for Occupational Diseases									
	2015/16					2014/15			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	52 807	1 509	(9 638)	44 678	44 678	-	100,0%	46 283	40 595
Compensation of employees	28 283	1 002	-	29 285	29 285	-	100,0%	26 011	26 009
Salaries and wages	24 493	879	-	25 372	24 771	601	97,6%	22 446	22 198
Social contributions	3 790	123	-	3 913	4 514	(601)	115,4%	3 565	3 811
Goods and services	24 524	507	(9 638)	15 393	15 393	-	100,0%	20 272	14 586
Administrative fees	40	-	-	40	-	40	-	40	-
Advertising	1 050	(450)	(500)	100	94	6	94,0%	260	127
Minor assets	1 804	(500)	(650)	654	330	324	50,5%	1 377	276
Audit costs: External	630	(550)	(100)	80	22	58	27,5%	-	-
Catering: Departmental activities	500	(200)	(145)	300	154	1456	51,3%	375	371
Communication (G&S)	1 330	(350)	(100)	880	912	(32)	103,6%	810	759
Computer services	160	-	-	160	251	(91)	156,9%	357	194
Consultants: Business and advisory services	2 850	(1 700)	-	1 150	1 097	53	95,4%	1 577	1 569
Contractors	2 760	-	(2 538)	222	1 020	(798)	459,5%	2 705	2 427
Agency and support / outsourced services	2 070	4 507	(5 050)	1 527	3 620	(2 093)	237,1%	990	610
Entertainment	-	-	-	-	-	-	-	5	-
Fleet services (including government motor transport)	780	700	-	1 480	1 574	(94)	106,4%	960	1 220
Inventory: Clothing material and supplies	50	-	-	50	22	28	44,0%	40	63
Inventory: Food and food supplies	40	-	-	40	2	38	5,0%	17	2
Inventory: Fuel, oil and gas	130	-	-	130	15	115	11,5%	40	10
Inventory: Materials and supplies	570	-	(500)	70	2	68	2,9%	459	4
Inventory: Medical supplies	260	200	-	460	188	272	40,9%	160	21
Inventory: Other supplies	200	-	-	200	112	88	56,0%	210	85
Consumable supplies	250	-	(150)	100	25	75	25,0%	415	632
Consumable: Stationery, printing and office supplies	1 375	(250)	-	1 125	778	347	69,2%	1 457	992
Operating leases	400	-	-	400	276	124	69,0%	654	520
Property payments	1 050	-	-	1 050	305	745	29,0%	510	231
Travel and subsistence	1 715	(250)	-	1 465	1 547	(82)	105,6%	1 837	1 433
Training and development	50	-	-	50	9	41	18,0%	540	-
Operating payments	4 210	(650)	-	3 560	3 000	560	84,3%	4 377	3 040
Venues and facilities	100	-	-	100	38	62	38,0%	100	-
Rental and hiring	150	-	(150)	-	-	-	-	-	-
Transfers and subsidies	3 363	82	-	3 445	3 445	-	100,0%	3 442	3 442
Departmental agencies and accounts	3 363	-	-	3 363	3 363	-	100,0%	3 215	3 215
Departmental agencies (non-business entities)	3 363	-	-	3 363	3 363	-	100,0%	3 215	3 215
Households	-	82	-	82	82	-	100,0%	227	227
Social benefits	-	82	-	82	82	-	100,0%	227	227

Vote 16
Appropriation Statement for the year ended 31 March 2016
6.5 Compensation Commissioner for Occupational Diseases

6.5 Compensation Commissioner for Occupational Diseases									
	2015/16						2014/15		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Payments for capital assets	2 474	-	638	3 112	2 041	1 071	65,6%	6 167	2 569
Buildings and other fixed structures	-	-	-	-	-	-		1 876	536
Buildings	-	-	-	-	-	-		1 876	536
Machinery and equipment	2 474	(1 000)	638	2 112	1 225	887	58,0%	3 546	2 033
Other machinery and equipment	2 474	(1 000)	638	2 112	1 225	887	58,0%	3 546	2 033
Software and Intangible assets	-	1 000	-	1 000	816	184	81,6%	745	-
Payments for financial assets	-	-	-	-	-	-		20	20
TOTAL	58 644	1 591	(9 000)	51 235	50 164	1 071	97,9%	55 912	46 626

VOTE 16**NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2016****1. Detail of transfers and subsidies as per Appropriation Act (after Virement):**

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

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

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

3. Detail on payments for financial assets

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

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per Programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	443 416	438 501	4 915	99%
National Health Insurance, Health Planning and System Enablement	611 213	553 053	58 160	90%
Cash did not flow mainly due to the Health Demographic System project running over multiple years. The DRG project started in July 2015 after the Services Level Agreement was signed.				
HIV & AIDS, TB, Maternal and Child Health	14 324 860	14 179 001	145 859	99%
Primary Health Care Services	215 239	212 571	2 668	99%
Hospitals, Tertiary Services & Human Resource Development	19 057 465	19 056 444	1 021	100%
Health Regulation and Compliance Management	1 601 732	1 599 420	2 312	100%
4.2 Per economic classification	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Appropriation R'000
Current payments				
Compensation of employees	750 097	750 097	-	100%
Goods and services	1 377 821	1 183 894	193 927	86%
Transfers and subsidies				
Provinces and municipalities	31 904 748	31 904 748	-	100%
Departmental agencies and accounts	1 420 625	1 419 422	1 203	100%
Higher education institutions	57 927	53 964	3 963	93%
Non-profit institutions	167 680	155 073	12 607	92%
Households	2 910	2 910	-	100%
Payments for capital assets				
Buildings and other fixed structures	470 641	470 641	-	100,0%
Machinery and equipment	96 180	92 968	3 212	97%
Software and Intangible assets	4 396	4 208	188	96%
Payments for financial assets	900	900	-	100%

Demographic Health System survey is a multiple year project. The DRG survey started in July 2015 after the finalisation of the Service Level Agreement. The multi pronged mass media communication campaign on HIV/AIDS issues was postponed and will commence in the new financial year. Transfer to the universities for Pharmacovigilance did not flow due to the delay in signing Service Level Agreement. The Department contracted fewer NGOs in the 2015/16 as a result of budget pressure and prioritising for areas such as medical student doctors intake, SANAC as well as contribution to international AIDS society. The expenditure for HPV was lower than anticipated. The renovation of CCOD and MBOD building and laboratory is in progress.

VOTE 16

NOTES TO THE APPROPRIATION STATEMENT for the year ended 31 March 2016

4.3	Per conditional grant	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Appropriation R'000
	Direct Grants				
	National Tertiary Service Grant	10 381 174	10 381 174	-	100%
	Comprehensive HIV and AIDS Grant	13 670 730	13 670 730	-	100%
	Health Facility Revitalisation Grant	5 417 045	5 417 045	-	100%
	Health Professional Training and Development Grant	2 374 722	2 374 722	-	100%
	National Health Insurance Grant	61 077	61 077	-	100%
	Indirect Grants				
	Health Facility Revitalisation	612 789	612 623	166	100%
	Human Papilloma Virus Vaccine	200 000	158 719	41 281	79%
	National Health Insurance	290 442	279 780	10 662	96%

VOTE 16**STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2016**

	<i>Note</i>	2015/16 R'000	2014/15 R'000
REVENUE			
Annual appropriation	1	36 253 925	33 900 570
Departmental revenue	2	53 885	66 140
Aid assistance	3	1 203 879	1 170 219
TOTAL REVENUE		37 511 689	35 136 929
EXPENDITURE			
Current expenditure			
Compensation of employees	4	750 097	608 140
Goods and services	5	1 183 894	1 054 222
Aid assistance	3	1 122 606	903 478
Total current expenditure		3 056 597	2 565 840
Transfers and subsidies			
Transfers and subsidies	7	33 536 117	31 263 725
Total transfers and subsidies		33 536 117	31 263 725
Expenditure for capital assets			
Tangible assets	8	605 853	261 524
Intangible assets	8	4 208	252
Total expenditure for capital assets		610 061	261 776
Payments for financial assets	6	900	933
TOTAL EXPENDITURE		37 203 675	34 092 274
SURPLUS/(DEFICIT) FOR THE YEAR		308 014	1 044 655
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		215 100	745 915
Annual appropriation		-	-
Conditional grants		-	-
Departmental revenue and NRF Receipts	13	53 885	66 140
Aid assistance	3	39 029	232 600
SURPLUS/(DEFICIT) FOR THE YEAR		308 014	1 044 655

VOTE 16
STATEMENT OF FINANCIAL POSITION as at 31 March 2016

	<i>Note</i>	2015/16 R'000	2014/15 R'000
ASSETS			
Current assets		225 380	1 042 313
Cash and cash equivalents	9	68 340	895 748
Prepayments and advances	10	58 447	40 360
Receivables	11	98 593	106 205
Non-current assets		98 235	2 490
Receivables	11	98 235	2 490
TOTAL ASSETS		323 615	1 044 803
LIABILITIES			
Current liabilities		321 697	1 043 384
Voted funds to be surrendered to the Revenue Fund	12	215 100	745 915
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	10 147	2 555
Payables	14	56 270	60 570
Aid assistance repayable	3	39 613	233 193
Aid assistance unutilised	3	567	1 151
TOTAL LIABILITIES		321 697	1 043 384
NET ASSETS		1 918	1 419
Represented by:			
Recoverable revenue		1 918	1 419
TOTAL		1 918	1 419

VOTE 16**STATEMENT OF CHANGES IN NET ASSETS for the year ended 31 March 2016**

	<i>Note</i>	2015/16 R'000	2014/15 R'000
Recoverable revenue			
Opening balance		1 419	1 620
Transfers:		499	(201)
Irrecoverable amounts written off		-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		(796)	(792)
Debts raised		1 295	591
Closing balance		1 918	1 419
TOTAL		1 918	1 419

CASH FLOW STATEMENT for the year ended 31 March 2016

	<i>Note</i>	2015/16 R'000	2014/15 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		37 511 689	35 136 929
Annual appropriated funds received	1.1	36 253 925	33 900 570
Departmental revenue received	2	47 349	59 803
Interest received	2.2	6 536	6 337
Aid assistance received	3	1 203 879	1 170 219
Net (increase)/decrease in working capital		(110 520)	68 041
Surrendered to Revenue Fund		(792 208)	(831 529)
Surrendered to RDP Fund/Donor		(233 193)	(246 374)
Current payments		(3 056 597)	(2 565 840)
Payments for financial assets		(900)	(933)
Transfers and subsidies paid		(33 536 117)	(31 263 725)
Net cash flow available from operating activities	15	(217 846)	296 569
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(610 061)	(261 776)
Net cash flows from investing activities		(610 061)	(261 776)
CASH FLOWS FROM FINANCING ACTIVITIES			
Distribution/dividend received		499	(201)
Increase/(decrease) in net assets		499	(201)
Net cash flows from financing activities		499	(201)
Net increase/(decrease) in cash and cash equivalents		(827 408)	34 592
Cash and cash equivalents at beginning of period		895 748	861 156
Cash and cash equivalents at end of period	16	68 340	895 748

VOTE 16**ACCOUNTING POLICIES for the year ended 31 March 2016****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.

7.3 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 and / penalties) is measured at amounts receivable from collecting agents.

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 Accrued expenditure payable

Accrued expenditure payable is 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.

Accrued expenditure payable is measured at cost.

VOTE 16**ACCOUNTING POLICIES for the year ended 31 March 2016****8.4 Leases****8.4.1 Operating leases**

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

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

8.4.2 Finance leases

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

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

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

- 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.

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 is 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.

VOTE 16**ACCOUNTING POLICIES for the year ended 31 March 2016**

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.

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 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 therefor are provided in the note.

Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery 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

VOTE 16**ACCOUNTING POLICIES for the year ended 31 March 2016**

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 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.

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 Offsetting

Assets and liabilities, revenue and expenses, have not been offset unless required or permitted by this Standard or Legislation. (SAMD, Section 3.3.5).

31 Prior period errors

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.

An amount of R1 028 000 was added that relates to computer equipment, furniture and office and other machinery and equipment – major / minor reclassifications and accruals and FMV.

VOTE 16

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

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:

	2015/16			2014/15	
	Final Appropriation	Actual Funds Received	Funds not requested/not received	Final Appropriation	Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	443 416	443 416	-	397 731	397 731
National Health Insurance, Health Planning and Systems	611 213	611 213	-	654 127	654 127
HIV and AIDS, Tuberculosis, Maternal and Child Health	14 324 860	14 324 860	-	13 046 659	13 046 659
Primary Health Care Services	215 239	215 239	-	107 155	107 155
Hospitals, Tertiary Health Services and Human Resource	19 057 465	19 057 465	-	18 808 853	18 808 853
Health Regulation and Compliance Management	1 601 732	1 601 732	-	886 045	886 045
TOTAL	36 253 925	36 253 925	-	33 900 570	33 900 570

1.2 Conditional grants (indirect)

	Notes	2015/16	2014/15
		R'000	R'000
Total grants received	34	1 103 231	1 192 906
Provincial grants included in Total Grants received		-	-

2. Departmental revenue

		2015/16	2014/15
		R'000	R'000
Sales of goods and services other than capital assets	2.1	46 096	54 033
Interest, dividends and rent on land	2.3	6 536	6 337
Transactions in financial assets and liabilities	2.5	1 253	5 770
Total revenue collected		53 885	66 140
Less: Own revenue included in appropriation	13	-	-
Departmental revenue collected		53 885	66 140

2.1 Sales of goods and services other than capital assets

		2015/16	2014/15
		R'000	R'000
Sales of goods and services produced by the department	2	46 052	54 031
Sales by market establishment		160	154
Administrative fees		45 394	53 594
Other sales		498	283
Sales of scrap, waste and other used current goods		44	2
TOTAL		46 096	54 033

2.2 Interest, dividends and rent on land

		2015/16	2014/15
		R'000	R'000
Interest	2	6 536	6 337
TOTAL		6 536	6 337

2.3 Transactions in financial assets and liabilities

		2015/16	2014/15
		R'000	R'000
Loans and advances	2	-	-
Receivables		-	-
Forex gain		-	-
Stale cheques written back		835	20
Other Receipts including Recoverable Revenue		418	5 750
Gains on GFECRA		-	-
TOTAL		1 253	5 770

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

3. Aid assistance

	Notes	2015/16 R'000	2014/15 R'000
Opening Balance		234 344	248 118
Prior period error		-	-
As restated		234 344	248 118
Transferred from statement of financial performance	3.1	39 029	232 600
Paid during the year		(233 193)	(246 374)
Closing Balance		40 180	234 344

3.1 Analysis of balance by source

		2015/16 R'000	2014/15 R'000
Aid assistance from RDP	3	39 613	232 600
Aid assistance from other sources		567	1 744
Closing balance		40 180	234 344

3.2 Analysis of balance

		2015/16 R'000	2014/15 R'000
Aid assistance unutilised	3	567	1 151
Aid assistance repayable		39 613	233 193
Closing balance		40 180	234 344

4. Compensation of employees

4.1 Salaries and Wages

		2015/16 R'000	2014/15 R'000
Basic salary		510 333	417 247
Performance award		8 102	6 796
Service Based		451	624
Compensative/circumstantial		5 656	3 495
Other non-pensionable allowances		131 316	107 136
TOTAL		655 858	535 298

4.2 Social contributions

		2015/16 R'000	2014/15 R'000
Employer contributions			
Pension		65 358	52 921
Medical		28 747	19 867
Bargaining council		134	54
TOTAL		94 239	72 842
Total compensation of employees		750 097	608 140
Average number of employees		1 818	1 572

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

5. Goods and services

	Notes	2015/16 R'000	2014/15 R'000
Administrative fees		461	740
Advertising		10 633	10 496
Minor assets	5.1	7 054	8 242
Bursaries (employees)		1 553	1 076
Catering		3 148	3 230
Communication		19 551	15 952
Computer services	5.2	11 916	13 852
Consultants: Business and advisory services		65 594	60 506
Infrastructure and planning services		-	4 286
Legal services		6 990	6 198
Contractors		286 241	95 287
Agency and support / outsourced services		154 288	92 362
Entertainment		2	18
Audit cost – external	5.3	20 131	27 921
Fleet services (including government motor transport)		60 779	28 512
Inventory	5.4	190 650	401 292
Consumables	5.5	23 207	20 092
Operating leases		131 664	93 582
Property payments	5.6	23 662	22 598
Rental and hiring		98	89
Travel and subsistence	5.7	92 747	86 223
Venues and facilities		19 409	6 611
Training and development		4 545	4 790
Other operating expenditure	5.8	49 571	50 267
TOTAL		1 183 894	1 054 222

5.1 Minor assets

	2015/16 R'000	2014/15 R'000
Tangible assets	7 054	8 242
Machinery and equipment	7 054	8 242
TOTAL	7 054	8 242

5.2 Computer services

	2015/16 R'000	2014/15 R'000
SITA computer services	3 176	964
External computer service providers	8 740	12 888
TOTAL	11 916	13 852

5.3 Audit cost – External

	2015/16 R'000	2014/15 R'000
Regularity audits	20 131	27 921
TOTAL	20 131	27 921

5.4 Inventory

	2015/16 R'000	2014/15 R'000
Clothing material and accessories	495	2 708
Food and food supplies	111	99
Fuel, oil and gas	2 042	1 075
Materials and supplies	131	282
Medical supplies	77 537	209 605
Medicine	98 340	177 192
Other supplies	11 994	10 331
TOTAL	190 650	401 292

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

5.4.1 Other supplies

	Notes	2015/16 R'000	2014/15 R'000
Other	5.4	11 994	10 331
TOTAL		11 994	10 331

5.5 Consumables

		2015/16 R'000	2014/15 R'000
Consumable supplies	5	3 009	1 687
Uniform and clothing		19	32
Household supplies		503	1 405
IT consumables		182	117
Other consumables		2 305	133
Stationery, printing and office supplies		20 198	18 405
TOTAL		23 207	20 902

5.6 Property payments

		2015/16 R'000	2014/15 R'000
Municipal services	5	19 885	19 554
Property management fees		977	993
Other		2 800	2 051
TOTAL		23 662	22 598

5.7 Travel and subsistence

		2015/16 R'000	2014/15 R'000
Local	5	63 810	56 811
Foreign		28 937	29 412
TOTAL		92 747	86 223

5.8 Other operating expenditure

		2015/16 R'000	2014/15 R'000
Professional bodies, membership and subscription fees	5	31 579	25 986
Resettlement costs		620	257
Other		17 372	24 024
TOTAL		49 571	50 267

6. Payments for financial assets

		2015/16 R'000	2014/15 R'000
Other material losses written off	6.2		
Debts written off	6.3	900	933
TOTAL		900	933

6.1 Debts written off

		2015/16 R'000	2014/15 R'000
Nature of debts written off	6		
Costs to hold a consultative meeting		-	96
TOTAL		-	96
Recoverable revenue written off			
Salary debt		462	142
Tax debt		7	39
Fraudulent transaction: BCD Connex Travel		-	396
Debts written off relating to fruitless and wasteful expenditure		46	114
Bursary debt		246	57
Telephone debt		4	77
Travel and subsistence		27	12
Leave without pay		106	-
Other		1	-
Loss of State Property		1	-
TOTAL		900	837
Total debt written off		900	933

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

7. Transfers and subsidies

			2015/16 R'000	2014/15 R'000
		Notes		
Provinces and municipalities		35	31 904 748	30 380 282
Departmental agencies and accounts	Annex 1A		1 419 422	621 681
Higher education institutions	Annex 1B		53 964	40 200
Foreign governments and international organisations	Annex 1C		-	2 622
Non-profit institutions	Annex 1D		155 073	215 383
Households	Annex 1E		2 910	3 557
TOTAL			33 536 117	31 263 725

8. Expenditure for capital assets

			2015/16 R'000	2014/15 R'000
Tangible assets			605 853	261 524
Buildings and other fixed structures	31		470 641	168 864
Machinery and equipment	29		135 212	92 660
Intangible assets			4 208	252
Software	30		4 208	252
TOTAL			610 061	261 776

8.1 Analysis of funds utilised to acquire capital assets – 2015/16

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	563 609	42 244	606 039
Buildings and other fixed structures	470 641	-	470 641
Machinery and equipment	92 968	42 244	135 398
Intangible assets	4 208		4 208
Software	4 208		4 208
TOTAL	567 817	42 244	610 247

8.2 Analysis of funds utilised to acquire capital assets – 2014/15

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	227 383	34 141	261 524
Buildings and other fixed structures	168 864	-	168 864
Machinery and equipment	58 519	34 141	92 660
Intangible assets	252	-	252
Software	252	-	252
TOTAL	227 635	34 141	261 776

9. Cash and cash equivalents

	2015/16 R'000	2014/15 R'000
Consolidated Paymaster General Account	68 314	894 337
Cash receipts	1	-
Cash on hand	25	1 411
TOTAL	68 340	895 748

10. Prepayments and advances

		2015/16 R'000	2014/15 R'000
Staff advances			
Travel and subsistence		146	228
Prepayments (Not expensed)		-	3
Advances paid	10.1	58 301	40 129
TOTAL		58 447	40 360

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

10.1 Advances paid

	Notes	2015/16 R'000	2014/15 R'000
National departments	Annex7A	22 283	7 284
Provincial departments	Annex7A	4 415	3 829
Public entities	Annex7A	25 961	13 072
Other entities	Annex7A	5 642	15 944
TOTAL		58 301	40 129

10.2 Prepayments (Not expensed)

	2015/16 R'000	2014/15 R'000
Goods and services	-	3
TOTAL	-	3

11. Receivables

		2015/16			2014/15		
	Note	Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000	Total R'000
Claims recoverable	11.1 Annex3	98 239	95 883	194 122	105 730	15	105 745
Recoverable expenditure	11.2	(32)	-	(32)	(31)	-	(31)
Staff debt	11.3	265	490	755	370	435	805
Fruitless and wasteful expenditure	11.5	-	-	-	9	-	9
Other debtors	11.4	121	1 862	1 983	127	2 040	2 167
TOTAL		98 593	98 235	196 828	106 205	2 490	108 695

11.1 Claims recoverable

	11	2015/16 R'000	2014/15 R'000
National departments		46	97
Provincial departments		24	8 823
Public entities		186 736	96 740
Private enterprises		7 316	-
Higher education institutions		-	85
TOTAL		194 122	105 745

11.2 Recoverable expenditure (disallowance accounts)

	11	2015/16 R'000	2014/15 R'000
Salary debt		2	3
Salary disallowance		(34)	(34)
Total		(32)	(31)

11.3 Staff debt

	11	2015/16 R'000	2014/15 R'000
Bursary debt		453	256
Salary over payments		25	11
Loss/damage to State Property		27	28
Fruitless and wasteful expenditure		-	(9)
Other		250	519
TOTAL		755	805

11.4 Other debtors

	11	2015/16 R'000	2014/15 R'000
Schedule 9 medication		66	60
Laboratory tests		1	1
Other debtors		120	133
Ex-employees		1 796	1 973
TOTAL		1 983	2 167

VOTE 16**NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016****11.5 Fruitless and wasteful expenditure**

	Notes	2015/16	2014/15
	11	R'000	R'000
Opening balance		9	17
Less amounts recovered		(7)	(8)
Less amounts written off		-	-
Transfers from note 32 Fruitless and Wasteful expenditure		(2)	-
TOTAL		-	9

11.6 Impairment of receivables

	2015/16	2014/15
	R'000	R'000
Estimate of impairment of receivables	1 432	1 206
TOTAL	1 432	1 206

The impairment of the receivables is calculated on the basis of debts older than three years.

12. Voted funds to be surrendered to the Revenue Fund

	2015/16	2014/15
	R'000	R'000
Opening balance	745 915	703 085
As restated	745 915	703 085
Transfer from statement of financial performance (as restated)	215 100	745 915
Paid during the year	(745 915)	(703 085)
Closing balance	215 100	745 915

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	2015/16	2014/15
	R'000	R'000
Opening balance	2 555	64 859
As restated	2 555	64 859
Transfer from Statement of Financial Performance (as restated)	53 885	66 140
Paid during the year	(46 293)	(128 444)
Closing balance	10 147	2 555

14. Payables – current

	2015/16	2014/15
	R'000	R'000
Advances received	55 642	58 177
Clearing accounts	628	2 393
TOTAL	56 270	60 570

14.1 Advances received

	2015/16	2014/15
	R'000	R'000
National departments	9 403	-
Provincial departments	1 662	38 407
Public entities	44 577	19 770
TOTAL	55 642	58 177

14.2 Clearing accounts

	2015/16	2014/15
	R'000	R'000
Income tax	609	2 053
Pension fund	9	340
Bargaining Council	1	-
Housing	9	-
TOTAL	628	2 393

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

15. Net cash flow available from operating activities

	Notes	2015/16 R'000	2014/15 R'000
Net surplus/(deficit) as per Statement of Financial Performance		308 014	1 044 655
Add back non cash/cash movements not deemed operating activities		(525 860)	(748 086)
(Increase)/decrease in receivables – current		(88 133)	(72 957)
(Increase)/decrease in prepayments and advances		(18 087)	178 726
Increase/(decrease) in payables – current		(4 300)	(37 728)
Expenditure on capital assets		610 061	261 776
Surrenders to Revenue Fund		(792 208)	(831 529)
Surrenders to RDP Fund/Donor		(233 193)	(246 374)
Net cash flow generated by operating activities		(217 846)	296 569

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

	2015/16 R'000	2014/15 R'000
Consolidated Paymaster General account	68 314	894 337
Cash receipts	1	-
Cash on hand	25	1 411
TOTAL	68 340	895 748

17. Contingent liabilities and contingent assets

17.1 Contingent liabilities

Liable to	Nature		2015/16 R'000	2014/15 R'000
Housing loan guarantees	Employees	Annex 2A	141	192
Claims against the department		Annex 2B	8 612	2 123
TOTAL			8 753	2 315

The outflow of cash will be dependent on the finalisation of the case by the court of law or the ruling against the Department. No reimbursements are expected

18. Commitments

	2015/16 R'000	2014/15 R'000
Current expenditure	704 460	600 428
Approved and contracted	115 672	31 585
Approved but not yet contracted	588 788	568 843
Capital expenditure	1 205 425	296 654
Approved and contracted	246 885	158 002
Approved but not yet contracted	958 540	138 652
Total Commitments	1 909 885	897 082

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. Accruals

			2015/16 R'000	2014/15 R'000
Listed by economic classification	30 Days	30+ Days	Total	Total
Goods and services	53 202	40 323	93 525	106 431
Capital assets	88 619	5 912	94 531	12 292
Other	10	29	39	449
TOTAL	141 831	46 264	188 095	119 172

VOTE 16**NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

	2015/16	2014/15
	R'000	R'000
Listed by programme level		
Administration	30 662	54 560
Health Planning and System Enablement	30 096	12 369
HIV and AIDS, TB, Maternal Child and Women's Health	9 323	1 955
Primary Health Care Services	2 497	2 002
Hospital Tertiary Services, Workforce Development	112 076	43 692
Health Regulation and Compliance	3 441	4 594
TOTAL	188 095	119 172

20. Employee benefits

	2015/16	2014/15
	R'000	R'000
Leave entitlement	34 418	26 345
Service bonus (Thirteenth cheque)	21 981	17 256
Performance awards	873	1 199
Capped leave commitments	20 220	17 650
TOTAL	77 492	62 450

Included in the leave entitlement is an amount of R1 001 490 for negative leave credits.

21. Lease commitments**21. Operating leases expenditure**

2015/16	Buildings and other fixed structures	Machinery and equipment	Total
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
2014/15	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	101 009	2 131	103 140
Later than 1 year and not later than 5 years	386 613	2 101	388 714
Later than five years	54 175	-	54 175
Total lease commitments	541 797	4 232	546 029

The Department has entered into lease agreement with Department of Public Works on Civitas, Louwville, Sharp House, City Deep Consortium Properties, 320 Anton Lembede DBN and No 1 Aloe Loop Richardsbay buildings, of which the latest expiry term is 2020.

22. Accrued departmental revenue

	<i>Notes</i>	2015/16	2014/15
		R'000	R'000
Sales of goods and services other than capital assets	22.1	-	1
Interest, dividends and rent on land		272	672
TOTAL		272	673

22.1 Analysis of accrued departmental revenue

		2015/16	2014/15
		R'000	R'000
Opening balance	22	673	2 908
Less: amounts received		(5 645)	(5 045)
Add: amounts recognised		5 262	2 810
Less: amounts written-off/reversed as irrecoverable		(18)	-
Closing balance		272	673

Amount disclosed for reversed as irrecoverable relates to bank charges which were included as amounts received in the prior year

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

23. Irregular expenditure

23.1 Reconciliation of irregular expenditure

	2015/16 R'000	2014/15 R'000
Opening balance	14 988	30 726
Prior period error	-	-
As restated	14 988	30 726
Add: Irregular expenditure – relating to current year	2 939	394 201
Less: Prior year amounts condoned	(13 021)	(18 939)
Less: Amount Recovered (not condoned)		(391 000)
Closing balance	4 906	14 988
Analysis of awaiting condonation per age classification		
Current year	2 939	2 798
Prior years	1 967	12 190
TOTAL	4 906	14 988

Possible irregular expenditure relating to a contract awarded by implementing agent (COEGA) for the construction of Sakhela Clinic and Staff Accommodation as well as (DBSA) for the construction of doctor's consulting rooms is still under investigation. A further possible irregular expenditure on contract relating to assets management and verification contract is well under investigation.

23.2 Details of irregular expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2015/16 R'000
Health Care Cleaning Services: CCOD	Under investigation	153
Courier IT: CCOD	Under investigation	115
CPI: extension of payroll service contract	Under investigation	2 629
Training service at acquired without following procurement process	Under investigation	28
Catering service acquired without following procurement process	Under investigation	14
TOTAL		2 939

23.3 Details of irregular expenditure condoned

Incident	Condoned by (condoning authority)	2015/16 R'000
Malaria Day Event	National Treasury	800
Appointment of consultants	National Treasury	3 397
World Aids Day-Deviation from procurement procedures	National Treasury	2 676
Procurement of Non Profit Volunteers for the 2010 FIFA World Cup	National Treasury	1 963
2010 World TB Day	National Treasury	78
Procurement procedures not followed to appoint a consulting firm	National Treasury	613
Presidential Launch of the HIV Counseling and Testing Campaign	National Treasury	752
Appointment of consultants	National Treasury	2 742
TOTAL		13 021

24. Fruitless and wasteful expenditure

24.1 Reconciliation of fruitless and wasteful expenditure

	Note	2015/16 R'000	2014/15 R'000
Opening balance		6 183	6 118
Prior period error		-	-
As restated		6 183	6 118
Fruitless and wasteful expenditure – relating to current year		-	188
Less: Amounts resolved		(129)	(114)
Less: Amounts transferred to receivables for recovery	15.6	(2)	(9)
Closing balance		6 052	6 183

24.2 Analysis of awaiting resolution per economic classification

	2015/16 R'000	2014/15 R'000
Current	6 052	6 183
TOTAL	6 052	6 183

VOTE 16**NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016****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 2015/16 financial year.

26. Key management personnel

	No. of Individuals	2015/16 R'000	2014/15 R'000
Political office bearers (provide detail below)	2	4 118	4 030
Officials:			
Level 15 to 16	20	26 292	25 066
Level 14 (incl. CFO if at a lower level)	33	36 494	31 181
Family members of key management personnel	1	745	861
TOTAL		67 649	61 138

The Minister's salary was R2 274 627,21 and that of the Deputy Minister was R1 855 607,96.

27. Public Private Partnership

A cost assessment of Chris Hani Baragwanath feasibility study undertaken by the Department found the current PPP model to be unaffordable for implementation. Based on this funding and Parliament's recommendation that National Treasury reviews the current PPP model, alternative procurement models are under consideration.

Name of PPP	Status per AFS 2014/15	Status per AFS 2015/16	Comments
Chris Hani Baragwanath hospital revitalization and upgrading Gauteng	Feasibility completed	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.
New Limpopo Academic Hospital- Limpopo	Feasibility completed	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.
Tygerberg Hospital Redevelopment- Western Cape	Feasibility	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.
Replacement /Refurbishment of King Edward VIII Hospital- KwaZulu-Natal	Feasibility	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.
Nelson Mandela Academic Hospital -Eastern Cape	Feasibility	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.
Dr George Mukhari Academic Hospital -Gauteng	Feasibility	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.
Tertiary Hospital -Mpumalanga	Inception	Feasibility completed	Feasibility study completed and reviewed. However, the model was found to be unaffordable for implementation.

28. Provisions

	Note 28.1	2015/16 R'000	2014/15 R'000
Long Service Awards		837	409
Resolved cases from contingent liabilities (Legal)		210	-
Resolved cases from contingent liabilities (Labour)		367	-
TOTAL		1 414	409

28.1 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)
Unused amount reversed	-	-	-	-
Reimbursement expected from third party	-	-	-	-
Change in provision due to change in estimation of inputs	43	-	-	-
Closing balance	837	210	367	1 414

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

Reconciliation of movement in provisions – 2014/15

	Provision 1	Provision 2	Provision 3	Total provisions
	R'000	R'000	R'000	R'000
Opening balance	-	-	-	-
Increase in provision	409	-	-	409
Closing balance	409	-	-	409

29. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	224 533		96 390	10 182	310 741
Transport assets	2 784	-	1 259	-	4 043
Computer equipment	73 357	-	62 609	4 094	131 872
Furniture and office equipment	13 754	-	3 912	694	16 972
Other machinery and equipment	134 638	-	28 610	5 394	157 854
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	224 533	-	96 390	10 182	310 741

Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:

Movable Tangible Capital Assets under investigation

	Number	Value R'000
Machinery and equipment	599	7 054

When the physical asset verification was done for the period under review, these assets were not found in the specified locations due to the movement of assets between locations.

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	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	92 968	3 422	-	-	96 390
Transport assets	1 259	-	-	-	1 259
Computer equipment	61 468	1 141	-	-	62 609
Furniture and office equipment	3 232	680	-	-	3 912
Other machinery and equipment	27 009	1 601	-	-	28 610
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	92 968	3 422	-	-	96 390

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

29.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Sold for cash	Non-cash disposal	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	2 924	7 258	10 182	43
Computer equipment	2 924	1 170	4 094	43
Furniture and office equipment	-	694	694	-
Other machinery and equipment	-	5 394	5 394	-
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	2 924	7 258	10 182	43

29.3 Movement for 2014/15

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	217 113	5 349)	59 455	57 384	224 533
Transport assets	2 784	-	-	-	2 784
Computer equipment	95 195	2 993	4 440	29 271	73 357
Furniture and office equipment	9 334	1 230	3 190	-	13 754
Other machinery and equipment	109 800	1 126	51 825	28 113	134 638
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	217 113	5 349	59 455	57 384	224 533

29.3.1 Prior period error

	Note	2014/15 R'000
Nature of prior period error	28.3	
Relating to 2014/15 [affecting the opening balance]		5 349
Computer equipment		2 993
Furniture and Office Equipment		1 230
Other Machinery and Equipment		1 126
Total prior period errors		5 349

The correction was effected to reconcile the Asset register with the actual assets verified.

29.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER 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
Opening balance	-	-	-	36 748	-	36 748
Value adjustments	-	-	-	-	-	-
Additions	-	-	-	9 753	-	9 753
Disposals	-	-	-	2 865	-	2 865
TOTAL MINOR ASSETS	-	-	-	43 636	-	43 636
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

Included in the above total of the minor capital assets per the asset register are assets that are under investigation:

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

Minor Capital Assets under investigation

	Number	Value R'000
Machinery and equipment	987	1 360

When the physical asset verification was done for the period under review, these assets were not found in the specified locations.

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2015

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Opening balance	-	-	-	30 725	-	30 725
Prior period error	-	-	-	2 881	-	2 881
Additions	-	-	-	8 242	-	8 242
Disposals	-	-	-	5 100	-	5 100
TOTAL MINOR ASSETS	-	-	-	36 748	-	36 748

29.4.1 Prior period error

	Note	2014/15 R'000
Nature of prior period error	28.4	
Relating to 2013/14 [affecting the opening balance]		2 881
Other Machinery and Equipment		2 881
Total prior period errors		2 881

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 2016

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Assets written off	-	-	-	24	-	24
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	24	-	24

30. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	42 079	-	4 208	-	46 287
TOTAL INTANGIBLE CAPITAL ASSETS	42 079	-	4 208	-	46 287

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 2016

30.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2016

	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	4 208	-	-	-	4 208
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	4 208	-	-	-	4 208

30.2 Movement for 2014/15

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	41 827	-	252	-	42 079
TOTAL INTANGIBLE CAPITAL ASSETS	41 827	-	252	-	42 079

31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Value adjustments	Additions R'000	Disposals R'000	Closing Balance 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

31.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	470 641	144 801	(539 603)	-	75 839
Other fixed structures	470 641	144 801	(539 603)	-	75 839
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	470 641	144 801	(539 603)	-	75 839

31.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Sold for cash	Non-cash disposal	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	92 776	92 776	-
Other fixed structures	-	92 776	92 776	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	92 776	92 776	-

VOTE 16

NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

31.3 Movement for 2014/15

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	-	137 789	-	137 789
Other fixed structures	-	-	137 789	-	137 789
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	-	-	137 789	-	137 789

32. Principal-agent arrangements

32.1 Department acting as the principal

	Fee paid	
	2015/16 R'000	2014/15 R'000
Development Bank of SA	160 265	21 782
COEGA Development Corporation	93 918	21 235
CPI	84 410	48 746
Foundation for Professional Development	174 938	27 935
TOTAL	513 531	119 698

- Development Bank of South Africa – Management of Infrastructure and Refurbishment projects.
- COEGA Development Corporation – 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

	Note	2014/15 R'000
Assets: 2014/15 (Affecting the opening balance)		
Adjustments made to correct prior period errors made to Computer Equipment, Furniture and Office Equipment and other Machinery and Equipment	29.3.1	5 349
Adjustments made to correct prior period errors made to Computer Equipment, Other Machinery and Equipment (Minor Assets)	29.4.1	2 881
		8 230

VOTE 16
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016
34. STATEMENT OF CONDITIONAL GRANTS RECEIVED (Indirect)

NAME OF DEPARTMENT	GRANT ALLOCATION					SPENT			2014/15		
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjust-ments	Other Adjust-ments	Total Available	Amount received by department	Amount spent by department	Under / (Overspend- ing)	% of available funds spent by depart-ment	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 Revitalisation Grant	913 176	-	(300 387)	-	612 789	612 789	612 623	166	100%	604 862	292 345
National Health Insurance	290 442	-	-	-	290 442	290 442	279 780	10 662	96%	388 044	82 261
HPV Vaccine	200 000	-	-	-	200 000	200 000	158 719	41 281	79%	200 000	189 489
	1 403 618	-	(300 387)	-	1 103 231	1 103 231	1 051 122	52 109		1 192 906	564 095

35. STATEMENT OF CONDITIONAL GRANTS PAID TO THE PROVINCES (Direct)

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2014/15	
	Division of Revenue Act	Roll Overs	Adjust-ments	Total Available	Actual Transfer	Funds Withheld	Re-alloca-tions by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by depart-ment	Division of Revenue Act	R'000
Summary by province												
Eastern Cape	3 184 545	-	(14 976)	3 169 569	3 169 566	-	-	3 243 108	3 216 880	99%	3 041 349	
Free State	2 552 244	-	21 424	2 573 668	2 573 667	-	-	2 596 838	2 568 144	99%	2 361 498	
Gauteng	7 651 596	-	(51 005)	7 600 591	7 600 589	-	-	7 654 596	7 601 454	99%	7 615 616	
Kwazulu-Natal	6 887 037	-	(122)	6 886 915	6 886 914	-	-	6 886 363	6 885 066	100%	6 423 725	
Limpopo	1 707 753	-	155 765	1 863 518	1 863 516	-	-	1 905 584	1 860 280	98%	1 891 938	
Mpumalanga	1 419 131	-	(12 700)	1 406 431	1 406 433	-	-	1 491 126	1 461 903	98%	1 361 749	
Northern Cape	1 355 970	-	(21 462)	1 334 508	1 334 507	-	-	1 416 092	1 364 049	96%	1 176 641	
North West	2 065 187	-	(420)	2 064 767	2 064 767	-	-	2 083 423	2 043 613	98%	1 785 909	
Western Cape	5 034 410	-	(29 628)	5 004 782	5 004 789	-	-	5 109 127	4 997 855	98%	4 721 857	
TOTAL	31 857 873	-	46 876	31 904 749	31 904 748	-	-	32 388 257	31 999 244		30 380 282	

Excess expenditure by provinces are covered by roll over funds approved at provincial level.

VOTE 16
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

NAME OF PROVINCE / GRANT	GRANT ALLOCATION			TRANSFER			SPENT			2014/15
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocation by National Treasury or National Department	Amount received by department	Amount spent by department	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
Summary by grant										
National Tertiary Services	10 398 035	-	(16 861)	10 381 174	10 381 174	-	-	10 381 174	10 371 080	10 168 235
Comprehensive HIV and AIDS	13 737 312	-	(66 582)	13 670 730	13 670 730	-	-	13 670 730	13 692 681	12 311 322
Health Facility Revitalisation Grant	5 275 762	-	141 284	5 417 046	5 417 045	-	-	5 417 045	5 493 343	5 501 981
Health Professions Training and Development	2 374 722	-	-	2 374 722	2 374 722	-	-	2 374 722	2 373 729	2 321 788
National Health Insurance Grant	72 042	-	(10 965)	61 077	61 077	-	-	61 077	63 491	76 956
	31 857 873		46 876	31 904 749	31 904 748	-	-	31 904 748	31 994 324	30 380 282

NAME OF PROVINCE / GRANT	GRANT ALLOCATION			TRANSFER			SPENT			2014/15
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocation by National Treasury or National Department	Amount received by department	Amount spent by department	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
1. National Tertiary Services Grant										
Eastern Cape	803 770	-	(1 205)	802 565	802 565	-	-	840 151	820 938	786 007
Free State	918 387	-	(55)	918 332	918 332	-	-	918 387	918 434	898 091
Gauteng	3 572 856	-	(38)	3 572 818	3 572 818	-	-	3 572 856	3 570 498	3 493 891
Kwazulu-Natal	1 530 246	-	-	1 530 246	1 530 246	-	-	1 530 246	1 530 223	1 496 427
Limpopo	330 462	-	(146)	330 316	330 316	-	-	330 462	312 393	323 158
Mpumalanga	99 311	-	(8 216)	91 095	91 095	-	-	99 311	87 550	97 116
Northern Cape	305 477	-	(7 201)	298 276	298 276	-	-	305 477	301 866	298 727
North West	242 625	-	-	242 625	242 625	-	-	242 626	236 749	237 264
Western Cape	2 594 901	-	-	2 594 901	2 594 901	-	-	2 594 901	2 594 901	2 537 554
	10 398 035	-	(16 861)	10 381 174	10 381 174	-	-	10 434 417	10 374 552	10 168 235

VOTE 16
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2014/15
	Division of Revenue Act	Roll Overs	Adjust-ments	Total Available	Actual Transfer	Funds Withheld	Re-alloca-tions by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	
2. Comprehensive HIV and AIDS											
Eastern Cape	1 577 065	-	(7 559)	1 569 506	1 569 506	-	-	1 587 447	1 582 506	101%	1 449 237
Free State	911 946	-	(441)	911 505	911 505	-	-	911 946	911 681	103%	843 026
Gauteng	2 928 300	-	(49 348)	2 878 952	2 878 952	-	-	2 928 300	2 880 682	100%	2 632 578
Kwazulu-Natal	3 813 094	-	(122)	3 812 972	3 812 972	-	-	3 812 972	3 813 455	100%	3 257 992
Limpopo	1 056 975	-	(8 293)	1 048 682	1 048 682	-	-	1 048 339	1 065 528	102%	978 132
Mpumalanga	927 214	-	-	927 214	927 214	-	-	927 214	927 214	100%	818 836
Northern Cape	371 253	-	(818)	370 435	370 435	-	-	372 403	372 403	101%	342 789
North West	1 012 984	-	-	1 012 984	1 012 984	-	-	1 012 984	1 002 075	99%	936 938
Western Cape	1 138 481	-	(1)	1 138 480	1 138 480	-	-	1 138 481	1 138 480	100%	1 051 794
	13 737 312	-	(66 582)	13 670 730	13 670 730	-	-	13 776 086	13 694 024		12 311 322
NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2014/15
	Division of Revenue Act	Roll Overs	Adjust-ments	Total Available	Actual Transfer	Funds Withheld	Re-alloca-tions by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	
3. Health Facility Revitalisation Grant											
Eastern Cape	592 073	-	-	592 073	592 073	-	-	603 876	603 874	100%	599 231
Free State	564 950	-	21 960	586 910	586 910	-	-	609 545	580 123	95%	466 962
Gauteng	313 630	-	-	313 630	313 630	-	-	313 630	313 630	100%	671 033
Kwazulu-Natal	1 229 775	-	-	1 229 775	1 229 775	-	-	1 229 775	1 231 997	100%	1 362 469
Limpopo	194 256	-	164 257	358 513	358 512	-	-	364 255	357 322	100%	467 442
Mpumalanga	287 942	-	-	287 942	287 942	-	-	359 935	344 286	96%	343 509
Northern Cape	593 590	-	(10 749)	582 841	582 841	-	-	652 232	608 736	93%	451 428
North West	695 404	-	(143)	695 261	695 261	-	-	713 082	690 682	97%	500 121
Western Cape	804 142	-	(34 041)	770 101	770 101	-	-	871 194	762 671	86%	639 786
	5 275 762	-	141 284	5 417 046	5 417 045	-	-	5 717 524	5 493 321		5 501 981

VOTE 16
DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2014/15
	Division of Revenue Act	Roll Overs	Adjust-ments	Total Available	Actual Transfer	Funds Withheld	Re-alloca-tions by National Treasury or National Department	Amount received by department	Amount spent by department	% of available funds spent by department	
4. Health Professions Training and Development											
Eastern Cape	204 431	-	-	204 431	204 430	-	-	204 430	204 430	100%	199 874
Free State	149 757	-	-	149 757	149 756	-	-	149 756	149 702	100%	146 419
Gauteng	829 606	-	-	829 606	829 604	-	-	829 604	829 604	100%	811 114
Kwazulu-Natal	299 514	-	-	299 514	299 513	-	-	299 513	299 898	100%	292 837
Limpopo	118 856	-	-	118 856	118 855	-	-	118 855	117 554	99%	116 206
Mpumalanga	97 460	-	-	97 460	97 460	-	-	97 460	97 436	100%	95 288
Northern Cape	78 446	-	-	78 446	78 445	-	-	78 445	78 445	100%	76 697
North West	106 970	-	-	106 970	106 970	-	-	106 970	107 097	100%	104 586
Western Cape	489 682	-	-	489 682	489 689	-	-	489 689	489 689	100%	478 767
	2 374 722	-	-	2 374 722	2 374 722	-	-	2 374 722	2 373 855		2 321 788

NAME OF PROVINCE / GRANT	GRANT ALLOCATION				TRANSFER			SPENT			2014/15
	Division of Revenue Act	Roll Overs	Adjust-ments	Total Available	Actual Transfer	Funds Withheld	Re-alloca-tions by National Treasury or National Department	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
5. National Health Insurance Grant											
Eastern Cape	7 206	-	(6 212)	994	992	-	-	7 204	5 132	71%	7 000
Free State	7 204	-	(40)	7 164	7 164	-	-	7 204	7 204	100%	7 000
Gauteng	7 204	-	(1 619)	5 585	5 585	-	-	10 206	7 040	69%	7 000
Kwazulu-Natal	14 408	-	-	14 408	14 408	-	-	15 857	9 493	60%	14 000
Limpopo	7 204	-	(53)	7 151	7 151	-	-	7 673	7 493	98%	7 000
Mpumalanga	7 204	-	(4 484)	2 720	2 722	-	-	7 206	5 417	75%	7 000
Northern Cape	7 204	-	(2 694)	4 510	4 510	-	-	7 535	2 599	35%	7 000
North West	7 204	-	(277)	6 927	6 927	-	-	7 761	7 010	90%	7 000
Western Cape	7 204	-	4 414	11 618	11 618	-	-	14 862	12 114	82%	13 956
	72 042	-	(10 965)	61 077	61 077	-	-	85 508	63 492		76 956

VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

ANNEXURE 1A
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2014/15 Appropriation Act
	Adjusted Appropriation	Roll Overs	Adjust-ments	Total Available	Actual Transfer	% of Available funds Transferred	
	R'000	R'000	R'000	R'000	R'000	%	R'000
Compensation Commissioner for Occupational Diseases	3 363	-	-	3 363	3 363	100%	3 215
Medical Research Council	623 892	-	-	623 892	623 892	100%	446 331
Council for Medical Schemes	2 556	-	-	2 556	2 556	100%	4 751
National Health Laboratory Services	678 926	-	-	678 926	678 926	100%	125 280
Health and Welfare Sector Education and Training Authority	1 969	-	567	2 536	2 439	96%	1 269
Public Service Sector Education and Training Authority	-	-	206	206	-	0%	128
South African National AIDS Council	15 840	-	3 500	19 340	19 340	100%	15 000
National Health Laboratory Services – EBOLA outbreak	-	-	-	-	-	-	25 738
Human Sciences Research Council (HSRC)	900	-	-	900	-	0%	-
Office of Health Standard Compliance	88 906	-	-	88 906	88 906	100%	-
TOTAL	1 416 352	-	4 273	1 420 625	1 419 422		621 712

ANNEXURE 1B
STATEMENT OF TRANSFERS TO HIGHER EDUCATION INSTITUTIONS

NAME OF HIGHER EDUCATION INSTITUTION	TRANSFER ALLOCATION				TRANSFER		2014/15 Appropriation Act
	Adjusted Appropriation	Roll Overs	Adjust-ments	Total Available	Actual Transfer	Amount not transferred	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Walter Sisulu University: Technikon and Science	1 046	-	5 216	6 262	5 216	1 046	5 200
University of Cape Town	-	-	4 700	4 700	4 700	-	5 200
University of KwaZulu/Natal	-	-	7 800	7 800	7 700	100	5 200
University of Pretoria	-	-	7 226	7 226	7 225	1	7 200
University of Stellenbosch	-	-	15 500	15 500	15 500	-	5 000
University of the Witwatersrand	-	-	14 347	14 347	13 623	724	13 400
University of Limpopo (MEDUNSA)	2 092	-	-	2 092	-	2 092	2 000
TOTAL	3 138	-	54 789	57 927	53 964	3 963	43 200

**VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

**ANNEXURE 1C
STATEMENT OF TRANSFERS TO FOREIGN GOVERNMENT AND INTERNATIONAL ORGANISATIONS**

FOREIGN GOVERNMENT/ INTERNATIONAL ORGANISATION	TRANSFER ALLOCATION				EXPENDITURE		2014/15 Appropriation Act
	Adjusted Appropriation Act	Roll overs	Adjust- ments	Total Available	Actual Transfer	% of Available funds Transferred	
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
World Health Organisation: FIGO – Procurement of personal protective clothing equipment for the EBOLA outbreak							2 658
TOTAL							2 658

**ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS**

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2014/15 Appropriation Act
	Adjusted Appropriation Act	Roll overs	Adjust- ments	Total Available	Actual Transfer	% of Available funds transferred	
	R'000	R'000	R'000	R'000	R'000	%	
Transfers							
Health System Trust	11 367	-	-	11 367	11 367	100%	12 867
Life Line	19 898	-	-	19 898	19 898	100%	19 023
LoveLife	54 396	-	-	54 396	54 396	100%	69 843
SA Council for the Blind	752	-	-	752	752	100%	718
Soul City	16 277	-	-	16 277	16 277	100%	15 561
South African Community Epidemiology Network on Drug Abuse (SACENDU)	471	-	-	471	471	100%	512
National Council Against Smoking	803	-	-	803	803	100%	768
Mental Health and Substance Abuse	190	-	-	190	190	100%	-
Limpopo Mental Health Society	-	-	-	-	-	-	82
World Congress on Paediatric Cardiology	-	-	-	-	-	-	100
South African Federation for Mental Health	335	-	-	335	335	100%	320
Health Information System Programme	12 103	-	-	12 103	12 103	100%	11 571
Human Sciences Research Council	-	-	-	-	-	-	1 499
Wits Health Consortium	650	-	-	650	-	-	600
National Kidney Foundation of South Africa	350	-	-	350	350	100%	-
Emadlweni Day Care Centre	-	-	50	50	-	-	-
District Health Facilities and Environmental Health System Global – South Africa	-	-	-	-	-	-	2 000
HIV and AIDS: NGOs	53 538	-	(3 500)	50 038	38 131	76,20%	79 919
National Institute Community Development and Management (NICDAM)	-	-	-	-	1 356	-	3 254
Community Responsiveness Programme (CPR)	-	-	-	-	521	-	1 250
Ukhamba Projects	-	-	-	-	862	-	2 070
Friends for Life	-	-	-	-	719	-	1 725

**VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

	TRANSFER ALLOCATION			EXPENDITURE		2014/15 Appropriation Act
	Adjusted Appropriation Act	Roll overs	Adjust- ments	Total Available	Actual Transfer	
NON-PROFIT INSTITUTIONS	R'000	R'000	R'000	R'000	R'000	R'000
Zakheni Training and Development	-	-	-	-	1 481	3 555
Leseding Care Givers	-	-	-	-	993	2 383
Leandra Community Centre	-	-	-	-	1 016	2 439
Ikusasa Le Sizwe Community	-	-	-	-	555	1 333
Get Down Productions	-	-	-	-	2 312	5 550
Highveld East Aids Projects Support (HEAPS)	-	-	-	-	2 772	6 653
ESSA Christian Aids Programme (ECAP)	-	-	-	-	977	2 345
COTLANDS	-	-	-	-	-	1 317
Seboka Training and Support Network	-	-	-	-	864	2 073
Muslim Aids Programme (MAP)	-	-	-	-	480	1 153
Networking Aids Community of South Africa (NACOSA)	-	-	-	-	417	1 000
National Lesbian, Gay, Bisexual, Transsexual and Intersexual Health (NLGBTHI)	-	-	-	-	1 406	3 374
Centre for Positive Care (CPC)	-	-	-	-	1 283	3 079
South African Men's Action Group (SAMAG)	-	-	-	-	-	1 025
Educational Support Services Trust (ESST)	-	-	-	-	1 794	4 307
Moretele Sunrise Hospice	-	-	-	-	944	2 264
Alliance Against HIV/AIDS (AAHA)	-	-	-	-	762	1 829
Disabled People South Africa (DPSA)	-	-	-	-	-	1 000
The Training Institute for Primary Health Care (TIPHC)	-	-	-	-	706	1 695
BOKAMOSO	-	-	-	-	583	933
Humana People to People	-	-	-	-	594	950
South African Organisation for the Prevention of HIV/AIDS (SAOPHA)	-	-	-	-	688	1 650
Community Development Foundation of South Africa	-	-	-	-	7 890	1 901
St Joseph Care Centre – Sizanani	-	-	-	-	601	1 831
Boithuti Lesedi Project	-	-	-	-	854	2 050
Get Ready	-	-	-	-	833	1 998
Mpilohle	-	-	-	-	687	1 650
Poverty Alleviation Support for People living with AIDS (PASPWA)	-	-	-	-	-	500
Agri Aids SA NPC	-	-	-	-	628	1 508
Hospice Palliative Care Association	-	-	-	-	839	2 013
Society for Family	-	-	-	-	-	2 150
TB/HIV Care Association	-	-	-	-	896	2 150
Sakhile CBO	-	-	-	-	417	1 000
Ramotshinyadi HIV/AIDS	-	-	-	-	401	962
TOTAL	171 130	-	(3 450)	167 680	155 073	215 383

**VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

**ANNEXURE 1E
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2014/15 Appropriation Act
	Adjusted Appropriation Act	Roll Overs	Adjust- ments	Total Available	Actual Transfer	% of Available funds Transferred	
	R'000	R'000	R'000	R'000	R'000	%	R'000
Transfers							
Leave gratuity	-	-	2 910	2 910	2 910	100%	3 557
	-	-	2 910	2 910	2 910		3 557
TOTAL	-	-	2 910	2 910	2 910		3 557

**ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2015/16	2014/15
		R'000	R'000
Received in kind			
African Regulatory Collaborative	Travel and Subsistence related	11	15
African Union Inter African Bureau Animal Resource	Meeting	242	71
African Union, Commission and Partners	Travel and Subsistence related / Conference	-	14
Albertina Sisulu Executive Leadership Program in Health	Course	-	151
African Research Network for Neglected Tropical Diseases	Travel and Subsistence related	27	-
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	255	-
BIOVAC	Travel and Subsistence related	44	-
Brazilian Government	Travel and Subsistence related	-	58
BRICS	Travel and Subsistence related	44	-
Broad Reach Health Care	Training	154	-
Centre for Global Development	Travel and Subsistence related	54	-
Centre for Innovation in Regulatory Science	Travel and Subsistence related	-	72
Chatham House	Travel and Subsistence related	-	94
Chinese Government	Travel and Subsistence related	-	211
Clinton Access Initiative	Travel and Subsistence related	-	140
Cyber Communications	Travel and Subsistence related	-	10
Department of Performance Monitoring and Evaluation	Travel and Subsistence related	-	64
E8 Secretariat and UCSF Global Health Group	Travel and Subsistence related	67	-
ECSA – HC Global Health Diplomacy	Travel and Subsistence related	38	-
Embassy of Taiwan in South Africa	Travel and Subsistence related	40	-

**VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2015/16	2014/15
		R'000	R'000
Embassy of Turkey	Travel and subsistence related	137	-
European Commission	Travel and subsistence related	24	-
FHI360	Training	-	750
Food Agriculture Organisation	Meeting	17	19
Foundation for Professional FDP	Training	-	5
Global group – University of San Francisco	Meeting	-	56
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	-
Informa Life Science	Travel and Subsistence related	-	93
International Academy for Design and Health	Congress	-	68
International Association for Immunization Managers	Travel and Subsistence related	36	-
International Atomic Energy Agency	Travel and Subsistence related	349	376
International Federation of Animal Health	Travel and Subsistence related	24	-
International Federation of Obstetricians and Gynaecologists	Workshops	-	20
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	368
INTERPOL	Meeting	-	17
ITECH	Training / Workshop	-	119
Japan International Cooperation Agency	Travel and subsistence related	32	-
Kings College London	Travel and subsistence related	50	-
Korea Foundation for International Healthcare	Travel and Subsistence related	-	25
Luke International	Meeting	-	48
Medical Education Partnership Initiative	Travel and Subsistence related	12	-
Medicines Patent Pool Organisation	Meeting	-	62
Ministry of Health and Social Services of Namibia	Travel and Subsistence related	11	-
Nagasaki University – JICA Project Fund	Travel and Subsistence related	-	44
NEPAD	Travel and Subsistence related	12	41
Norvatis	Meeting	9	-
Oliver Kinross	Travel and Subsistence related	90	-
Parental Drug Association	Travel and Subsistence related	36	30
PATH	Meeting/Travel and Subsistence related	60	55
PEPFAR / USAID	Travel and Subsistence related	-	32
Presidency RSA and European Union	Travel and Subsistence related	197	-
Project Aid 8421	Meeting	-	89

**VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2015/16	2014/15
		R'000	R'000
Public Health and Social Development Sectorial Bargaining Council (PHSDSBC)	Conference/Travel and Subsistence related	121	86
Roll Back Malaria and IOM	Meeting	29	253
South African Development Cooperation	Meeting / Workshop / Travel and Subsistence related	-	275
South African Development Countries	Travel and Subsistence related	31	29
South African Partners	Travel and Subsistence related	25	-
Southern Africa Regional Poverty Network	Travel and Subsistence related	-	117
South African Development Community World Bank NEPAD	Travel and Subsistence related	31	-
Stop TB Partnership	Travel and Subsistence related	36	39
Supply Chain Management – PEPFAR Partner	Travel and Subsistence related	439	-
System for Improved Access to Pharmaceutical and Service Program	Travel and Subsistence related	57	-
The Botswana Dental Association	Travel and Subsistence related	6	-
The Prince Mahidol Award Conference	Travel and Subsistence related	-	47
The United States Pharmaceutical Convention	Travel and Subsistence related	-	27
Track 20	Travel and Subsistence related	-	37
UNAIDS	Travel and Subsistence related	-	419
UNICEF Esparo	Travel and Subsistence related	-	14
United Nations Children Emergency Fund (UNICEF)	Travel and Subsistence related	274	323
United Nations Population Fund Agency (UNFPA)	Travel and Subsistence related/Workshop	250	269
United Nations Secretary – General High Level Panel	Travel and Subsistence related	75	-
United States Drug Enforcement Agency	Travel and Subsistence related	65	-
United States Government	Travel and Subsistence related	112	-
US Agency for International Development	Travel and Subsistence related	-	144
Village Reach	Printing	-	39
Welcome Trust	Travel and Subsistence related	38	-
Wits Reproductive Health Initiative & PEPFAR	Launch	172	-
Witton Park	Travel and Subsistence related	119	-
World Bank	Meeting/Workshop/Travel and Subsistence related	113	52
World Bank and Gesellschaft International Zussamme	Travel and Subsistence related	-	61
World Health Organisation	Travel and Subsistence related	5 674	1 653
World Health Organisation Framework Convention on Tobacco Control	Travel and Subsistence related	57	-
Subtotal		10 895	7 101
TOTAL		10 895	7 101

VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

ANNEXURE 1G
STATEMENT OF AID ASSISTANCE RECEIVED

	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI- TURE R'000	CLOSING BALANCE R'000
Received in kind					
African Regulatory Collaborative		-	11	11	-
African Union Inter African Bureau Animal Resource		-	242	242	-
African Research Network for Neglected Tropical Diseases		-	27	27	-
Barcelona Institute for Global Health		-	64	64	-
Beyer		-	33	33	-
Bill and Melinda Gates Foundation		-	255	255	-
BIOVAC		-	44	44	-
BRICS		-	44	44	-
Broad Reach Health Care		-	154	154	-
Centre for Global Development		-	54	54	-
Embassy of Taiwan in South Africa		-	40	40	-
Embassy of Turkey		-	137	137	-
European Commission		-	24	24	-
E8 Secretariat and UCSF Global Health Group		-	67	67	-
ECSA – HC Global Health Diplomacy		-	38	38	-
Food Agriculture Organisation		-	17	17	-
Government of Australia		-	51	51	-
Government of Macao		-	36	36	-
Gulbenkian Foundation		-	23	23	-
Harvard University		-	172	172	-
Human Science Research Council		-	51	51	-
Informa Life Science		-	50	50	-
International Atomic Energy Agency		-	349	349	-
International Association for Immunization Managers		-	36	36	-
International Federation of Animal Health		-	24	24	-
International Training and Education Centre for Health SA (ITEC)		-	451	451	-
International Life Science Institute SA Food and Agriculture Organisation		-	24	24	-
International Society for Infectious Diseases		-	194	194	-
Japan International Cooperation Agency		-	32	32	-
Ministry of Health and Social Services of Namibia		-	11	11	-
Medical Education Partnership Initiative		-	12	12	-
NEPAD		-	12	12	-
Norvatis		-	9	9	-

VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI- TURE R'000	CLOSING BALANCE R'000
Oliver Kinross		-	90	90	-
Parental Drug Association		-	36	36	-
PATH		-	60	60	-
Presidency RSA and European Union		-	197	197	-
Public Health and Social Development Sectorial Bargaining Council (PHSDSBC)		-	121	121	-
Roll Back Malaria and IOM		-	29	29	-
South African Development Cooperation		-	31	31	-
South African Partners		-	25	25	-
Stop TB Partnership		-	36	36	-
Supply Chain Management – PEPFAR Partner		-	439	439	-
System for Improved Access to Pharmaceutical and Service Program		-	57	57	-
South African Development Community World Bank NEPAD		-	31	31	-
The Botswana Dental Association		-	6	6	-
United States Drug Enforcement Agency		-	65	65	-
United States Government		-	112	112	-
United States Population Fund Agency (UNFPA)		-	250	250	-
United Nations Secretary-General High Level Panel		-	75	75	-
United Nations Children Emergency Fund (UNICEF)		-	274	274	-
Welcome Trust		-	38	38	-
Wits Reproductive Health Initiative & PEPFAR		-	172	172	-
Witton Park		-	119	119	-
World Bank		-	113	113	-
World Health Organisation		-	5 674	5 674	-
World Health Organisation Framework Convention on Tobacco Control		-	57	57	-
Subtotal		-	10 895	10 895	-
TOTAL		-	10 895	10 895	-

VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

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)	2015/16	2014/15
	R'000	R'000
Made in kind		
Meeting between the Minister of Health and Population of the Republic of Congo and the Minister of Health, RSA to sign the agreement on Patient Referrals	-	50
Prof D du Toit – Attend a symposium for the 10 th Global Mexico City	-	119
Prof M Mendelson – Attend meeting on Antibiotics from the Dag Hammarskjold Foundation	-	45
Prof Ceballos from Cuba to administer the Cuban National Examination for South African Cuban students	-	113
Prof M Mendelson – attend the Technical Consultation on Innovative Models for New Antibiotics in Geneva	-	38
Ms B Poonsamy, Malaria Diagnosis Expert	-	8
DIRCO official as part of the SA team to draft MOU between AU and SA in Sierra Leone	-	38
Dr B Kunene – to attend the state of midwifery meeting – Department of Health	-	3
Ms T Makwella – to pay for travel and accommodation: Goodwill Ambassador for Mom – Connect	-	27
Dr G Grey – to attend Economists Pharma 2015 conference, London	-	106
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	-
Received in Cash		
Emadileweni Special Day Care at Indwe, in Eastern Cape for children with disabilities	50	-
TOTAL	194	547

ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2016 – LOCAL

Guarantor Institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2015	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2016	Guaranteed interest for year ended 31 March 2016	Realised losses not recoverable i.e. claims paid out
			R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	Housing	56	-	-	-	-	-	-	-
First Rand Bank		250	8	-	-	-	8	-	-
Nedbank		154	35	-	12	-	23	-	-
BOE Bank Ltd (Includes NBS)		87	-	-	-	-	-	-	-
Old Mutual		31	-	-	-	-	-	-	-
Peoples Bank		17	-	-	-	-	-	-	-
Standard Bank		151	149	-	39	-	110	-	-
		746	192	-	51	-	141	-	-
Subtotal									
		746	192	-	51	-	141	-	-
TOTAL									

VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016
ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2016

Nature of Liability	Opening Balance 1 April 2015 R'000	Liabilities incurred during the year R'000	Liabilities paid/ cancelled/ reduced during the year R'000	Liabilities recoverable (Provide details hereunder) R'000	Closing Balance 31 March 2016 R'000
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	-	-	-	76
Llewellyn Sturman vs The Minister of Justice and Constitutional Development, The Director of Public Prosecution and The Minister of Health	800	-	800	-	-
Metronic	-	3 824	-	-	3 824
P F Distributors vs The Minister of Health	32	-	-	-	32
Sarah Snyders and Mornay Calits vs The Minister of Justice and Constitutional Development, The Minister of Health, The Director-General of Public Prosecutions Western Cape	800	-	800	-	-
ZLD Panel Beaters vs The Minister of Health	400	-	-	-	400
Mr J J Leslie	-	870	-	-	870
Ms E Mulutsi	-	1 200	-	-	1 200
Subtotal	2 123	8 089	1 600	-	8 612
TOTAL	2 123	8 089	1 600	-	8 612

**VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016**

**ANNEXURE 3
CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2015/16	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Provincial Health: Eastern Cape	-	4 159	-	-	-	4 159		
Provincial Health: Gauteng	-	137	-	-	-	137		
Provincial Health: KwaZulu/Natal	-	357	-	-	-	357		
Provincial Health: North West	-	1 071	-	-	-	1 071		
Department of Home Affairs	19	17	-	-	19	17		
Department of Mineral Resources	-	11	-	-	-	11		
South African Police Services	-	69	-	-	-	69		
Provincial Health: Western Cape	-	71	-	-	-	71		
Provincial Health: Free State	-	2 629	-	-	-	2 629		
Provincial Health: Limpopo	-	38	-	-	-	38		
Provincial Health: Mpumalanga	24	361	-	-	24	361		
Department of Correctional Services	27	-	-	-	27	-		
	70	8 920		-	70	8 920		
Other Government Entities								
SARS VAT	183 427	96 741	-	-	183 427	96 741		
National Council Against Smoking	-	85	-	-	-	85		
OHSC	3 309	-	-	-	3 309	-		
CDC	978	-	-	-	978	-		
EU	6 338	-	-	-	6 338	-		
	194 052	96 826	-	-	194 052	96 826		
TOTAL	194 122	105 746	-	-	194 122	105 746		

VOTE 16
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016
ANNEXURE 4
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2015/16	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
Provincial Health: Eastern Cape	185	593	-	-	185	593		
Provincial Health: Free State	268	714	-	-	268	714		
Provincial Health: KwaZulu/Natal	-	5 266	-	-	-	5 266		
Provincial Health: Mpumalanga	-	20 713	-	-	-	20 713		
Provincial Health: Northern Cape	256	3 256	-	-	256	3 256		
Provincial Health: Gauteng	925	51	-	-	925	51		
Provincial Health: Limpopo	28	7 814	-	-	28	7 814		
DIRCO	1 409	-	-	-	1 409	-		
Statistics South Africa	7 994	-	-	-	7 994	-		
Subtotal	11 065	38 407	-	-	11 065	38 407		
TOTAL	11 065	38 407	-	-	11 065	38 407		

VOTE 16**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016****ANNEXURE 5****INVENTORIES**

Inventory [Per major category]	Note	2015/16		2014/15	
		Quantity	R'000	Quantity	R'000
Opening balance		2 370 022	2 651	480 205	2 374
Add/(Less): Adjustments to prior year balance		2 443	1 901	-	-
Add: Additions/Purchases - Cash		8 488 825	516 243	3 770	95 654
Add: Additions - Non-cash		4 669	170	2 784	-
(Less): Issues		(8 484 656)	(508 978)	(14 650)	(96 642)
Add/(Less): Adjustments		(2 019 336)	(2 286)	1 897 913	1 265
Less: Internal Transfers		(10 889)	(7 216)	-	-
Add: Weighted average price		-	996	-	-
Closing balance		351 078	3 481	2 370 022	2 651

ANNEXURE 6**MOVEMENT IN CAPITAL WORK IN PROGRESS****MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2016**

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
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

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	113 726	168 864	(137 789)	144 801
Other fixed structures	113 726	168 864	(137 789)	144 801
TOTAL	113 726	168 864	(137 789)	144 801

VOTE 16

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016

ANNEXURE 7A

INTER-ENTITY ADVANCES PAID (note 14)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
Government Communication Information System	1 809	5 440	-	-	1 809	5 440
DIRCO	1 616	1 844	-	-	1 616	1 844
Statistics South Africa	18 858	-	-	-	18 858	-
Subtotal	22 283	7 284	-	-	22 283	7 284
PROVINCIAL DEPARTMENTS						
Current						
Provincial Health: Western Cape	4 415	3 829	-	-	4 415	3 829
Subtotal	4 415	3 829	-	-	4 415	3 829
PUBLIC ENTITIES						
Current						
DBSA: FET	25 961	2 134	-	-	25 961	2 134
DBSA: GP Consultants	-	10 938	-	-	-	10 938
Subtotal	25 961	13 072	-	-	25 961	13 072
OTHER INSTITUTIONS						
CPI	-	2 000	-	-	-	2 000
COEGA	5 642	13 944	-	-	5 642	13 944
Subtotal	5 642	15 944	-	-	5 642	15 944
TOTAL	58 301	40 129	-	-	53 886	40 129

ANNEXURE 7B

INTER-ENTITY ADVANCES RECEIVED (note 21 AND note 22)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015
	R'000	R'000	R'000	R'000	R'000	R'000
NATIONAL DEPARTMENTS						
Current						
DIRCO	1 409	-	-	-	1 409	-
Statistics South Africa	7 994	-	-	-	7 994	-
Subtotal	9 403	-	-	-	9 403	-

VOTE 16**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS for the year ended 31 March 2016****PROVINCIAL DEPARTMENTS****Current**

Provincial Health: Eastern Cape	185	593	-	-	185	593
Provincial Health: Free State	268	714	-	-	268	714
Provincial Health: KwaZulu/ Natal	-	5 266	-	-	-	5 266
Provincial Health: Mpumalanga	-	20 713	-	-	-	20 713
Provincial Health: Northern Cape	256	3 256	-	-	256	3 256
Provincial Health: Gauteng Province	925	51	-	-	925	51
Provincial Health: Limpopo	28	7 814	-	-	28	7 814
Subtotal	1 662	38 407	-	-	1 662	38 407

PUBLIC ENTITIES**Current**

African Renaissance Fund	26 316	-	-	-	26 316	-
DBSA: PMSU	18 261	12 947	-	-	18 261	12 947
DBSA: 44 Clinics	-	6 823	-	-	-	6 823
Subtotal	44 577	19 770	-	-	44 577	19 770

TOTAL

55 642	58 177	-	-	55 642	58 177
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Current

55 642	58 177	-	-	55 642	58 177
--------	--------	---	---	--------	--------

Non-current

-	-	-	-	-	-
---	---	---	---	---	---

ANNEXURE 8**IMMOVABLE ASSETS ADDITIONAL DISCLOSURE**

The detail for note 41.7 may be included in this annexure.

Wording to suit their specific circumstances in order to comply with the Immoveable Asset Guide can be inserted here.

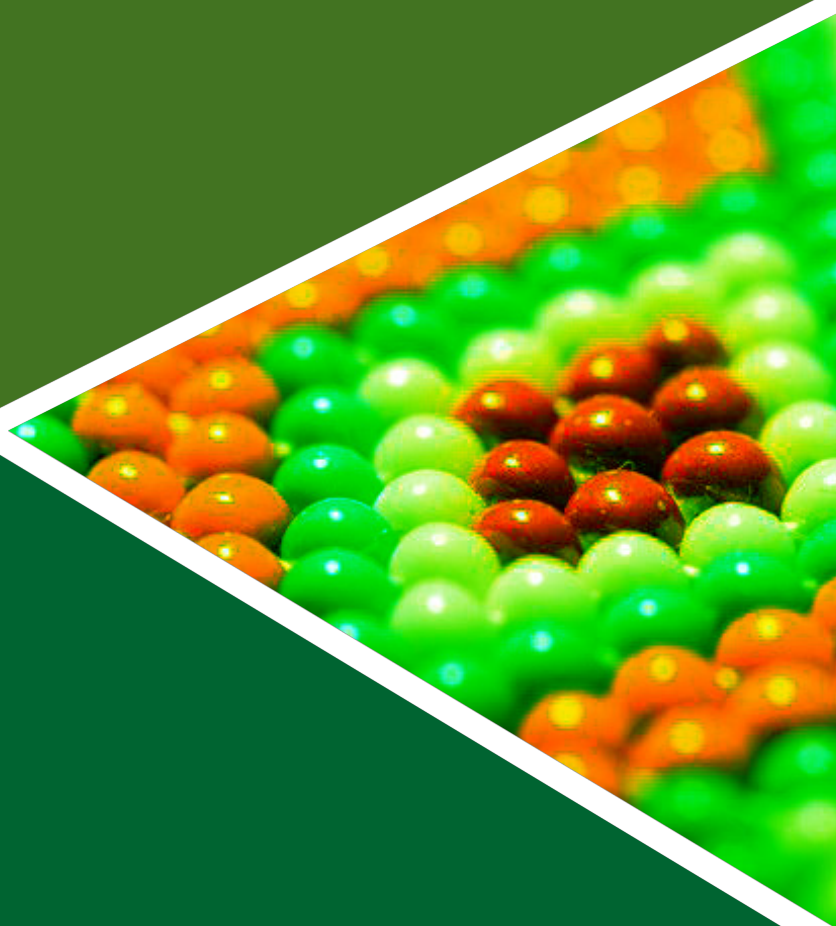
In addition to the detail for note 41.7 the department should address the information regarding:

1. *Surveyed but unregistered land parcels and*
2. *Contingent assets.*

Notes

[illegible]





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