



planning, monitoring
& evaluation

Department:
Planning, Monitoring and Evaluation
REPUBLIC OF SOUTH AFRICA



BI-ANNUAL PROGRESS REPORT ON THE MTSF

APRIL TO SEPTEMBER 2020

PRIORITY 3:

BASIC EDUCATION,
SKILLS DEVELOPMENT
AND HEALTH

LET'S GROW SOUTH AFRICA TOGETHER

1. Purpose of the report

This report presents an analysis by the DPME of the Bi-Annual Progress Reports on the implementation of the Medium Term Strategic Framework (MTSF) 2019-2024, for the period January to June 2020, focusing on Priority 3 namely Education, Skills and Health. The Bi-Annual Reports were submitted to the DPME on behalf of the three sectors by the National Departments of Basic Education (DBE); Higher Education and Training (DHET) and Health (DoH). The DPME conducted an analysis of the reports, triangulated the data with other sources and produced the report that follows below.

This report reviews the following:

- (a) Progress on the implementation of MTSF 2019-2024;
- (b) Challenges and blockages, including the impact of the Coronavirus Disease (Covid-19) on progress attained, and the likelihood of achieving the 2024 targets and NDP 2030 targets;
- (c) Implications of the recorded progress on the review of the MTSF 2019-2024. and optimizing how government operates going forward

2. The Medium-Term Strategic Framework

The Medium-Term Strategic Framework (MTSF) is the government's five-year programme for the implementation of the NDP 2030 and of the electoral mandate for each administration. The MTSF 2019–2024 is anchored on 7 priorities adopted by government for the fifth administration namely:

Priority 1: A capable, ethical and developmental state

Priority 2: Economic transformation and job creation

Priority 2: Education, skills and health

Priority 3: Consolidating the social wage through reliable and quality basic services

Priority 4: Spatial integration, human settlements and local government

Priority 5: Social cohesion and safe communities

Priority 6: A better Africa and world

Priority 7: A Better Africa and World

3. Strategic Intent of Priority 3: Education, Skills and Health

The strategic intent of Priority 3 is to develop the human capital of South Africa by investing in **education, training and health** of its citizens. Government investment in developing the capabilities of South Africans extends from conception to early childhood development (ECD) through to skills development and quality health. This report focuses on work done around ECD, basic Education, post school education and training and the health of South African citizens.

- a. Investments in human capability covers the life cycles of South Africans building the capabilities of South Africans, developing their social assets, and ultimately addressing the triple challenge of poverty, inequality and unemployment.
- b. To build effective capabilities, access to quality ECD is needed for all children, especially those in vulnerable groups. Access to quality ECD needs to be supplemented with quality schooling that leads to effective post-school education and training (PSET) with skills needed by the economy. To develop skilled individuals, the country must address structural barriers in tertiary institutions, while making dedicated investments to ensure labour activation. These need to happen in tandem with skills review processes to ensure appropriate improvements in learning and skills levels.
- c. At the same time, South Africans also depend on improvements to the health sector to strengthen its management, financing and delivery. The health of South Africa's people underpins the health of the country as a whole, and its ability to grow and thrive.

This report is divided into three sections. The first part presents an overview of progress made by the Basic Education Sector towards the MTSF 2019-2019, in the first six months of 2020. This is followed by an assessment of the Higher Education and Training Sector. The third and the last section focuses on the milestones attained by the health sector.

4. Basic Education Component

4. .1. Impacts planned to achieve in the Basic Education sector

The MTSF 2019-24 seeks to achieve the following impacts during this period:

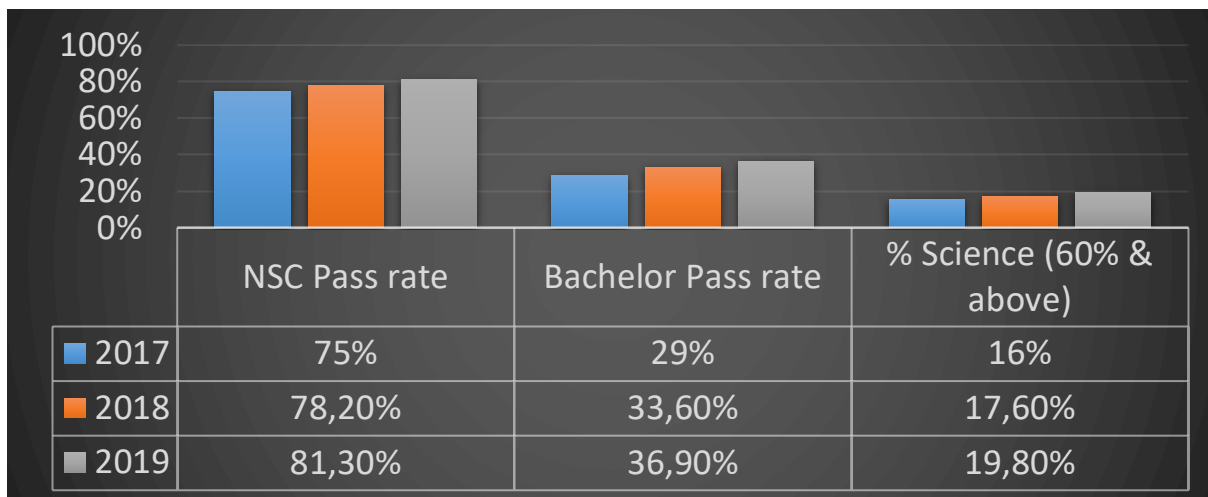
- (a) Increased access to pre-schooling expanded to 95 percent and quality improved;
- (b) More children in foundation phase acquire levels of literacy and numeracy required for meaningful lifelong learning by 2024;
- (c) Improved quality of learning outcomes in the intermediate and senior phases, with inequalities reduced by 2024;
- (d) More learners obtain a national senior certificate (NSC) with excellent marks in critically important subjects by 2024;
- (e) School physical infrastructure and environment that inspires learners to learn and teachers to teach.

4.2 Overview of main achievements in Basic Education sector

The basic education highlights include the green shoots developing in the performance of the basic education. The country moves into the new MTSF with National Senior Certificate (NSC) passes showing that the system is on an upward trajectory. Performance has increased with overall pass rate increasing from 75.1% in 2017 to 81.3% in 2019. Coupled with this rise in pass rate is the quality of passes as represented by bachelor pass increasing from 29% in 2017 to 36.9% in 2019, with many learners coming from no-fee schools. Many more learners passed Physical Science at 60% or above, moving from 16% in 2017 to 19.8% in 2019¹. The table below summarises the above details.

Table 1: Matric results

¹ Department of Basic Education. 2014/2019. National Senior Certificate Technical Reports.



Source: DBE NSC results, 2017-2019

These improvements are partly due to the sector’s concerted efforts to provide extra tuition over the weekends, winter and spring classes. These classes serve as remedial lessons for learners to get a better understanding of topics covered during normal tuition time. The ideal is an efficient system that is able to produce these results without extraordinary interventions to support learning and resources devoted to achieve this.

This period starts also at a high note of increasing scores in international assessments that South Africa participates in, even though the scores are not at a level the country wants them to be at.

The introduction of technical subjects by DBE such as Civil Technologies, Mechanical Technologies, Mechanical Technologies, Technical Mathematics and Technical Sciences in 2018 to address skills shortage in the trades has been progressing with majority of learners registered for these subjects passing these at grade 12, though the number of students enrolling in these areas are still small.

Many of the process issues required to achieve the MTSF (2019-2024) impact indicators have commenced which are a precondition towards reaching the impact targets. These include putting in place processes for migrating ECD coordination from Department of Social Development to DBE, following the President’s SONA announcement. The two departments (Social Development and Basic Education) have been working out how to make this a reality. Provincial dialogues were conducted in provinces as part of DBE’s consultation as well as informing of stakeholders on the ECD migration. Various work

streams focusing on specific areas of service delivery have been established. Proposed proclamations have been sent to the Office of the State Law Advisor.

To achieve the SONA directive of ensuring that all 10 years olds are able to read with meaning, the sector has developed training programmes for reading coaches to build capacity by training Subject Advisors to support schools. By the end of June, the basic education sector had distributed the Early Grade Reading Assessment (EGRA) Toolkit for Phase 4 and CDs with the National Reading Framework and Manuals to all nine provinces. Furthermore, DBE is implementing Early Grade Reading Assessment in 8 000 schools across all Provincial Education Departments (PEDs) as part of improving reading in the education system². This is part of the long term investment the country is making towards increasing the literacy rates of learners.

To support the teaching of reading the sector has deployed a cohort of experienced coaches to provide high quality on-site support to foundation and intermediate phase teachers to teach reading in English and African languages. On-site coaching has been taking place in 140 schools in the NW province, with plans to further provide coaches to another 80 and 50 schools in KZN. Training of teachers in Primary School Reading Improvement Programme through virtual platforms has been conducted in NW, MP, WC and LP. The progress is threatened by Covid-19.

In addition, access to reading material is crucial for increasing literacy levels. The country continues to invest in the provision of workbooks with grades R-9 learners receiving 31 949 945 Volume1 workbooks. These workbooks help many learners to have access to reading material in addition to other texts. Furthermore, PEDs have begun rolling out ICT devices including tablets to learners and Laptops to teachers as part of enriching curriculum and access to reading material. Budgets for materials such as workbooks and textbooks need to be protected going forward when more budget reprioritisation and cuts will be expected if the economy does not perform.

There is also progress towards provision of skills and economic opportunities for persons with disabilities. In the rollout of Policy on Screening, Identification, Assessment (SIAS), support and curriculum differentiation has reached 122 347 teachers and 6 056

² Honourable President Cyril Ramaphosa. 2019. State of the Nation Address, Presidency.

officials. The implementation of the policy on learners with severe to profound intellectual disability (LSPID) is also making progress. Various outreach services were provided to 9 421 in 469 special care centres and 104 special schools.

The sector continues to enhance social support to vulnerable learners. Before the COVID-19 lockdown, 9 675 366 learners benefitted from the National School Nutrition Programme (NSNP). It created business opportunities to 4 977 enterprises, the majority of which are Small Medium Enterprises (SMMEs), and provided stipend to 55 620 volunteer food handlers who prepare, cook and serve meals to learners.

The introduction of the three-stream curriculum model by DBE, heralds a shift in the country's strategy to develop human capital to go beyond academic training. In preparation for the implementation of the model, 26 draft occupational subjects' statements have been finalised these are precondition to implementing the three-stream model. Various technical vocational specialisations have already been introduced in 550 schools, and 67 schools are now piloting the occupational stream. The quality assurance of CAPs for Vocational Stream is in progress.

In line with basic education's Framework for Skills for a Changing World, training is expanded for both educators and learners to respond to emerging technologies. Coding and Robotics is introduced in Grade R-9 curriculum. A total of 200 primary schools have been identified to pilot the Grade R-3 Coding and Robotics Curriculum, while for Grade7-9 Curriculum, 1000 primary schools have been identified.

4.3 Positive or negative changes to the key high-level indicators Basic Education

4.3.1 Access to pre-schooling expanded to 95 percent and quality improved

There are substantial improvements in the attendance of ECD facilities for 5 to 6-year-olds. About 91.6% of 5-6 year olds attend educational institutions, while school-based Grade R attendance increased to 72% in 2017 (*General Household survey, 2018*) from 13% in 1999.

A pilot study on the administration of the Early Learning National Assessment to assess a proportion of Grade R learners that are school ready has just been completed. When

this assessment is institutionalized it will help the country to know the extent to which Grade R prepares learners for their school career.

Processes for the migration of the ECD coordination to DBE was affected by COVID-19 lockdown delaying pilot preparation for national audit of ECD and Diagnostic report of ECD human resource capacity. Eight (8) Work Streams have been established between DBE and DSD to focus on specific areas of service delivery including: Legislation and Policy; Finance; Infrastructure; HR; Governance, Curriculum and Services; Communication and Advocacy; M&E; as well as Health and Nutrition. Finalisation of the work by these workstream needs to be finalised so that the SONA commitment to migrate ECD to DBE can be realised as soon as possible. Urgency is needed to ensure legislation making this possible is in place and issues of quality are addressed.

4.3.2 Improved quality of learning outcomes in the intermediate and senior phases, with inequalities reduced by 2024

The number of youths passing at bachelor level increased by 14 015 from 172 043 in 2018 to 186 058 in 2019 (an 8% increase), while those passing Physical Science at 60% and above also increased by 2 196 from 30 368 in 2018 to 32 564 in 2019 (7% increase). However, there was a 4 359 decline in the number of learners passing Mathematics from 28 151 in 2018 to 23 792 in 2019 (15% decline).

Grade 3, 6 and 9 test items were piloted and reviewed, with DBE working with Australian Council for Education Research (ACER). The tests items are an essential building block for the institution of the new Systemic Evaluation replacing Annual National Assessments (ANA). The aim is to replace ANA with a more robust system that makes it possible to compare progress across years which was one of the weakness of the previous assessment. By 30 June 2020, chapters 2 and 3 of the contextual framework were drafted, three (3) fieldwork manuals were formulated and an options framework for digitisation were developed.

Granting of bursaries through **Funza Lushaka Bursary Scheme** has paid dividends making the supply of highly needed teachers available to take up vacancies created by

COVID-19 with some teachers having comorbidities and therefore needing to stay at home. 81% (3 594) of Funza Lushaka bursar graduates were placed in schools within 6 months upon completion in 2019, while by end of August this year only 64% (2756) had been placed. It is important that the rest of the bursary holders are placed so that the country does not waste the investment it has made in developing this human capital.

South Africa hosted the first National Research Coordinators (NRC) meeting on the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) V study focusing on instrument development. The SACMEQ V pilot study was completed and the data sets submitted to the SACMEQ Coordinating Centre (SCC) in preparation for the main study. The TIMSS 2019 data collection is completed and data sets for Grades 9 submitted to the International Association for Evaluation and Assessment (IEA) for country analysis. Release of results is expected in December 2020. Participation in these international assessments is important for South Africa to continue benchmarking the progress the country is making against countries participating in these assessments and to track its improvement over time using international benchmarks.

4.3.3 Learners and teachers feel respected and learning improves by 2024

Although progress in replacing schools built with inappropriate materials through the Accelerated Infrastructure Development Initiative (ASIDI) has been very slow with challenges over the years since its inception, in 2019, the targeted number of schools (40) was delivered for financial year 2019/2020. Overall 246 ASIDI schools have been completed out of 510 initially planned schools in 2011. School infrastructure remains a challenge for the country, and made worse by the demands that COVID-19 pandemic has placed on the sector. Replacing inappropriate schools while maintaining existing buildings has become very important part of complying with hygiene conditions for complying with COVID-19. The sector needs to also focus on the maintenance of existing infrastructure to ensure the infrastructure's life span is not cut short.

The sector identified 3 898 schools with inappropriate sanitation facilities late in 2018. The introduction of Sanitation Appropriate for Education (SAFE) initiative in 2018 came as a boost but by June 2020 only 392 schools had been provided with appropriate

sanitation other 1109 projects were at different stages of construction process³. The inappropriate water and sanitation hampered the progress of reopening of schools during the lockdown, requiring resources to be re-appropriated to meet the COVID-19 protocols developed by DBE and DoH ensure schools comply with these protocols.

4.3. Highlights of achievements in mitigating the impact of COVID-19

Basic education was quick to respond to the new reality imposed by COVID-19. They closed their institutions to help the country deal with the spread of the virus and instituted COVID-19 compliant protocols before reopening.

Basic Education put in place hygiene rules and resources designed to limit the spread of the virus in schools when they reopen. The sector acted quickly in dealing with issues related to availability of water and sanitation. These measures amongst other include MOU between Department of Water and Rand Water to provide water tanks and water to 3 500 schools identified as having water challenges, reprioritisation of its budget to fund the Covid-19 measures, the expedited appointment of substitute educators, cleaners, screeners and sanitisers.

It also published directions for how phased in reopening of schools was to take place while at the same time introducing online learning and broadcasting of lessons. Steps such as securing zero rated educational websites working with the DTSP meant learners could continue learning online without using data when they go to these identified websites. Accomplishing on of the Operation Phakisa: ICT in education goals which took long to be realised.

4.4. Major challenges and blockages affecting implementation of the interventions identified in the MTSF

The progress of transferring ECD coordination is progressing slowly, and it needs to be accelerated. This is not withstanding that the sector is complex with varied stakeholders. COVID-19 has shown the need for formalizing the sector with many

³ DBE, POA bi-annual report, August 2020

centres not meeting norms for registration or meeting COVID-19 protocols for reopening.

Access to ECD facilities and school based Grade R has improved. However, there has been a delay in introducing an instrument that can be used to measure school readiness of learners who enter Grade 1. Such instrument will play a crucial role in identifying challenges experienced at this level and coming up with interventions. The recently developed Early Learning National Assessment (ELNA) tool is still in pilot stage.

The sector is still struggling to put measures to track curriculum coverage, with different provinces using different methods to measure this. Although School Monitoring Survey (SMS) attempts to measure curriculum coverage, it is not frequent enough to track progress on this imperfect input towards increasing quality of the system. This is complicated by the fact that a wide range of subjects and different subject combinations per Grade have to be assessed. Current attempts to systematise the monitoring of curriculum coverage should be fast tracked, since this is vital and has a great impact on the learner attainment.

Another critical aspect of school capacity relates to the appointment of school principals based on competency assessment. The NDP highlights the crucial role that principals play as managers and as curriculum leaders within schools. This commitment which is in both the NDP and the DBE's Action Plan, has not yet been implemented.

The Accelerated School Infrastructure Development Initiative (ASIDI), which was established in 2011, with the intention to address inappropriate school structures and provision of basic services, has progressed slowly. Initially 510 schools were planned to be built in 2011. To date only 246 schools have been completed and handed over for use. Challenges around contracts and weak monitoring systems delayed the projects while DBE improved its systems. Challenges outside the control of DBE also affected progress, these include interruptions from contractors who were not appointed to build these schools. Reprioritisation of budgets is further going to affect this project going forward risking litigation.

Sanitation, remains a challenge and the extent of this challenge was brought to sharp focus during the process of reopening schools during the lockdown. While the sector had in 2018 identified 3 898 schools as without proper sanitation facilities, by 2019 only 392 schools had been provided with appropriate sanitation through the Sanitation

Appropriate for Education (SAFE) initiative developed as SONA commitment to tackle this issue. Currently 1109 projects are at different stages of construction process. Delays were caused by disruptions by Business Forums and the lengthy process for the approval for DBE to use National Education Collaboration Trust (NECT) and Department of Environmental Affairs (DEA) as Implementing Agents. Going forward the sustainability of some of the measures put in place during COVID-19 need to be looked into, to ensure gains made during this period are sustained.

The number of learners passing at Bachelor level in Mathematics is decreasing. Youth passing Mathematics at a level allowing them to enrol for science programmes at university has regressed. While in 2018, 28 151 learners passed Mathematics at 60% and above, in 2019 this number dropped to 23 792 a 15% decline. There are still fewer learners who choose Mathematics as a subject compared to those who choose Mathematical Literacy. In 2019 only 256 338 learners enrolled for Maths while 349 338 enrolled for Maths Literacy.

Although all 447 public Special Schools were profiled for the connectivity and provision of devices and specialised equipment targeted by March 2020, most of the schools have not been provided with these services, mainly due to delays brought by national COVID-19 lockdown.

Vandalism remains a challenge in the sector, destroying investments that the country is making in resources needed for successful human capital development. During the lockdown, between 26 March and 4 September 2020, 2411 schools across all provinces experienced vandalism with EC being the worst affected province as shown in the table below⁴. Government gains are reversed by such actions.

Vandalised schools

EC	FS	GP	KZN	LP	MP	NC	NW	WC	SA
576	75	355	467	332	157	107	129	21	2411

Teacher Needs identification through Teacher Self Diagnostic Assessments is still an issue that is impacting negatively on the quality of the teacher development

⁴ DBE DG back to school under corona virus disease 2019 (COVID-19)

programmes offered to teachers. The participation of teachers in these assessments is still very low.

4.5. COVID-19 related challenges

The closure of schools is a major challenge facing this sector and the reprioritisation of budgets to tackle challenges related to the pandemic. The sector is seeking to save the academic year which if not saved will have long term effect on the county's ability to develop the country's human capital.

Besides the closure of schools, DBE had to suspend many activities related to its monitoring role of the sector and some had to be moved to online monitoring or postponed to later date in the year. This includes among others monitoring of reading norms, curriculum implementation in the FET phase and Grade 12 vacation classes. Orientation of new Funza Lushaka bursary holders could not take place.

Processes related to migration of ECD to basic education were halted including preparation for piloting the for national audit of ECD and diagnostic of human resource issues related to ECD. The sector had to trim the school curriculum of grades below grade 12 as a result of changes in the academic calendar and lost days. The sector had to delay the printing of Grade R-9 workbooks because of the lockdown, in addition the Grade 1-12 South African Sign Language (SASL) catalogue which quality LTSM is provided to learners with special needs could not be finalised due to lockdown. Exams that slated for June had to be postponed to November /December increasing the number of students who will be sitting for these exams.

Water and sanitation issues made it difficult for the basic education to reopen, and required funding to be reprioritised to ensure schools meet the criteria for reopening. Funding had to be reprioritised in the sector towards the purchasing of sanitizers, masks and services of cleaners to ensure schools could reopen. Reopening of schools was also delayed due to Community disruptions linked to contracts for COVID19 and infrastructure, student formations disruptions and parents not realising their children to attend.

The unavailability of nutrition during the hard lockdown exposed some learners to hunger, though many of these children could access services provided by Department of Social Development. Studies show levels of hunger increased during the lockdown meaning learners were also affected. At the same time the lockdown affected the country's supply chain affecting delivery of fresh produce to schools even after DBE was feeding learners including those not attending classes.

Stats-SA on child poverty report reveals that the multidimensional child poverty rate in SA stands at 62.1% for children aged 0-17, with Black African children leading at 68.3%. The dimensions considered here include nutrition, health, child development, education, child protection, WASH (water, sanitation and hygiene), housing and information.

Using the above argument, the Equal Education (EE) approached the Northern Gauteng High Court to compel the Minister and MECs to provide all qualifying learners with daily meals irrespective of whether they had resumed class or not. In July judgement was handed down in favour of EE and since then schools have been providing food to learners who come to school and those who do not come to school but have to collect their food in schools near to their homes.

The impact of the COVID-19 lockdown exposed inequality faced by the country including in the education sector. Learners from high economic status households were able to continue their education through virtual online facilities while others without resources were unable to do so. This is cementing inequalities. These challenges could have been resolved had the country implemented Operation Phakisa: ICT in Education recommendations. It would have prepared the country to tackle many of the challenges that arose when the country tried to implement remote learning.

The basic education sector human resource capacity was tested during the period. Many teachers applied to work from home due to comorbidities. They applied in terms of the ELRC Collective Agreement 1 of 2020 signed between teacher unions and education department. 24 223 teachers have been granted permission to work from home, out of approximately 430 000 teachers.

The Department of Basic Education had to postpone the May/June Amended Senior Certificate (old matric) and National Senior Certificate Examination, affecting more than 350,000 part-time candidates who include those who did not meet the pass requirements in the 2019 final exams as well as those who sought to rewrite to improve their marks.

Other disruptions related to this pandemic include delaying implementation of the National Reading Plan; delaying piloting of the Coding and Robotics; construction sites were temporarily closed and work on building schools was suspended; and vandalising of school property increased to a total of 2411 schools during the lockdown of which the majority was in EC (576), followed by KZN (467), GP (355) and LP (332).

The outbreak of coronavirus has led to budget cuts in certain areas. In school infrastructure some projects have been delayed. As a result of these budget cuts in infrastructure provision, the initially targeted delivery in the annual performance plan (APP) for the current financial year were revised down with only SAFE project increasing as can be seen in the table below.

Table 2: Number of infrastructure projects

PROJECT	OLD APP	REVISED APP
Replacement of inappropriate structures	31	24
Water output projects	125	100
Sanitation output projects	220	98
SAFE	700	727

Source: DBE's Revised 2020/21 APP

The Education Infrastructure Grant (EIG) allocation over the 2020 MTEF has been reduced from R35 billion to R32.5 billion. The budget cut will have serious implications for maintenance and building of school infrastructure.

4.6.1 DPME School visits

School site visits undertaken to monitor provision of adequate school infrastructure and adherence to COVID-19 protocols revealed that:

Provision of Sanitation facilities in most schools is adequate and it meets Regulations Relating to minimum Uniform Norms and Standards for Public School Infrastructure (DBE, 2013). Only few schools did not enough toilets for the number of learners enrolled (for example :10 toilets for 1244 learners where it is supposed to be 12 toilets (MP-Ehlanzeni District).

Water supply is adequate in many schools visited, the challenge is that not all school have water tanks to store water.

All schools visited had a ICT challenges: Even though the school may have access to electronic devices and internet connectivity, these are only for teachers and for administrative purposes, and not for teaching and learning purposes. In almost all schools visited, Internet connectivity is only available in the administration block and not in the classrooms and as such learners cannot access electronic device. Some schools have received tablets from private partners but are unable to use them due to lack connectivity.

4.6. Cross-cutting issues that have a contribution to major challenges and blockages affecting the sector's implementation of the interventions identified in the MTSF.

Improved collaboration with universities, and the Funza Lushaka bursary programme, is needed to ensure that enough young teachers with the right skills in newly developed curricular for 4IR subjects such as coding and robotics are trained and are enough to meet the coming demand around these subjects. It should not be that only urban schools are able to teach these subjects only, but as many schools should be able to offer this curriculum to support the knowledge economy.

The provision of basic services (water and sanitation including electricity) to education institutions remains the responsibility of local government/ municipality. It is therefore important that municipalities at local level and COGTA and the Department of Human Settlement, Water and Sanitation at national level work closely with the basic education and post school sector to ensure access to these services. Compliance of schools to COVID-19 regulations has made the need for these collaborations even more urgent.

To increase the percentage of schools with access to functional internet connectivity for teaching and learning connected through different options, and to implement the new normal of teaching and learning through online methods, including full implementation of ICT in education, the Department of Communications and Postal Services (DCPS) broadband connectivity has become critical. The release of spectrum has even become more urgent to ensure broadcasts of education programs and contributing to reduction of data costs.

Strengthened partnerships with private sector and other stakeholders has become imperative especially on online services and reduction of the cost of data. The gains made in data cost reduction for university students should not be lost post COVID-19 lockdown. Covid-19 has accelerated this reduction which was taking long to be realised. Going forward blended learning will be the new normal and will require cheap data and zero rating of educational websites as a way of opening the doors of learning and expanding how human capital gets developed in the country.

Basic Education Minister's Roundtables to mobilise industry to support the rollout of ICT devices in schools particularly schools for Learners living with disabilities, should be continued to strengthen to bring more players into the sectors and to move barriers to learning because of limited availability of ICT devices.

It has become an almost normal phenomenon that when community members are unhappy with the delivery of service on any aspect, they vandalise schools. It is essential that the South African Police Services (SAPS) work with education sector departments to ensure safety and security of education institutions against burglaries and vandalism. Security of students on campus is still an important issues that needs to be addressed in preparation of students returning to campuses.

Learners in special schools and special care centres (for children and adults living with disabilities) need to be provided with skills and that economic opportunities should be created for them. To effectively do this, the availability and provision of multi – disciplinary professionals and skilled people is critical to implement learning and skills programmes.

Strengthened partnerships with private sector and other stakeholders has become imperative especially on online services and reduction of the cost of data. The gains made in data cost reduction for university students should not be lost post COVID-19 crises. Going forward blended learning will be the new normal and will require cheap data and zero rating of educational websites as a way of opening the doors of learning and expanding how human capital gets developed in the country.

Material for the Centres of Specialisation has been developed and will incrementally become an online resource for the Open Learning Unit in the Department. Advocacy for the use of Open Access LTSM has been intensified. All 50 TVET college websites have been zero-rated by Mobile Network Operators to allow for free access to college LTSM. Some of the LTSM is shared through the DHET centralised platforms which are also zero-rated. This progress should not be allowed to cease post the state of disaster.

Security of students on campus is still an important issue that needs to be addressed in preparation of students returning to campuses.

4.7. Actions needed to address major constraints and challenges (innovative action to achieve the MTSF targets (in the presence of COVID-19

COVID-19 has forced basic education sector to innovate on how to handle challenges posed by the new environment. DBE has had to trim the curriculum in response to reduced school days and the impact of closing schools when learners and teachers test positive. DBE has had to innovate how Grade 12 learners can continue attending school in the midst of the pandemic even if some of the schools were located in hotspots.

Since COVID-19 is a reality the world will be living with for a long time, DBE has had to innovate and experiment on how to have learners attend schools while keeping social distance. Some of the innovations include scheduling school attendance differently allowing learners not to attend school at the same time. These new innovations will require time to see which have work and which do not, and therefore need effective evaluations to be put in place.

The introduction of remote learning by the sector has allowed these sector to respond creatively to the lock down. The zero rating of educational websites is an important advancement in opening access to education. It has opened possibilities for South Africa to explore new ways of developing human capital. If these gains are not reversed post the state of disaster it will help the country to increase access to training and to different ways of developing human capital. At the same time, it raises the long standing issue of how to connect all schools regardless of their location. Limited progress has been made and this is beginning to cement inequality with those with resources able to connect while the majority cannot.

As the sector transitions to blended teaching and learning, training teachers to develop skills to take advantage of what this method offers becomes paramount. Without these skills the transition into the new reality will not be possible, and may result in wasted resources. The blended teaching that is required going forward requires new skills set that current stock of teachers and administrators do not necessarily have. Creative ways of funding development of these new skills set will require creative ways of securing funding that is needed.

To ensure that nutritious meals are continuously provided at schools PEDs have to be supported to review suppliers' contracts and delivery models towards promoting smallholder farmers in collaboration with Department of Agriculture.

To ensure that learners read for meaning, coaches should be assigned to targeted set of schools on rotation basis to help the sector to realise the goal of increasing levels of reading.

For the implementation of the Three Stream Model, the sector has to establish partnerships with Business, industry and other stakeholders to mobilise resources. Industries working with DBE have to open their Technical Training Centres for the training of teachers on technical and occupational stream.

4.8. Innovation

Service delivery has improved with more schools provided with water and sanitation facilities. However, this is not sustainable in the long run, for example the tanking of water to schools is expensive. More permanent solutions are needed.

Data service providers have demonstrated that it is possible to zero rate educational websites. For instance, Vodacom offered free online educational content for all grades. MTN provided zero-rated online resources on siyavula.com, while Microsoft offered learners free access to Office365 by visiting mahala.ms. Government needs to take advantage of this and make this arrangement permanent.

New methods of providing education through various platforms such as radio, television, online have been explored.

Cooperation between teacher unions and school governing body associations and to some extent with the education sector has demonstrated that working together can go a long way in resolving challenges facing the sector. What is required is a genuine engagement in which all parties are accorded the respect they deserve.

This pandemic has exposed inequalities and lack of service delivery that predated the outbreak of this virus. School infrastructure has been at the centre of this unfortunate situation. This includes school buildings, water supply, sanitation facilities and connectivity. The sector, working with DCDDT, will have to work hard to ensure all schools have access to internet for teaching and learning.

4.9. Implication of this to the review of the MTSF and optimizing how government operates

Basically, the COVID-19 impacts have necessitated that the MTSF should be reviewed comprehensively. Due to lockdown and education institutions closures, teaching and learning and implementation of interventions towards the realization of the targeted outcomes as planned in the current MTSF negatively affected.

The academic year curricular have been trimmed and major activities have been shifted to the following year. Reprioritisation of the allocated financial resources have also affected the implementation of the current MTSF and its interventions.

The slowing down economy, recession and slow recovery of the economy going forward requires that the MTSF review consider which interventions, inputs in this sector will result in a vibrant economy and which programs need to be scaled back.

The implications of these impacts necessitate that in reviewing the MTSF, the following should be considered:

- a) **Extension of the timeframe for the current MTSF** by a year. This takes into consideration that the review (which has not started), may take the whole of 2021 to be approved for implementation in 2022. Therefore, it should be MTSF 2021- 2025. This aligns well with the timeframe for the current NDP 2030. The next MTSF will then cover the remaining period of the NDP (2025-2030).
- b) **Focus on the achievement of the remaining NDP objectives**, especially those that are and have been constrained, without losing momentum on those that are progressing smoothly.
- c) **Prioritization of allocation of financial resources** to the remaining NDP objectives.

In this sector the implementation of ICT for teaching and learning, provision of needed facilities in learners from poor communities and those with special needs is key to close the inequality; integration of information systems from (DSD for provision ECD, social grants, learner sanitary towels etc); health for assessment of learners with disabilities and other health issues); examination systems where NSC and IEB to facilitate national monitoring of youth attainment at schooling exit examinations to focus on making Community Education and Training system highly effective in the advent of increasing loss of jobs and the need for re-skilling.

The outbreak of coronavirus has led to budget cuts in certain areas in order to make money available for the fight against this virus. In the field of school infrastructure some projects have been delayed. For instance, the number of schools to be replaced because they were built with inappropriate materials has been reduced from 31 to 24

schools; water projects dropped from 125 to 100 while sanitation projects decreased from 220 to 98.

The Education Infrastructure Grant (EIG) allocation over the 2020 MTEF has been reduced from R35 billion to R32.5 billion. This budget cut will have serious implications for maintenance and building of school infrastructure.

School funding has also been reprioritized to ensure schools meet the criteria for reopening. For instance, R4.4 billion from Education Infrastructure Grant has been reprioritized for trucking of water, purchasing of sanitation materials and equipment salaries for screeners.

The impact of budget cuts goes beyond infrastructure issues. In the revised APP the DBE has reduced the number of schools it plans to monitor and support regarding implementation of the Early Grade Reading Assessment (EGRA) in grades 1 - 3 from 75 to 55 as well as the national reading sector plan and Incremental Introduction of African Languages (IIAL) Strategy from 20 to 10 schools.

The slowing down economy, recession and slow recovery of the economy going forward requires that the MTSF review consider which interventions, inputs in both sectors will result in a vibrant economy and which programs need to be scaled back.

4.10. Recommendations

School principals are senior managers and leaders of curriculum delivery at school level, which is the core in improving the quality of education. In the public service, the appointment of senior managers goes through competency assessment. The NDP proposes that the appointment process of school principals need to be changed “to ensure that competent individuals are attracted to become school Principals”. It further proposes that “as in other senior management positions, candidates should undergo a competency assessment to determine their suitability and identify areas in which they

would need development and support”(NDP 2030, p.309)⁵. This is part of professionalizing the sector and it should be a prerequisite.

The eight work stream for the migration of ECD work, needs to be finalised so that the SONA commitment to migrate ECD to DBE can be realised as soon as possible. Urgency is needed to ensure legislation making this possible is in place and issues of quality are addressed.

5. Post-school education Component

5.1. Impacts planned to achieve in the Post-school education sector

The MTSF 2019-24 seeks to achieve the following impacts during this period:

- (a) Expanded access to PSET opportunities;
- (b) Improved success and efficiency of the PSET system;
- (c) Improved quality of PSET provisioning;
- (d) A responsive PSET system;

5.2. Overview of main achievements in the PSET sectors

The PSET sector, had several achievements during the period under review. The Minister approved the 2020 to 2025 enrolment plan for universities for implementation with quarterly and annual reports uploaded by universities into the platform designed to generate standard reports on the allocation and use of infrastructure funds across the university system.

In respect to the TVET college sector, Automation of printing and packaging of question papers has been introduced and this has significantly improved the security of question

⁵ National Planning Commission, 2013, NDP 2030

papers. Curriculum support teams were established to review the 2020 curricula of TVET programmes, so that TVET colleges can respond to the needs of industry.

Material for the Centres of Specialisation have been developed and will incrementally become an online resource to be used on the Open Learning Unit in the Department. This is an important development as the sector introduces blended learning in the PSET sector and helps access to training modules to go virtual. Building projects in the TVET sector were progressing however delays due to lockdown at the end of March 2020 means projects cannot be completed on time and it increases costs.

The National Skills Development Plan concluded at the National Development and Labour Council was implemented from 1 April 2020. In addition, the Minister has appointed new Sector Education and Training Authorities (“SETAs”) Accounting Authorities to serve until the 31st of March 2025. Governance of these SETAs is still a challenge and there is a need to combine some to make them more viable.

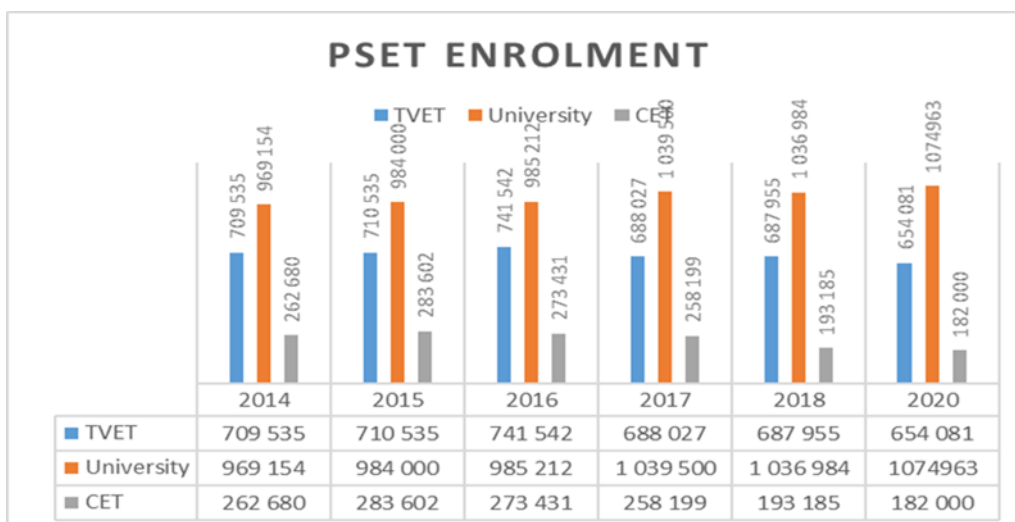
In respect to the Community Education and Training (CET) sector, the National Norms and Standards for Funding for Community Education and Training (CET) Colleges were approved; CET colleges Councils were trained; and CET colleges financial management systems were implemented. Transformation of this sector to provide skills for individuals who do not want to go to tertiary education is needed.

5.3. Positive or negative changes to the key high-level INDICATORS PSET

5.3.1 Access to Post-School Education and Training opportunities

The PSET system has made significant progress in expanding access to post school opportunities except in the CET college sector. ***Table 1- below shows how PSET enrolment has improved over the years.***

Figure 1: PSET ENROLMENT FROM 2014-2020



i. University programme- Milestones

Between 2018 and 2020, university headcount enrolments increased from 1 085 568 in 2018 to 1 074 963 (not audited) in 2020 however this is below the Annual Performance Plan (APP) target by 5 037. While growth is supported the governance issues in some these institutions requires increased support and interventions from DHET.

Department of Science and Innovation (DSI) funded 2333 Honours, 2641 Masters and 1929 PhDs as a contribution towards achieving the NDP target of 100 PhDs per million population by 2030. A total of 570 graduates and students were placed in DSI-funded work preparation programmes in science, engineering and technology institutions, with 732 women awarded research grants, while 790 black researchers were awarded research grants through NRF-managed programmes.

To improve the percentage of lectures with PhD qualifications, a total of 1 515 researcher grants were awarded through NRF by 30 June 2020, exceeding the target of 1 500 by 1%. The production of PhD graduates requires more lectures who hold PhD. qualifications and it takes time to gain these qualifications. The country needs to explore ways of partnering with other universities or attracting lecturers with PHD to help the developmental goal of producing more PHDs to support the knowledge economy.

Government continues investing in the reduction of cost barriers to accessing university and TVET colleges. Total number of university students funded through NSFAS increased to 469 068 (not audited) an increase of 20% or (79 7890) more eligible students assisted when compared to 2019 with 389 279 university students accessing NSFAS bursary. The period under review indicates that 73 477 more learners received funding against the APP target of 395 591. **Table 1 below shows comparison of NSFAS funded students at universities for three years.**

Table 1: Funding Statistics for university Sector

University status	2018	2019	2020
NSFAS Qualifying	513 826	78 037	742 448
Funded (Reg Received)	372 420	389 279	469 068
Reg linked for disbursement	372 268	386 573	467 667
Paid-Amount	19,752,481,904	23,206,785,019	15,215,265,196

(<https://pmg.org.za/committee-meeting/30651/>, 2020)

Challenges of NSFAS at Universities

Multiple Registration Records - students who apply and register at several institutions creates duplication of applications which cause institutions to submit more than one registration claim for a single student. This Indicates that **there's a need for a centralised system at DHET to cut across both Universities and TVET Colleges.**

Lack of compliance to agreed datelines - NSFAS not receiving registration, historic debt and appeal data against agreed datelines delays processing of disbursements.

Students exceeding the N+2 Qualifying Criteria - Students who registered prior to 2018 are allowed N+2 years to complete the qualification and receive NSFAS funding, while students registered in 2018 onwards are allowed N+1. **The Minister of higher education approved a once off concession for N+2 rule for students with terms and conditions.**

Private Accommodation providers not receiving due payments when students pay directly to the landlord - Private Landlord Association escalated the matter to NSFAS and DHET, **to resolve the issue, a draft framework with proposals was developed.**

ii. TVET programme

TVET college headcount decreased from 657 133 in 2018 to 654 081 (not audited) against an annual target of 700 000 for current period under review. Total number of TVET students funded through NSFAS is 245 526 (not audited) for the current academic year. This shows 35 570 or (12.65%) less students funded compared to 281 096 TVET students funded in 2019. For the past two financial years, additional funding from the National Budget, has contributed to reduction of the funding shortfall experienced by the TVET system. Table 2- below shows a comparison of three years’ registrations received, amount and number of TVET students funded by NSFAS. The number of students qualifying for NSFAS at TVET colleges reached a pick of 245 526 in 2019 then declined to 245 526 in 2020. The sector is in danger of not meeting the NDP target of TVET college enrollment

Table 2: Funding Statistics for TVET Sector

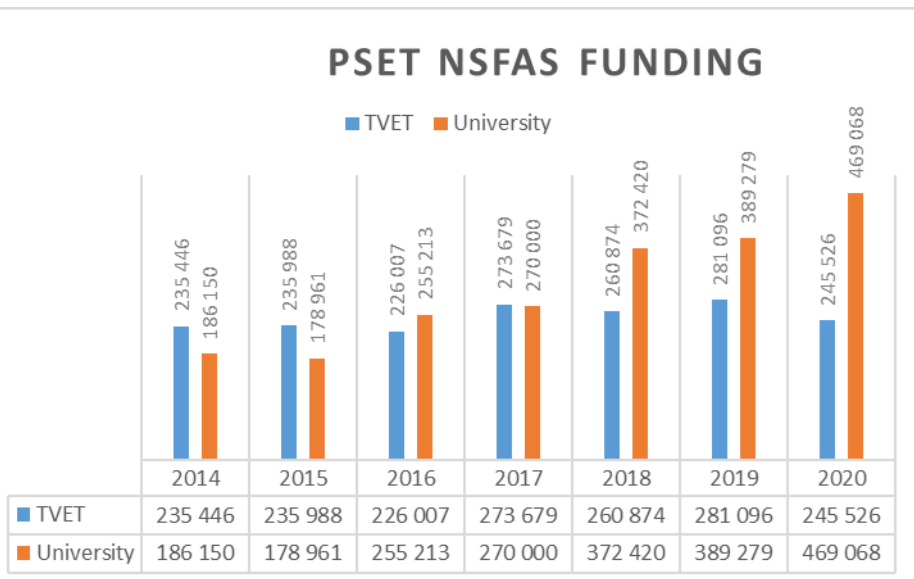
TVETs status	2018	2019	2020
NSFAS Qualifying	292,681	38,225	313,477
Funded (Reg Received)	260 874	281 096	245 526
Reg linked for disbursement	260 874	277 577	244 328
Paid-Amount	3,327,323,294	5,283,107,484	3,288,726,201

(<https://pmg.org.za/committee-meeting/30651/>, 2020)

The TVET sector was going to experience funding challenges if the academic period was a full year, the funding for 2020 is sufficient because the Semester 2 and Trimester 3 will no longer be implemented as per the academic calendar. In the coming years there is going to be a significant financial pressures with many more students wanting funding because of the economic down turn and parents losing employment.

The increase in NSFAS paid amounts for 2019 was due to improvements in the standardisation of allowances that were introduced and the sector still anticipates outstanding registration records for Trimester 2, the figures on the table excludes that registration. Figure 2 below shows how PSET sector has been funded through the years to unblock barriers to PSET access.

Figure 2:



Continuing NSFAS challenges

- **Discrepancies** between results received from the department and institutions impacts negatively funding of returning students;
- **Delayed payment** from TVETS managing disbursements to students
- **NSFAS wallet** - Students not receiving allowances because of blocked accounts or cell phone and ID mismatch. This could be due to suspected fraud;
- **Sustainable funding for the laptop initiative** - NSFAS will provide once off grant for digital devices for TVET students and reallocation of book line items contemplated for future sustainability

iii. CET programme

The 2020/21 financial year marks the fifth year of the establishment of Community Education and Training (CET) colleges. This is a sector that has the potential to bring concrete transformation to historically marginalised communities, including out-of-school youth and adults. There were two targets for the period under review.

Enrolments in CET colleges has improved extraordinarily by 81.4%, an increase of 81 714 in 2020, enrolling 182 000 learners, however this is still below the 2020 APP target of 375 035 enrolments across the 9 CET Colleges.

GETC: ABET Level 4 qualification is the lowest qualification level that has a registered NQF rating (NQF Level 1, equivalent to Grade 9). This qualification level has attracted the highest enrolment within the CET system. In 2017 enrolments declined to 258 199 dropped to 100 286 in 2018 and further dropped to 149 444 in 2019. This sector needs funding to make a huge contribution to give a chance to students who dropout by providing skills they need to make a living. It is urgent that this sector is transformed to refocus on helping more students to learn skills in addition to helping those who want to complete their matric certificate

5.3.2. Improved success and efficiency of the PSET system

(i) Sector Education and Training Authorities (SETA)

To create a South Africa that can provide decent opportunities for youth and adults through education and skills development initiatives the Department of Higher Education and Training, (DHET) has among other initiatives, started to implement a new Sector Education and Training Authority (SETA) landscape from 1 April 2020 till 31 March 2030, with a view to strengthen, realign and repurpose the SETA system.

For the financial year ending 31 March 2020, the 24 000 set target on qualifying artisans found competent was marginally exceeded at 24 049. Achieving this target is important signal that the country was on its way of reaching the 30 000 artisan target by 2030. DHET will continue to partner with stakeholders, including business and state-owned

enterprises, to expose learners so that they can make informed career decisions and train as artisans to increase the number of artisans in the country.

During these reported period, 92 531 learners completed SETA- supported skills programmes missing the annual target of 146 000 while 30 792 completed learnership programmes against an annual target of 50 000 and similarly 3 713 learners completing SETA internships missed an annual target of 7000. These number are likely to be worse going forward if the economy does not rebound quickly. The phasing in of Skills Education and Training Management Information System (SETMIS) reporting brought about rules that account for beneficiaries and exclude interventions from previous years. This resulted in significant drop on achievement of targets.

(ii) *Technical and Vocational Education and Training (TVET) programme*

The establishment and operationalisation of centres of specialisation (CoS) in Technical and Vocational Education and Training (TVET) colleges is a critical project for which the Department continues to engage employers to work with young people as apprentices. The project aims to provide fully qualified artisans for a range of sectors in the economy, including high-technology manufacturing, the creative industries, computer software and aerospace engineering. For the reviewed period of 2020, 840 (not audited) artisan learners were trained in 30 centres of specialisation, reaching the 2020/21 APP target. For Report 191 (the National Accredited Technical Education Diploma (NATED) programme, 3 596 TVET College students completed the N6 qualifications with an annual target of 65 761 students completing the N6 programme.

(iii) *Community Education and Training (CET) programme*

For the period under review, 28 154 (not audited) students completed the GETC: ABET Level 4 against an annual target of 21 028. The purpose of the Qualification is to provide a solid foundation of general education learning which will help prepare learners and enable them to access Further Education and Training learning and qualifications, particularly occupational workplace-based or vocational qualifications.

5.3.3. Improved quality of PSET provisioning

University lecturers (permanent instruction/research staff) who hold doctoral degrees marginally missed the target of 49% with 47% holding PhDs. In the university sector, the share of black or African instruction and research staff with PhDs grew by one percent from 46% in 2018 to 47% in 2020.

A number of TVET Colleges have signed protocols with industry for the placement of lecturers. However, the MTSF 2019-2024 target that 33% of TVET lectures be placed for experiential training was missed due to COVID-19 hard lockdown. Most colleges could not place their lectures in industry, however the Lecturer Support System (LSS) was put in place to help tackle the challenge of limited spaces for experiential learning. However, it should be noted that it is not adequate to help lecturers experience being in industry. A total of 11 181 lecturers have registered as users of the LSS and 503 have been regular users between January 2020 and June 2020, however this cannot be better than actual work experience.

To support the quality of TVET colleges, more universities are expected to offer accredited TVET college lecturer qualifications. The target of 9 universities offering this qualification by 2024 is still likely to be met, with 2 universities already having submitted to Council of Higher Education (CHE) seeking accreditation.

Both universities and SETAs show an increased standard of good governance of 72% for universities and 76% for SETAs.

5.3.4. A responsive PSET system

At least 40 subjects have been identified for review and Curriculum Support teams have been established for the review cycle that runs until end of 2020.

Fourteen (14) TVET colleges have some form of an entrepreneurship incubator program to support entrepreneurship, the current MTSF requires 9 hubs to be established to promote entrepreneurship. The need for this service is huge compared to the target as a means of increasing self-employment.

The introduction of entrepreneurship and skills programmes, e.g. digital and other skills programmes, seeks to address issues of unemployment, poverty and inequality within communities, while providing skills for establishing sustainable entrepreneurships. Thirteen (13) Colleges are currently offering digital skills integrated into the NC(V) Life Orientation curriculum. The training of 25 colleges is underway.

5.4. Highlights of achievements in mitigating the impact of COVID-19

Both Basic education and PSET were quick to respond to the new reality imposed by COVID-19. They closed their institutions to help the country deal with the spread of the virus and instituted COVID-19 compliant protocols before reopening.

Upon closing its institutions, the PSET sector quickly moved to remote learning to ensure that both university and TVET college students continue with lessons.

Working with telcos government was able to secure data for students at lower cost, thereby reducing cost of data as a barrier to learning. In addition, the sector moved quickly to ensure students on NSFAS could access ICT devices needed for remote learning. NSFAS material allowances were used to offset the purchase of these devices. In addition, NSFAS also played an important role in reducing hunger during the lockdown by continuing to pay stipends so that students can continue buying food.

Other options being explored by tertiary education institutions include the use of print media, PowerPoint presentations and learning material loaded on flash drives. But not every syllabus can be taught online, even if all parties involved had access to electronic devices and the internet. Many students are enrolled in courses which require face-to-face interaction, such as dance, theatre as well as studio, laboratory, clinical and community-engagement fieldwork. these types of modules would have to be re-organised.

All 26 universities are committed to completing the academic year, and depending on the trajectory of the pandemic, this completion may occur in the first part of 2021.

5.4.1. Major challenges and blockages affecting implementation of the interventions identified in the MTSF

(i) Funding

Great strides have been made in removing funding as a barrier to entry through NSFAS. However, the challenge of the “missing middle” has not been dealt with and is likely to be a big challenge in the coming years with students uprising around this issue if it is not dealt with. A sustainable solution should be explored including the bringing in of the private sector to help fund this segment. With many parents losing jobs, NSFAS is going to experience a huge pressure with many more students needing funding. The sector needs to brace itself for continued unrest in the coming years around this issue.

Underfunding of TVET sector, even before COVID-19 has resulted in capping of enrolments number at 664 748 for Ministerial approved programmes over the next MTEF cycle. TVET college enrolment plan has a deficit of R3.5 billion which translates into a funding level of 62% compared to the required 80% funding level provided by the State. Budget cuts to tackle COVID-19 pandemic and underfunding threaten TVET college enrolment targets and the NDP 2030 vision of enrolling more learners in these institutions compared to universities. Similar to TVET colleges, the target to increase number of learners enrolled in Community Education and Training Colleges (CETC) is unlikely to be realised because the program does not have the requisite funding.

The planned indicator of developing a sustainable funding model for CET colleges, is an enabler to achieve 555 194 CET enrolments targets by 2024. However, it is envisaged that the development requires an estimated funding of R5 million. Programme 6 does not have the requisite funds.

(ii) Limited access to workplace-based learning for TVET students in public colleges

The declining economy and rising unemployment during 2019 and 2020, had serious implications on workplace based learning programmes, including apprenticeship.

Not all TVET colleges have dedicated units or staff for work placement. In some colleges, Work Based Learning (WBL) is a function within other focus areas such as student support services, with no dedicated staff. This affects ability of colleges to support students to be placed for WBL besides that the declining economy is having adverse effect on availability of spaces. The declining economy and rising unemployment during 2019 and 2020, had serious implications for workplace based learning programmes, including apprenticeship. The workplace based learning programme target of 165 000 was not achieved reaching 158 651 (unaudited). Targets such as that of WBL and work experience for lecturers are in danger as a consequence of lockdown and the economic fallout.

Although the NC(V) curriculum includes extensive practical components (based in workshops rather than workplaces), these have not been implemented in many colleges. As a result, learners often exit these programmes without the necessary practical skills.

(iii) Examinations

In accordance with national policy, a certificate should be issued to a successful candidate within three months of the publication of results. A certificate is essential for a graduate to access employment or further studies. The Department has been unable to adhere to the three-month timeframe due to the data problems and stability of the data being generated by the national examinations IT system. Processing errors are repeatedly being experienced, which has even led to the withdrawal of results after their publication.

For the period 2020, a Certification Task Team comprising of both DHET, Umalusi and SITA representatives has continued to disentangle possible barriers impacting the release of certificates in order to address the certification backlog. DHET in collaboration with Government Printing Works introduced automation of printing and packaging of question papers with no human intervention with a specialized barcoding to track and identify the source of leakage of question papers to minimize question paper leakage

To illustrate a typical example, a NATED student might sit at one exam sitting for all four subjects in order to be issued with a certificate, but in that exam sitting only three subjects are passed and one is missing. That one subject would be passed at another exam sitting at a later date. Only after the subsequent exam sitting, assuming the candidate passes, do they become a qualifying candidate for a level certificate. National Certificate Vocational [NC(V)] qualification candidates (Level 2 to Level 4) have to pass all seven subjects at the same level. Candidates must pass preceding levels to obtain Level 3 and Level 4 (L3 and L4) certificates.

The backlog statistics fluctuate due to the following reasons:

- a) SITA is busy refining the scripts and system certification backlog.
- b) Instability of the examination information system to process the eligible candidates for certification.
- c) 2019 August exam cycle outstanding certificates have been included in the backlog totals as they now meet the certification backlog's criteria
- d) Candidates who had outstanding raw marks in the previous report to Committee which have since been summated by TVET colleges who are now eligible for certification are included in the totals
- e) Candidates who had irregularities in the previous report and have since been cleared by the irregularity committee and now eligible for certification are included in the totals.

Table 3: Progress and status of the certification backlog statistics

Qualification	Portfolio Committee on Higher Education & Training, Science and Technology (PCHETST) (5 February 2020)		Current Reporting to PCHETST (18 February 2020)		
	Date of report extract	Backlog candidate records and exam cycles	Date of report extract	Backlog candidate records and exam cycles	Date of report extract
GETC	30 Jan 20	(2002/11 to 2018/11)	14 Feb 20	65 890 (2002/11 to 2019/06)	30 Jan 20
NATED: Business Studies	15 Jan 20	29 524 (1992/11 to 2019/06)	15 Feb 20	29 473 (1992/11 to 2019/06)	15 Jan 20
NATED: Engineering Studies	15 Jan 20	19 780 (1992/11 to 2019/04)	13 Feb 20	21 638 (1992/11 to 2019/08)	15 Jan 20
NC(V):first issue subject or full certificates	15 Jan 20	444 (2007/11 to 2019/03)	12 Feb 20	(2007/11 to 2019/03)	15 Jan 20
NC (V): Full Certificates	17 Dec 19	7 878 (2008/11 to 2019/03)	13 Feb 20	7 866 (2008/11 to 2019/03)	17 Dec 19

Based on					
report from					
Umalusi					

(Certificate backlog: <https://pmg.org.za/committee-meeting/29810/>)

The biggest backlog GETC, Engineering and Business N courses.

(iv) Poorly qualified teachers

The current staff in the Community Education and Training (CET) sub-system is poorly qualified and it has been difficult to retain qualified educators. The majority of teachers in the Public Adult Learning Centres (PALCs) are part-time contract workers without tenure. The sector does not have a core of permanent adult educators, and conditions are not uniform from province to province. This severely affects long-term planning, and leaves little room for career and learning path development for educators. By end of Q4 2019, only 181 (62%) of lectures across all nine CETC centers were qualified however the sector was experiencing placement challenges.

Covid-19 related challenges in the PSET sector

Like in basic education, the sector sought to save the academic year as it understood that failure to do so would have long-term effects on the country's ability to build the human capital of the country. The ripple effect of this would have taken longer to deal with if the academic year is not saved.

Operational construction of TVET sites will incur escalations because of time lost due to the shut down and start-up of the sites. This increase takes place when the sector needs more investment

Intervention on CET college skills program being piloted around community needs is in danger of not reaching its target. When the country was put under hard lock down colleges were busy with advocacy and registrations for occupational programmes. The

lockdown means these efforts will have to be repeated to ensure success, however budgets may be inadequate. Most of these programmes are funded by Skills Levy Institutions and are delivered in collaboration with other government departments. It is envisaged that budget reprioritisation will impact on the roll-out of programmes or lesser numbers will be accessing the programmes post the lockdown.

The workplace based learning programme target of 165 000 was not achieved which provisionally stood at 158 651. In the CET, delivery and implementation was hugely impacted by the national lockdown.

The Minister of Finance tabled a Special Adjustments Budget in Parliament on 24 June 2020 and only “front-line” departments (health, defence, police and social development) had been spared from cutting their budgets by 20% to fund government’s COVID-19 response. In the case of the higher education department, this would have amounted to R19.5 billion which could have had a serious impact on the whole higher education sector and as a result the final cut was reduced to R9.857bn. The Department’s original allocation for 2020/21 reduced from R116.857 billion to R107.000 billion that represents a reduction of 8%.

The big reduction as a result of the tax holiday meant companies did not have to pay their skills levies. Consequently, skills levy collections declined from R19.413 billion to R11.291 billion, a reduction of R8.122 billion (42%). This has impact on SETAs budgets and ability to carry out planned activities.

The total suspension of funds amounts to R6.734 billion of which R4.999 billion was re-allocated for reprioritising expenditure towards COVID-19 activities. The purpose of the re-allocation of funds is to cater for reprioritised expenditure towards addressing COVID-19 related activities, including student support. In addition, the budget provides for the shifting of R1.510 million within the Department’s operational expenditure for COVID-19 expenditure.

5.5. THE BUDGET REPRIORITISATION:

5.5.1. University Sector

a) Teaching, learning and assessment

All universities have submitted plans for multimodal teaching, learning and assessment to enable them to complete the 2020 academic year, taking into account the additional costs as a result of COVID-19. Funds were reprioritised by institutions from their block grants and earmarked grants to develop teaching and learning platforms to accommodate remote ways of teaching and learning.

b) Campus readiness

All universities developed campus readiness plans to ensure all the regulations for health and safety are in place when students and staff return. The proposed costs are substantial and had to be accommodated within existing resources. An estimated cost of R1.879 billion is applicable.

c) Infrastructure Grant

The budget cut on the Infrastructure and Efficiency Grant amounting to R210 million will result in the postponement of certain projects and a general slowing down of the Infrastructure Programme, including the Student Housing Infrastructure Programme, in the future.

5.5.2. TVET Sector

a) Teaching and Learning

The impact of the subsidy cut on the 2020 student enrolment relating to the TVET sector is calculated at approximately 6 200 less headcount enrolments, but due to the extensive impact of the lockdown, these students would not have been able to register during this period, thus making the impact on the TVET system minimal. The main impact of the cut will be on the new student intake for the centres of specialisation for 2021, as the funding that was due in January 2021 has been reprioritised for COVID-19-related expenditure.

One trimester and semester for Report 191 programmes have been disrupted. It is envisaged that there will be two trimesters instead of three this academic year and possibly one semester.

b) Infrastructure Grant

There is sufficient infrastructure funding at college level to continue with existing projects and the cut will not affect the system immediately. College funding that is already with TVET colleges will allow colleges to continue with their building projects because they are already allocated, but future allocation is in jeopardy. Enrolment numbers in Centres of Specialisation are in jeopardy because of reprioritised funding.

While initially NSFAS was paying students directly in 3 colleges this has risen to 38 out of 51 during the lockdown. This is because these colleges had indicated that they have no capacity to continue paying students. At the same time private accommodation service providers are facing financial challenges especially those where students pay for themselves. Students have not been paying.

5.5.3. Skills Sector

The PSET sector faces the challenge of reduced resources as a result of COVID-19 tax relief for 4 months introduced by government to help companies survive the lockdown. This tax relief means companies did not pay skills levies which are a lifeline for many of the SETAs. It is estimated that collection decreased from the planned R19,413 billion to R11,291 billion, this is 42% reduction, putting many SETAs in perilous financial position that requires them to scale down drastically their training activities. Programmes such as apprenticeship, learnership and work integrated are affected meaning they might not reach their targets for this financial year.

5.6. Crosscutting issues that have a contribution to major challenges and blockages affecting the sector's implementation of the interventions identified in the MTSF.

Strengthened partnerships with private sector and other stakeholders has become imperative especially on online services and reduction of the cost of data. The gains made in data cost reduction for university students should not be lost post COVID-19 crises. Going forward blended learning will be the new normal and will require cheap

data and zero rating of educational websites as a way of opening the doors of learning and expanding how human capital gets developed in the country.

Material for the Centres of Specialisation has been developed and will incrementally become an online resource for the Open Learning Unit in the Department. Advocacy for the use of Open Access LTSM has been intensified. All 50 TVET college websites have been zero-rated by Mobile Network Operators to allow for free access to college LTSM. Some of the LTSM is shared through the DHET centralised platforms which are also zero-rated. This progress should not be allowed to cease post the state of disaster.

Security of students on campus is still an important issue that needs to be addressed in preparation of students returning to campuses.

5.7. Actions needed to address major constraints and challenges (innovative action to achieve the MTSF targets in the presence of COVID-19)

The introduction of remote learning by both sectors has allowed these sector to respond creatively to the lock down. The zero rating of educational websites is an important advancement in opening access to education for both basic education and PSET. It has opened possibilities for South Africa to explore new ways of developing human capital. If these gains are not reversed post the state of disaster it will help the country to increase access to training and to different ways of developing human capital. At the same time, it raises the long standing issue of how to connect all institutions regardless of their location. Limited progress has been made and this is beginning to cement inequality with those with resources able to connect while the majority cannot.

Connectivity of college campuses and their satellite campuses is an issue that needs to be addressed. All TVET college websites are zero-rated for the duration of the state of disaster, providing free access to learning resources, guidelines and communication methods for students. It is important that government does not allow the previous status quo to prevail. Two major publishers of TVET college textbooks have already made their e-Guides available free of charge to college students.

These e-Guides are fully aligned to the national subject curriculums, and can be accessed using the App that can be downloaded free of charge from Google Play Store. Previous national examination question papers are available on the Department's National Open Learning Platform (NOLS), for students to access and help them prepare for the national examinations.

As both sectors transition to blended teaching and learning, training teachers and lecturers to develop skills to take advantage of what this method offers becomes paramount. Without these skills the transition into the new reality will not be possible, and may result in wasted resources. The blended teaching that is required going forward requires new skills set that current stock of teachers, lecturers and administrators do not necessarily have. Creative ways of funding development of these new skills set will require creative ways of securing funding that is needed.

According to the recent University of Cape Town (UCT) study has revealed that technical and vocational education and training (TVET) students are faring worse than university students in terms of Internet access for remote learning. The majority of university students come from municipalities in which 10% to 20% of households have access to the Internet. Just over 25% of all university students come from City of Tshwane, eThekweni, and Ekurhuleni. The next 25% of students reside across eight municipalities, and the remaining 50% of university students are spread over the remaining 206 municipalities. Half of university students reside in municipalities where between 30% and 47% of households have access to a device.ⁱ

For TVET students the concentration is lower: 25% of all students in the TVET sector come from City of Cape Town, Ekurhuleni, eThekweni and the City of Tshwane municipalities. A further 25% of TVET students come from 12 municipalities in total, with the remaining 50% distributed across 194 municipalities.

The researchers commented that in an attempt to remedy the connectivity situation, some institutions are offering data bundles to students, and TVET colleges are broadcasting learning materials on radio platforms.

Institutions and residences have implemented a phased return of the most vulnerable students as directed under level 3 lockdown which permitted 33% of students to return to institutions, however the existing structural and household inequalities continue to disadvantage some of the students.

The process of funding the “missing middle” students must be fast-tracked looking at the economic situation of which has led to the reduction of income in most households. The use of private funding to help these students should be explored and urgently be implemented to avoid conflicts on campuses with many students unable to pay for their university education.

COVID-19 has forced the PSET sectors to innovate on how to handle challenges posed by the new environment.

The improvement in integrating government information systems was able to detect a total of 5000 students who were incorrectly funded through NSFAS on the basis of providing incorrect information for the 2020 academic year on the basis of inaccurate information supplied in the original applications. These discrepancies of financial information were obtained from South African Revenue Services (SARS).

Higher education made strides in innovating a risk assessment screening tool, which allows for early detection, mapping and management of COVID-19 cases within higher education institutions and feeds into the national Department of Health tracking and tracing system launched by the department’s Higher Health division. Students and staff across the PSET system are accessing the daily risk assessment tool via Web, WhatsApp or USSD for screening purposes.

There are 592 educational sites that are zero-rated, to support multi-modal teaching and learning in higher education. Most universities have already negotiated free data bundles with mobile network operators (MNOs) to pay for additional content that is not covered through the zero-rating.

The PSET sector moved quickly to ensure students on NSFAS could access ICT devices needed for remote learning and using NSFAS material allowances to offset the purchase of these devices. The minister of Higher education, signed a once off policy deviation which will allow TVET college students to receive digital devices for the 2020 academic year, since the NSFAS funding policy does not make provision for NSFAS funded students studying at TVET colleges to receive a learning material allowance. The policy deviation will only apply for this specific academic year, 2020. University students who are not funded in the DHET scheme like Funza Lushaka do not qualify.

PSET has also made free digital content available to TVET college students specifically through Higher Education and Training Web site, the National Open Learning System of the department, institutional Web sites and other sites, where students can find digital materials to access and assist them in their learning and preparation for exams. This is an intervention to Advocate for the use of Open Access Learning Training Support Material (LTSM) in TVET colleges. All 50 TVET college websites have been zero-rated by Mobile Network Operators to allow for free access to college LTSM.

New methods of providing education through various platforms such as radio, television, online have been explored.

This pandemic has exposed inequalities and lack of service delivery that predated the outbreak of this virus. Infrastructure has been at the centre of this unfortunate situation. This includes buildings, water supply, sanitation facilities and connectivity.

5.8. Implication of this to the review of the MTSF and optimizing how government operates

Basically, the COVID-19 impacts have necessitated that the MTSF should be reviewed comprehensively. Due to lockdown and education institutions closures, teaching and learning and implementation of interventions towards the realization of the targeted outcomes as planned in the current MTSF were negatively affected.

The slowing down economy, recession and slow recovery of the economy going forward requires that the MTSF review consider which interventions, inputs in both sectors will result in a vibrant economy and which programs need to be scaled back. Targets such as number of students in learnership and internship will have to be reviewed, unless the country encourages companies to be more responsive to providing training. Currently South African companies do not see skills development as core to making them competitive. As such they do not actively provide spaces for experiential learning.

The sluggish economy makes it even more difficult for companies to pen spaced for experiential learning. A new way is needed to engage industry to play an active role in skill development.

The CoVID 19 pandemic has made it necessary for the review of the MTSF. The slowing down economy, recession and slow recovery of the economy going forward requires that the MTSF review consider which interventions, inputs in both sectors will result in a vibrant economy and which programs need to be scaled back. Targets such as number of students in learnership and internship will have to be reviewed. If the economic growth is sluggish it has adverse effects on whether companies will allow for spaces for these important activities. Similarly, SITA funding will decline if the economy does not quickly recover, therefore their targets need to be reviewed. At the same time, it is imperative that some of the SETAs be amalgamated to ensure sustainability

5.9. Recommendations

Evidence has shown that due to COVID-19, people have and continue to lose jobs, thereby increasing the unemployment and poverty level in the country⁶. These people need to be trained and re-skilled to generate some income and make a living in their communities without being employed, Community education and training (CET) system is critical for this purpose. Re-imagining the CET system is needed urgently.

⁶ United Nations In South Africa, 2020, Socio-Economic Impact Assessment of COVID-19 In South Africa

The policy on funding the “missing middle” students must be developed and fast-tracked in the light of the weak economy which affects incomes of households. The policy should look at how to unleash funding from private sector to help students from missing middle. There is a high probability of conflicts around university funding in the coming years because many students will not be able to pay for their university education as the economy is trying to recover. Urgent steps are needed to increase funding of the missing middle students including using private sector funding

The expansion in the PSET system is not possible until adequate funding is made available. It is therefore important for Cabinet to take note of the possible impact that the funding shortfall will have on service delivery. DHET has to find ways of attracting private funding into the sector to augment government funding.

Gains made during the COVID-19 should be maintained including the zero rating of educational websites. The telecoms should not be allowed to revert back to pre-COVID-19 status that priced access to educational websites and costly data bundles. This will not only help access to education and training but also the introduction of blended learning going forward. DBE, DHET working with the ESEID cluster should work hard to institutionalise these initiative.

Evaluation of the blended learning should be implemented to help the sector to pursue this approach based on good research which identifies conditions under which this approach works. This is because this approach holds so much promise in increasing access going forward.

Institute implementation evaluation of whether NSFAS is increasing attractiveness of students from poor families at the expense of students from middle classes.

6. THE HEALTH SECTOR

6.1. Strategic Intent

Health is a key human capability, which affects the quality of life and productive capacity of South Africans. It is therefore a socio-economic right of South Africans and impacts on our development and growth prospects⁷. The National Development Plan (NDP) 2030 espouses a vision of health system that works for everyone and produces positive health outcomes, and is accessible to all. The NDP 2020 asserts that by 2030, South Africa should have: (a) raised the life expectancy of South Africans to at least 70 years; (b) produced a generation of under-20s that is largely free of HIV; (c) reduced the burden of disease; (d) achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-5 Mortality rate of less than 30 per thousand;(e) achieved a significant shift in equity, efficiency and quality of health service provision; (f) achieved universal coverage; and (g) significantly reduced the social determinants of disease and adverse ecological factors. The overarching outcome that the country seeks to achieve is *A Long and Healthy Life for All South Africans*. Arising from the NDP 2030, the MTSF embodies a set of priorities for 2019-2024.

6.2. Health Priorities of the MTSF 2019-2024

Over the previous MTSF period (2014-2019), health outcomes in the country improved significantly, as evidenced key health status indicators, including total life expectancy at birth, life expectancy for men and women, maternal mortality, and infant and child mortality. However, despite of recent evidence-based improvements, the South African health system still faces key constraints. At the core of the country's health challenge lies the dual and unsustainable health system, characterised by high costs of care in the private sector, which caters for only 16 percent of the population with medical aid, and a public sector that provides for care for the majority (84 percent), with a resource envelope almost similar to that of the private sector. Notwithstanding their improvement, health outcomes still differ

⁷ DPME (2020): Medium-Term Strategic Framework (MTSF) 2019-2024

significantly across provinces and districts. Over the next five years, government will continue to transform the entire health sector and strengthen strategic health programmes. The two overarching goals of the MTSF 2019-2024 are:

- (a) Universal Health Coverage for all South Africans progressive achieved. This is to be achieved through creation of the enabling legal framework for the implementation of National Health Insurance (NHI) namely, the NHI Bill 2020.
- (b) Progressive improvement in the total life expectancy of South Africans. This is to be achieved through the effective delivery of strategic health programmes to curb communicable and non-communicable diseases.

Overview of Main Achievements

6.3.1. Universal Health Coverage

Key milestones were attained towards the finalisation, promulgation and implementation of the NHI Bill 2019 to provide access to good quality health services for all South Africans, based on their health needs, and not their ability to pay, as envisaged in the NDP 2030. This is consistent with the global efforts spearheaded by the World Health Organization (WHO) to attain universal health coverage for all. Following the tabling of the Bill in Parliament by the Minister of Health in 2019 the Parliamentary Portfolio Committee on Health convened public hearings in all 9 provinces, to provide communities a platform to contribute toward the shaping of the NHI Bill.

An embryonic structure of the **NHI Implementation Unit** was created within the National DoH. The final structure of the **NHI Fund** will be determined once the NHI Bill has been finalised and enacted. The health sector also completed a Human Resources for Health Plan (HRH) 2019-2024, and the HRH Plan and HRH Strategy 2020-2030 was finalised and prepared for approval by the National Health Council. **To improve quality of primary**

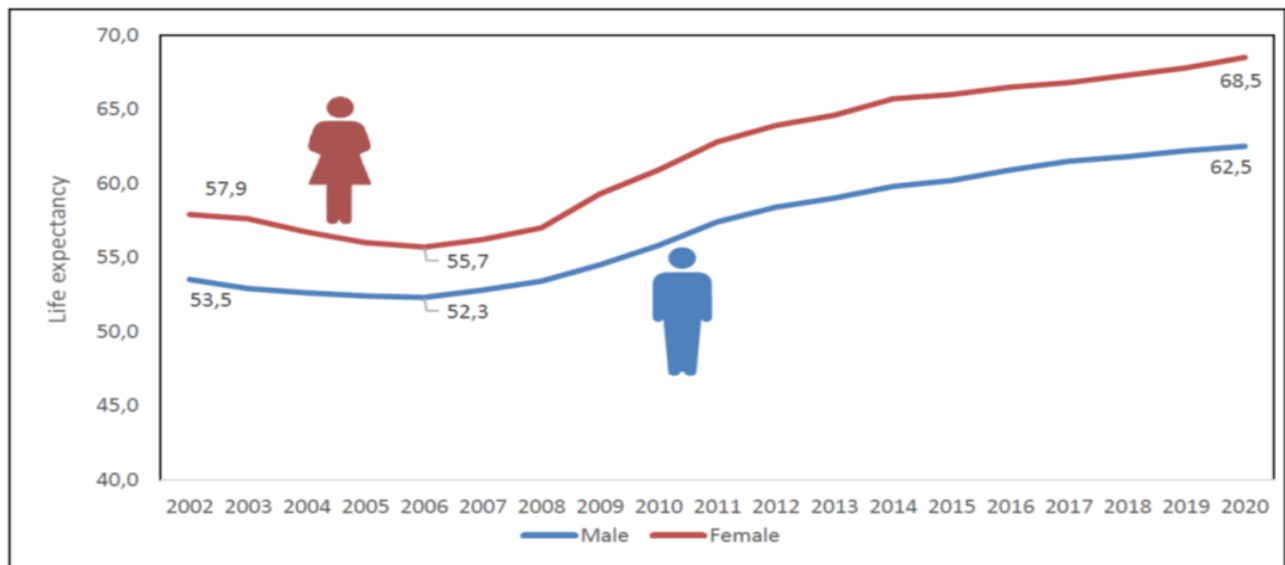
healthcare services, a total of total of 1,906 of the existing 3,467 PHC facilities obtained Ideal Clinic Status by end of March 2020. The MTSF target is that 100% of PHC facilities should have attained ideal status by 2024.

6.3.2. Life Expectancy

The life expectancy of South Africans has continued to improve during the period under review. Statistics South Africa's (StatsSA) Midyear Population Estimates released in July 2020, reflect Life Expectancy (LE) at birth as **62, 5 years** for males and **68, 5 years** for females for the year 2020⁸. This implies that the average LE of South Africans is 65,5 years in 2020. Male LE has improved by one year compared to 2019, when it was **61, 5 years**. Female LE increased by a smaller margin of 8 months, relative to 2019 when it was at **67,7 years**.

Figure 1: Life Expectancy by sex over time, 2002-2020

⁸ Statistics South Africa, Statistical Release P0302, Midyear Population Estimates 2020, 9 July 2020



Source: Statistics South Africa, Statistical Release P0302, Midyear Population Estimates 2020, 9 July 2020

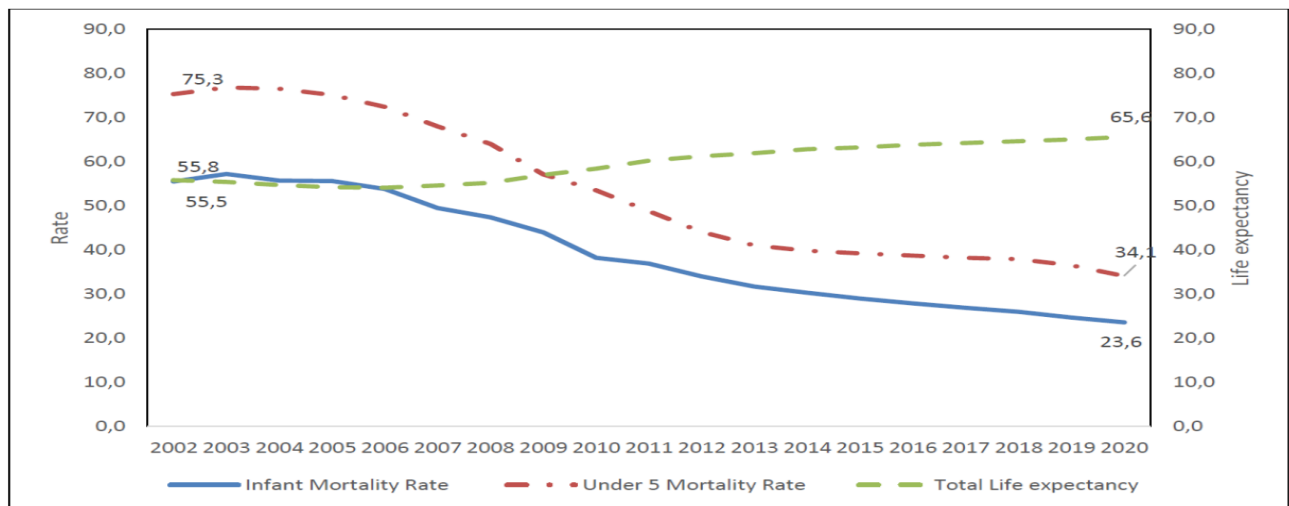
6.4. Overview of Main Challenges

6.4.1. Child Health

Several child health indicators are reflecting a worsening trend related to both the MTSF baseline figures and the 2024 targets. In the 2020 Midyear Population Estimates, Statistics South Africa (StatsSA) estimated the country's infant mortality rate (IMR) to be **23,6** deaths per 1,000 live births and the under-5 mortality rate (U5MR) to be **34,1** deaths per 1,000 live births in 2020. These figures reflect a deteriorating trend compared to the year 2019, when the country's IMR was **22,1** per 1,000 and the **U5MR** was **28,5 per 1,000**. StatsSA data previously reflected a consistent decline in IMR and U5MR over time, from 2002 to 2019. As earlier indicated, the MTSF target is that South Africa's IMR must decrease to less than **20 deaths** per 1,000 live births by 2024 and the under-5 mortality rate to less than 25 deaths per 1 000 live births by 2024.

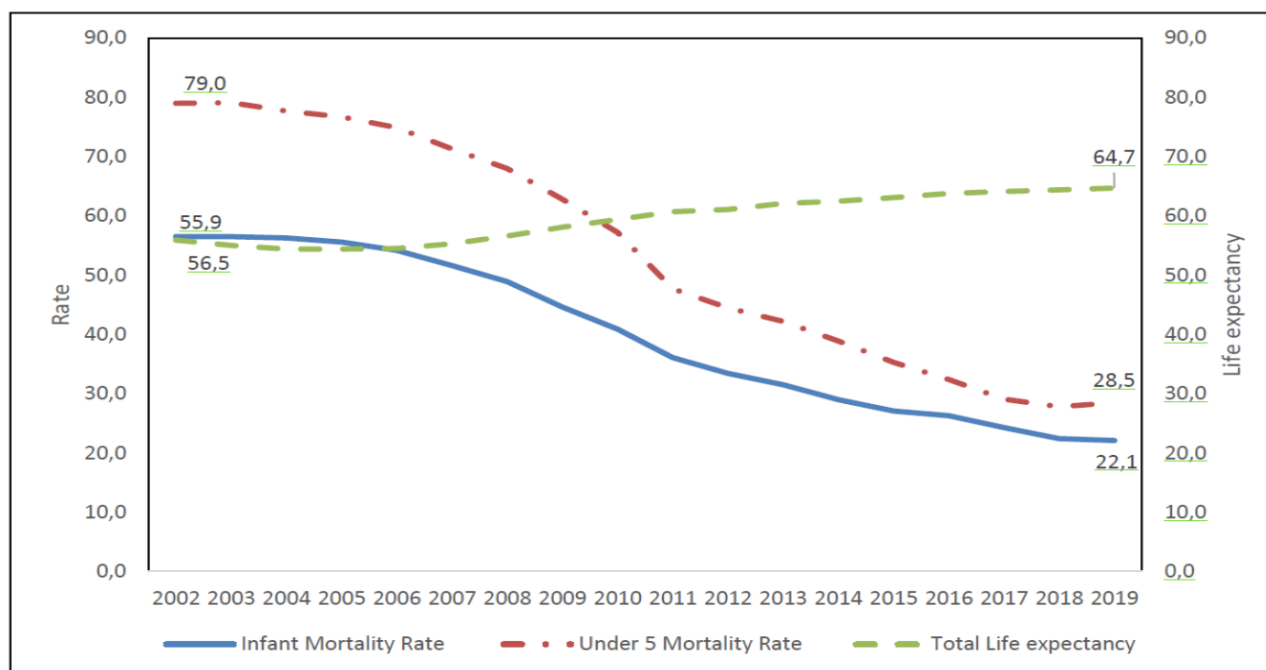
The Medical Research Council's (MRC) Annual Rapid Mortality Surveillance (RMS) Report, on which the health sector's baseline data are derived from, was released in January 2020. The RMS Reports reflects IMR as having been 25 per 1000 live births in 2018, and U5MR having been 34 per 1,000 during the same period. However, the latest data points covered in the RMS reports are **outside** the period covered by the MTSF 2019-2024, and therefore offer limited value in tracking progress towards the MTSF 2019-2024 as at July 2020. The DPME's triangulation approach strives to review all possible sources of data on MTSF indicators, hence the review of StatsSA Midyear Population Estimates data as at July 2020.

Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR) and Total Life Expectancy (LE) over time, 2002-2020.



Source: Statistics South Africa, Statistical Release P0302, Midyear Population Estimates 2020, 9 July 2020

Infant Mortality Rate (IMR), Under 5 Mortality Rate (U5MR) and Total Life Expectancy (LE) over time, 2002-2019



Source: Statistics South Africa, Statistical Release P0302, Midyear Population Estimates 2019, 29 July 2019

The Medical Research Council’s (MRC) annual Rapid Mortality Surveillance (RMS) Report, on which the health sector’s baseline data are derived from, was released in **January 2020**. The RMS Report reflects IMR as having been 25 per 1000 live births in 2018, and U5MR having been 34 per 1,000 during the same period. However, the latest data points covered in the RMS report (year 2018) are **outside** the period covered by the MTSF 2019-2024, and therefore offer limited value in tracking progress towards the MTSF.

Furthermore, for the period January to July 2020, data from the District Health Information System (DHIS), which is the routine information system of the health sector, reflects that the child under 5 years diarrhoea case fatality rate (CFR) was **2,3%**. This reflects the proportion of children under-5 who die from diarrhoea, relative to the total number of children who present to health facilities with this condition. This is a worsening trend compared to the 2018/19 baseline of 1,9%, and is moving in a direction opposite to the target of <1.0% by 2024. In the same vein, the DHIS indicated that the child under-5 severe acute malnutrition case fatality was **8,6%** for the period January to July 2020. This reflects a deteriorating trend relative to the baseline figure of 7,1% in 2018, and the 2024 target of <5%. Also, a child under-5 pneumonia case fatality rate of **2,2%** was registered for the

period January to July 2020. This reflects a deteriorating trend compared to the 2018/19 baseline of 1,9%, and an opposite direction from the MTSF 2024 target of <1%.

6.5. Highlights of progress on Key High-Level Indicators

A recent positive development is the improvement in the life expectancy of South Africans between 2019 and 2020, as highlighted in section 3 above. The average LE of South Africans is **65, 5 years in 2020**, against an MTSF target of **66, 6 years by 2024**. This target is likely to be achieved. Having reached a LE of **68,5 years in 2020**, female LE has already exceeded the MTSF target for 2024. If the current rate of change is sustained, female LE is also likely to reach (and probably exceed) the NDP target of 70 years by 2030.

For the 2011-2016 period, StatsSA estimated Female LE in the Western Cape to have reached 70, 3 years. Recent estimates for the period 2016-2021 reflect Female LE in this province as 71,0 years. This suggests that female LE in this province has already surpassed the NDP 2030 target of 70 years. However, male LE in the Western Cape still lags behind that of females, at 65, 7 years for the period 2016-2021. As shown later in this report, this is also the case with male LE nationally.

However, much more life-saving interventions are required to advance the LE of men to the required levels. At 62, 5 years in 2020, male LE is on track towards the 2024 target of 66, 6 years. However, it is moving at a slower pace than that of females. In its Rapid Mortality Surveillance Report 2018, released in January 2020, the South African Medical Research Council (MRC) drew attention to the increasing impact of Non-Communicable Diseases (NCDs) on mortality trends in the country. Drawing a distinction between males and females, the MRC (2020) further stated that the risk of a 30-year old person dying before age 70 from the selected NCDs considered preventable was **35%** for males and **24%** for females⁹, a 11 percentage point difference. The MRC therefore recommended that renewed focus on NCDs was required to reduce premature mortality from these conditions¹⁰. Finally, the MRC observed in 2019 that LE at age 60, which is a useful

⁹ Dorrington RE, Bradshaw D, Laubscher R, Nannan N (2020). Rapid mortality surveillance report 2018. Cape Town: South African Medical Research Council.

¹⁰ Ibid

summary of the mortality experienced by older South Africans, has demonstrated little change since 2000¹¹. So, while LE at birth has improved, LE at age 60 remains constant. RMS reports of the MRC are produced with a 2-year time lag, and recent reports are awaited.

The Free State province has the lowest LE for both males and females. For the period 2016-2021, StatsSA (2020) estimates LE in the Free State to be 56, 0 years for males and 62, 0 for females. These figures are lower than those of all other 8 provinces, as well as the national average LE. Improving LE requires a combination of health and socio-economic interventions. It necessitates effective implementation of programmes to fight leading causes of mortality amongst infants, children and adults, as well as improvements in the socio-economic conditions of citizens, including the social safety reducing poverty and diseases of poverty, provision of clean water, sanitation and housing. Through its social security measures, the government of South Africa has sought to address this, and has made significant progress, as reflected in the 25-Year Review of democratic governance. However, the Free State province is lagging behind.

6.5.1. Assessment of progress on major interventions

The MTSF 2019-2024 entails a total of **11** health interventions, of which **7** are associated with the overarching goal of achieving universal health coverage in South Africa by **developing and implementing NHI**, which is a new dispensation. The other **4** interventions are located within the second goal of achieving progressive improvement in the **total (average) LE of South Africans**, and focus on the sustained agenda of driving national wellness and healthy lifestyle campaigns, to reduce the burden of disease and ill-health. Associated with the 12 MTSF interventions are **22 indicators** and **22 targets**.

With respect to **Intervention 1**, which is the creation of **enabling legal framework for the implementation of NHI**, the cumulative progress is that following the tabling of the NHI Bill in Parliament in 2019, Parliamentary Hearings on the NHI Bill took place in all 9 provinces and were completed during the period under review.. Chronologically, these were held as

¹¹ Dorrington RE, Bradshaw D, Laubscher R, Nannan N (2020). Rapid mortality surveillance report 2018. Cape Town: South African Medical Research Council.

follows: Mpumalanga Province (25-28 October 2019); Northern Cape (1-4 November 2019); Limpopo (15-18 November 2019); KwaZulu-Natal (22-25 November 2019); Eastern Cape (29 November- 02 December 2019); Free State (27-29 January 2020); North West Province (30 January-01 February 2020); Western Cape (4-7 February 2020); and Gauteng (21-24 February 2020). These hearings provided communities with a platform to contribute towards the crafting of the NHI Bill. Officials of National Department attended the public hearings. As reflected in its January-July 2020 Bi-Annual Report, the National DoH attended all the public hearings to respond to various service delivery issues that were raised by communities and also note the public comments made to the specific sections of the NHI Bill. The National DoH has also created an embryonic structure of the NHI Implementation Unit, with a view that the final NHI Fund structure will be determined by the enacted NHI Bill.

In terms of **Intervention 2**, which entails rolling out **quality improvement programmes** in public health facilities to ensure they meet quality standards required for certification and accreditation for NHI, during the first year of the MTSF 2019-2024, which was the financial year 2019/20, the health sector supported development of quality improvement plans for maternal and neonatal health in regional hospitals, through the problem identification and solving programme. This support entailed a systematic process of identifying factors and barriers impacting on quality, designing and implementing solutions to prevent maternal and neonatal deaths at these hospitals.

During the current period under review, January to July 2020, the health sector designed a National Quality Improvement Plan (NQIP) which seeks to establish quality learning centres and produce procedures and training manuals required to roll out the programme. **Quality Improvement Plans of 11 Regional hospitals were implemented in January-July 2020. Furthermore, the process of appointing a service provider for implementation of NQIP is underway at NDoH; and the bid evaluation is being concluded to appoint a technical team to drive the process.**

Intervention 3 focuses on **expanding the primary health care system** by absorbing over 50,000 Community Health Workers (CHWs) into the public health system. During the period under review, a total of 49 809 CHWs were appointed and paid R 3 500, 00 monthly stipends from Conditional Grants.

Intervention 4 focuses on interventions to **improve quality of primary healthcare services** through expansion of the Ideal Clinic Programme. Cumulative progress is that by the end of March 2020, a total of 1,906 of the existing 3,467 PHC facilities obtained ideal status, after conducting both peer reviews and peer review updates. During the reporting period, the health sector reported that the ideal clinic status determination process was suspended during 2020/21 financial year due to COVID-19. Therefore, no further progress was made in this regard and the number of ideal clinics remained at 1,906. An ideal hospital framework was also developed, which was fully aligned to the regulated national core standards. In this way, this reduces the burden of hospitals being subjected to dual assessment through different tools. The MTSF 2024 target is to have 3467 PHC facilities attaining ideal status, and 100% of these maintaining their Ideal Clinic status.

Intervention 5 focuses on the development of a comprehensive policy and legislative framework to mitigate the risks related to **medical litigation**. The MTSF target is to have contingent liability of medico-legal cases reduced by 80% (under 18 billion) by 2024.

Cumulative progress for April 2019-March 2020 is that a claim management system was implemented to manage medico legal claims in three Provincial DoHs. During the reporting period, the health sector reported that a total of 12 948 medico-legal claims amounting to R100,822, 486, 781.93 (i.e. R100 billion) were submitted by the Provincial DoHs for the medico-legal intervention project which commenced in April 2019. From these, 46 of 288 cases in Free State did not include claim costs. The health sector further reports that an initial analysis claims by Service Providers resulted in a reduction of claims to a total of 6 072 claims with a total amount of R68 886 605 994.11 (i.e. R68 billion). This reduction is due to costs related to letters of demand, PAIA cases and fraudulent claims. The sector indicated that claims would be further reduced (i) by scientifically re-calculating some of the claims made, (ii) discounting claims of claimants who are SASSA grants recipients, (iii) removing matters that have been withdrawn or struck off the roll or dormant; and (iv) providing medical care by the State Hospitals for future medical treatment of claimants.

Intervention 6 focuses on the development and implementation of a **Human Resources for Health (HRH) strategy** for 2030 and an HRH Plan 2020/21- 2024/25. Cumulative progress for the period under review 2020 is that a final draft HRH Strategy 2020-2030 was produced and approved by the National Health Council in October 2020.. The HRH Plan includes indicative costs for addressing human resources needs and gaps, with various cost scenarios contained in the final draft. The MTSF targets, which have been met, are that the HRH Plan and HRH strategy should have been completed by March 2020.

The primary objective of **Intervention 7** is the establishment of **provincial nursing colleges with satellite campuses in all 9 provinces**. The 2024 MTSF target is to have one nursing college per province (with satellite campuses) established by 2020 and fully operational in all nine provinces by 2022. Cumulative progress as at the end of March 2020 is that all 10 public nursing colleges were re-organised into a single college per province with campuses in districts. Through this approach, provinces are better able to respond to national requirements and to improve access to public nursing colleges by local communities.

Ten (10) public nursing colleges were reportedly designated by the Minister of Higher Education and Training to offer Certificates, Diplomas and Degrees in nursing which are accredited and registered under the Higher Education Qualifications Sub-framework from January 2020. Also, a collaborative approach for the accreditation process had been established by both South African Nursing Council (SANC) and Council for Higher Education (CHE). It was further reported that by the end of March 2020, 6 of the 10 provincial colleges were accredited by the South African Nursing Council (SANC) and the Council for Higher Education (CHE) to offer the Diploma in Nursing and registered with South African Qualifications Authority (SAQA). The health sector further reported that accreditation processes will continue in 2020 for programmes commencing in 2021. Progress in this area is consistent with the MTSF 2024 targets.

Intervention 8 focuses on driving the **national health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health**, particularly from conditions that are leading causes of mortality in the country, such as Tuberculosis (TB) and HIV/AIDS. With respect to the **national response to HIV/AIDS**, the MTSF 2024 target is to administer 30 000 000 HIV tests annually. The health sector reported that a cumulative

total of 18 966 005 (i.e.18,5 million) HIV tests had been conducted during April 2019 to March 2020. During the period January to July 2020, a total of **8,336,561** HIV tests were conducted. Given the current levels of performance, the annual target of 30 million tests is unlikely to be achieved in 2020.

The annual MTSF targets for 2020 are that 90% of people living with HIV should know their status; that 90% of HIV positive people should be initiated on ART and that 90% of people on ART should be virally suppressed at 12 months. The MTSF requires that these figures should increase to 95% for each of the three components by 2024. Actual performance reported during the period under review was that **88.5%** of people living with HIV knew their status during the period January to July 2020, that **64%** of HIV positive people were initiated on ART), and that a total of **88,1%** of patients on ART were virally suppressed during the same period.

With respect to TB, the MTSF 2024 target is that an additional 2 million people should be screened for TB by 2020 and eligible people initiated on treatment. This is additional to the baseline of 48,991,695 people screened during 2014-2018. A total of 53,150, 817 TB screenings were performed during January to July 2020. The top four Provinces that screened the largest numbers of people for TB (i.e. above 10 million) were : KwaZulu-Natal (14 317 066); Eastern Cape (14 066 048); Limpopo (13 458 637); and Gauteng (10 266 971). The other 5 provinces conducted less than 10 million TB screenings, namely Mpumalanga (8 091 255); Western Cape (8 042 768); North West (5 819 249); Free State (5 923 838) and Northern Cape (1 861 251).

In terms of WHO Guidelines, TB treatment outcomes are reported with one-year time lag. The health sector therefore has TB treatment outcomes available for 2017/18, with the 2018/19 outcomes expected in 2020. The MTSF requires a TB treatment success rate of 90% by 2022 and 95% by 2024. The sector reported an average TB new smear positive client treatment success rate of **76,9%** for January-July 2020, which was inconsistent with the set target.

None of the 9 Provinces has as yet achieved the TB treatment success rate of 90%, targeted for 2022. Gauteng Province recorded the highest performance at 82,4%, while the Northern Cape Province attained the lowest figure of 73,5% for the period under review. each.

With respect to the identification and management of Non-Communicable Diseases (NCDs), the MTSF 2024 targets are that 25 million people must be screened annually for high blood pressure, to reduce the risks of cardiovascular diseases and 25 million people screened for elevated blood glucose levels, to minimise the risks of diabetes. For the period January to July 2020, the sector reported that a total of **6,794,922** users of public health services were screened for elevated blood glucose levels. A further **6,168,594** people were screened for high blood pressure during the same period. The lower levels of screening compared to the set MTSF targets of 25 million per annum were attributed to the impact of Covid-19, particularly during national lockdown which restricted people's movement in order to protect their health. Given the current levels of performance, the annual target of screening 25 million people is unlikely to be achieved

Intervention 9 seeks to ensure provision of good quality antenatal care. In South Africa, pregnant women are encouraged to visit the health facilities as early in their pregnancy as possible to access antenatal care services, to enhance the safety of the mother-baby dyad. In the months of January to July 2020, a total of 68,2% of pregnant women visited health facilities before 20 weeks, which was lower than the MTSF 2024 target of 75%. A total of 94,1% antenatal HIV positive clients were initiated on ART in the months of January to July 2020, building towards the MTSF target of 98% by 2024.

Intervention 10 focuses on protecting children against vaccine preventable diseases. The MTSF target is that national immunization coverage should improve from the baseline of 81.9% in 2019 to 90% by 2024. The health sector's report indicated that immunisation coverage for under 1 year olds was **79.4%** in the months of January to July 2020, against the MTSF target of 90% annually by 2024. The health sector reportedly conducted the first National Immunisation Coverage survey in all 52 districts to validate official administrative coverage estimates (as recommended by the WHO); investigate vaccination of children aged 24 to 35 months of age; measure the drop-out rates between vaccination dose series; measure the timeliness of vaccinations and identify reasons for missed vaccinations. The

National DoH had received a preliminary high-level immunisation coverage survey report and targeted interventions have been identified to improve coverage in poorly performing districts

Intervention 11 seeks to improve services focusing on the integrated management of childhood diseases.. The sector reported that the child under 5-years diarrhoea case fatality rate was **2,3%** during January to July 2020 against the MTSF 2024 target of <1.0%. Second, the child under 5-years pneumonia case fatality rate was **2,2%** during January to July 2020, against the MTSF 2024 target of <1.0%. Third, child under-5-years severe acute malnutrition case fatality rate was **8,6%** during January to July 2020, against the MTSF 2024 target of The 2019 baseline was 7,1%. Three provinces carried the highest severe acute malnutrition case fatality rate for children under-5 namely: Mpumalanga (14,3%); North West (11,8%); KwaZulu-Natal (10,4%) and Eastern Cape (9,2%). The health sector report further indicated that in order to improve these child health indices, interventions were being implemented in collaboration with other sectors, focusing nutrition; the integrated management of childhood illnesses, and training of provincial healthcare workers on emergency triaging of acute children for treatment.

In summary, when examining progress towards specific targets, the health sector's Bi-annual Report for January to July 2020, reflects notable progress towards **13** of the **27** targets, while **14** targets are **not** on track. These are reflected in **Table 3 below**.

TABLE 7: MTSF TARGETS ON TRACK AND OFF-TRACK, JANUARY-JULY 2020

Goal 1: Universal Health Coverage for all South Africans progressive achieved	Goal 2: Progressive improvement in the total life expectancy of South Africans
<p>Quality Improvement Programme: 80% of public sector facilities implementing the National Quality Improvement Programme by 2022/23</p> <p>100% of public sector facilities by 2024/25.</p> <p>Quality Improvement Plans of 11 Regional hospitals implemented in January-July 2020. Process of appointing a service provider for implementation of NQIP is underway at NDoH; and the bid evaluation has been concluded and technical team appointed to drive the process</p>	<p>Two (2) million people screened for Tuberculosis (TB) annually [in addition to the 2018 baseline of 48,991,695] and eligible people treated</p> <p>Total of 53,150,817 TB screenings performed during January to July 2020 – exceeding set target</p>

<p>Contingent liability of medico-legal cases reduced by 80% (under R18 billion) in 2024/25</p> <p>Implementation of the new case management systems has already saved the country an amount of R 68 billion, though investigation of the merits of each case during January-July 2020</p>	<p>90% of people living with HIV know their status by 2020</p> <p>95% of people living with HIV know their status by 2024</p> <p>93% of people living with HIV knew their status during January to July 2020</p>
<p>HRH Strategy 2030 & Human Resources for Health (HRH) Plan 2020/21 to 2024/25 completed by March 2020.</p> <p>Final HRH Strategy 2030 and HRH Plan 2020/21 to 2024/25 were produced and approved by the National Health Council in October 2020</p>	<p>90% of people on Antiretroviral Therapy (ART) are virally suppressed</p> <p>95% of people on ART are virally suppressed by 2024/25</p> <p>88% of patients on ART were virally suppressed at 12 months during January to July 2020</p>
<p>One nursing college per province (with satellite campuses) established by 2020 and fully operational in all nine provinces by 2022</p> <p>All 10 public nursing colleges were designated to offer new Nursing Programs per Government Gazette, with 6 Nursing Colleges fully accredited by the Nursing Council and Council for Higher Education to commence with new programmes</p>	<p>75% of pregnant women visit health facilities for antenatal care (ANC) before 20 weeks by 2024</p> <p>68,2% of pregnant women attended ANC before 20-weeks in January-July 2020;</p>

<p>Expansion of the Primary Health Care system by absorbing over 50,000 community health workers (CHWs) into the public health system</p> <p>49 809 CHWs working in the health sector, paid R 3,500 monthly stipends – CHWS were instrumental in Covid-19 screening in 2020</p>	<p>98% of Antenatal Care (ANC) clients initiated on ART rate by 2024</p> <p>94,1% of ANC clients initiated on ART during January-July 2020</p>
<p>Total = 13/27 MTSF targets on track</p>	

TABLE 8: MTSF TARGETS OFF-TRACK, JANUARY-JULY

<p>Goal 1: Universal Health Coverage for all South Africans progressive achieved</p>	<p>Goal 2: Progressive improvement in the total life expectancy of South Africans</p>
<p>National Health Insurance (NHI) Fund operational by December 2020, and NHI Fund purchasing services by 2022/22</p> <p>Although the Parliamentary Hearings on the NHI Bill were</p>	<p>90% of HIV positive people are initiated on ART by 2020</p> <p>95% of HIV positive people are initiated on ART by 2024</p> <p>64% of HIV positive people were initiated on ART in the period January to July 2020</p> <p>TB treatment success rate of 90% achieved by 2022, which increases to 95% by 2024</p> <p>TB treatment success rate of 76,9% achieved during January-July 2020</p>

<p>conducted across all 9 Provinces, the oral submissions on the Bill have <u>not</u> yet been conducted in the National Assembly and the processes to be (subsequently) led by the National Council of Provinces (NCOP) have not yet commenced</p> <p>3 467 clinics attaining ideal clinic status by 2024</p> <p>100% PHC facilities maintaining their Ideal Clinic status by 2024.</p> <p>Total of 1 906 of total 3,400 PHC facilities obtained ideal status by March 2020. Status determination slowed down in 2020 due to Covid-19</p>	<p>30 million HIV tests conducted annually by 2024</p> <p>8 336 561 HIV tests conducted during January-July 2020</p>
	<p>90% of children under 1-year of age immunized against vaccine preventable diseases by 2024</p> <p>79,4% immunisation coverage rate for infants under 1 year olds was achieved in January to July 2020</p>
	<p>Severe acute malnutrition case fatality rate of <5% amongst children under-5 achieved by 2024</p> <p>Child under-5-years Severe Acute Malnutrition Case Fatality Rate was 8.6% in January-July 2020</p>
	<p>Pneumonia case fatality rate of <1% amongst children under-5 achieved by 2024</p> <p>Child under 5-years pneumonia case fatality rate was 2.2% in the period January to July 2020</p>
	<p>Diarrhoea case fatality rate of <1% amongst children under-5 achieved by 2024</p> <p>Child under 5-years diarrhoea case fatality rate was 2.3% during January to July 2020</p>
<p>25 million people screened annually for high blood pressure by 2024</p> <p>6,168,594 people screened for high blood pressure during January-July 2020</p>	

	<p>25 million people screened annually for elevated blood glucose levels by 2024</p> <p>6,794,922 people screened during January-July 2020</p>
<p>Total = 14/27 (51,8%) MTSF indicators off-track</p>	

6.5.3. Major challenges and blockages affecting implementation of the interventions

identified in the MTSF, including the impact of the Covid-19 pandemic.

6.5.3.1. Impact of Covid-19

Following its onset in Wuhan City, Hubei Province, China in November 2019, the Coronavirus Diseases (Covid-19) outbreak swept through the world, resulting in the World Health Organisation (WHO) declaring it a public health emergency of international concern (PHEIC) in January 2020, and a global pandemic in March 2020. South Africa was not spared. The government of South Africa acted swiftly, led by the President and the interMinisterial National Coronavirus Command Council (NCCC), supported by the National Joints Operations Centre (NatJoints). The President declared a National State of Disaster on 15 March 2020, and announced a 21-day national lockdown on 23 March 2020, which came into effect on 26 March 2020. It was subsequently extended to the end of April 2020, and a national Alert Level system was subsequently implemented, with five alert levels guided by transmission rates and health systems capacity.

The onset and exponential increase in Coronavirus Diseases (Covid-19) cases in the country since March 2020 impacted on progress with several targets of the MTSF 2019-2024. The legislative process and development of the building blocks of NHI have been adversely impacted by the Covid-19 pandemic. Although the Parliamentary Hearings on the NHI Bill were conducted across all 9 Provinces, the process has not yet been handed over to the National Council of Provinces (NCOP) to proceed with oral submissions on the NHI Bill. The MTSF 2019-2024 targets were that the NHI Fund should be operational by

December 2020, and that the Fund should be purchasing services on behalf of the covered population by 2022/23. Access to services such as HIV testing and child immunisation services was limited. These targets are now unlikely to be achieved in their current format.

Several milestones were achieved. Screening of populations for symptoms of Covid-19 is an important intervention aimed at enhancing proactive case finding by identifying and referring eligible people for screening. The total number of people screened increased from a cumulative total of **7,216,777 during Alert level 5** (March-April 2020) to **35,765,088** during the first week of **Alert Level 1 (as at 25 September 2020)**.

The cumulative total of people tested increased exponentially, from only **207,530** during **Alert Level 5** (March-April 2020), to **4,633,671 during Alert Level 1** (as at 22 October 2020, outside the reporting period). This enabled early case finding and referral of eligible people to the health services for further management. Efficient testing also enabled early case finding and referral to treatment. The cumulative number of people who tested positive for Covid-19 increased from only **5,647** during **Alert Level 5** (March-April 2020) to **710,515** during **Alert Level 1** (as at 22 October 2020, outside the reporting period). South Africa also extricated itself successfully from the top 10 countries with the highest burden of Covid-19 disease globally in October 2020. The country's Covid-19 recovery rate has consistent improved from only 51% during Alert Level 4 to 90.4% in Alert Level 5 (as at 22 October 2020, outside the reporting period).

6.5.3.2. DPME VISITS TO THE COALFACE OF SERVICE DELIVERY

During the reporting period, the DPME conducted monitoring visits to two hospitals in the Eastern Cape, Dora Nginza and Livingstone in Nelson Mandela Metro, as well as to the Steve Biko Academic-Tshwane District Hospital Complex in the City of Tshwane, Gauteng Province to assess their readiness for the Covid-19 peak period. This was in August 2020.

As a member of the Covid-19 National Joint Operations and Intelligence Centre (NatJoints), the DPME utilised the Covid-19 dashboard developed by the NatJoints to review human resources capacity, bed capacity; ICU bed capacity and access to testing sites. The DPME compiled comprehensive reports with recommendations and submitted

these to the facilities visited, their District Health Managers and the respective Provincial Heads of Departments (HoDS).

In summary, from the four facilities visited, a national policy issue that the DPME emerged with was that the presence of effective management; good infrastructure; equipment and motivated health care providers enables and enhances the provision of good quality care to the citizens of South Africa. A second and related policy issue would be the equitable allocation of resources across all provinces, and their effective utilization.

At Steve Biko Academic and Tshwane District Hospitals, the DPME team observed several best practices. Both Steve Biko and Tshwane District Hospitals had a management team fully apprised of the required health systems preparedness for a Covid-19 surge, as indicated by the National DoH.

Tshwane District had been declared a dedicated Covid-19 hospital in the district, to which other hospitals would refer. To enhance hospital bed capacity, the two hospitals had erected additional marquees staffed by health professionals, with hospital beds and equipment available. Both hospitals had ventilators and other essential equipment available for the provision of appropriate Covid-19 hospital care, as well as sanitation facilities and additional ablution facilities for staff members who provided 24-hour services. Two wards at Tshwane District Hospital had been repurposed from general wards to critical wards enhance capacity for the treatment of Covid-19 patients. A few challenges reported by the Steve Biko Academic Hospital-Tshwane District Hospital Complex were shortages of PPEs, inferior quality of PPEs, and the need for high flow oxygen units. Overall, however, the Steve Biko Academic Hospital – Tshwane District complex demonstrated adequate preparedness for managing Covid-19 patients.

In the two hospitals in the Eastern Cape, the DPME observed a dedicated team of officials striving to provide health services under very trying conditions. At Livingstone Provincial Tertiary Hospital, a key challenge was vacant senior management positions, temporarily occupied by acting hospital officials, with insufficient authority to take decisions. Persistent disputes between management and labour were also a key constraint, arising from vacant General Assistant posts. However, health workers were at work, providing services.

At Dora Nginza Hospital, the DPME found a management team that had proactively begun repurposing some hospital beds to be Covid-19 ready, including the provisions of oxygenated beds, in several wards. The Department of Public Works had also committed to renovating the hospital to generate another 100 wards to be completed by December 2020. Key challenges included inadequate ablution facilities, resulting in Covid-19 positive and Covid-19 negative patients sharing ablution facilities. There was also poor security at Dorah Nginza Hospital, as the DPME team was easily able to access and exit its hospital without inspection by the security officials. Concerns about the quantity and quality of PPE at these hospitals was also a challenge. Following interventions by the Premier of the Eastern Cape, as well as the Ministry of Health, which deployed senior managerial leadership and technical capacity to the Province, the situation has improved significantly. Covid-19 outcomes of the Eastern Cape reflect improvement, except for the persistent high Case Fatality Rate hovering over 3%.

6.6. Other (non-Covid-19) challenges affecting the health sector

Despite the most welcome improvements in Life Expectancy at birth in 2020, Covid-19 had an impact of restricting access to health services for community members – particularly during Alert Level 5 (lockdown period), while social and economic activities were restricted, as well as due to anxieties by community members of using health facilities.

Several child health indicators are reflecting a worsening trend related to both the MTSF baseline figures and the 2024 targets. In the 2020 Midyear Population Estimates, Statistics South Africa (StatsSA) estimated the country's infant mortality rate (IMR) to be **23,6** deaths per 1,000 live births and the under-5 mortality rate (U5MR) to be **34,1** deaths per 1,000 live births in 2020. These figures reflect a deteriorating trend compared to the year 2019, when the country's IMR was **22,1** per 1,000 and the **U5MR** was **28,5 per 1,000**. StatsSA data previously reflected a consistent decline in IMR and U5MR over time, from 2002 to 2019. As earlier indicated, the MTSF target is that South Africa's IMR must decrease to less than **20 deaths** per 1,000 live births by 2024 and the under-5 mortality rate to less than 25 deaths per 1 000 live births by 2024.

Furthermore, for the period January to July 2020, data from the District Health Information System (DHIS), which is the routine information system of the health sector, reflects that the child under 5 years diarrhoea case fatality rate (CFR) was **2,3%**. This reflects the proportion of children under-5 who die from diarrhoea, relative to the total number of children who present to health facilities with this condition. This is a worsening trend compared to the 2018/19 baseline of 1,9%, and is moving in a direction opposite to the target of <1.0% by 2024. In the same vein, the DHIS indicated that the child under-5 severe acute malnutrition case fatality was **8,6%** for the period January to July 2020. This reflects a deteriorating trend relative to the baseline figure of 7,1% in 2018, and the 2024 target of <5%. Also, a child under-5 pneumonia case fatality rate of **2,2%** was registered for the period January to July 2020. This reflects a deteriorating trend compared to the 2018/19 baseline of 1,9%, and an opposite direction from the MTSF 2024 target of <1%.

The Medical Research Council's (MRC) Annual Rapid Mortality Surveillance (RMS) Report, on which the health sector's baseline data are derived from, was released in January 2020. The RMS Reports reflects IMR as having been 25 per 1000 live births in 2018, and U5MR having been 34 per 1,000 during the same period. However, the latest data points covered in the RMS reports are **outside** the period covered by the MTSF 2019-2024, and therefore offer limited value in tracking progress towards the MTSF 2019-2024 as at July 2020. The DPME's triangulation approach strives to review all possible sources of data on MTSF indicators, hence the review of StatsSA Midyear Population Estimates data as at July 2020.

6.7. Cross-cutting issues that have a contribution to major challenges and blockages affecting the sector's implementation of the interventions identified in the MTSF

Even prior to the onset of Covid-19 pandemic, the public health sector in the country was already under severe strain, occasioned by the increasing demand on services, and shrinking resources. In the Supplementary Budget Speech by the Minister of Finance, Mr. T. Mboweni, on 24 June 2020, the health sector was allocated an additional amount of **R21, 5 billion** for Covid-19 health care spending, and a further

R12, 6 billion to services at the frontline of the country's response to the pandemic¹². Minister Mboweni further stated that this allocation was informed by epidemiological modelling, a national Covid-19 cost model and the country's experiences over the last 100-days.¹³ This was a much needed injection of resources into the national Covid-19 response. However, the public health sector's budget bid to Treasury for additional resources for Covid-19 had exceeded R40 billion. The allocation of R41 billion was significant and must be appreciated, but reflected a R9 billion deficit.

In the preamble to the Presidential Health Compact of July 2019, all stakeholders to the compact including government, civil society, business and other formations, acknowledged that the public health sector in South Africa had contributed to improved health status and health outcomes. However, the stakeholders expressed deep concern about poor governance structures, inequitable funding, human resource maldistribution and shortage, inappropriate skill-mix¹⁴. With reference to the private sector, the Presidential Health Compact of July 2019 raised deep concerns that the private health sector was challenged by prices that were unaffordable to a majority of South Africans; maldistribution of providers and facilities and a lack of regulation and perceptions of over-servicing and perverse incentives.

The health sector's resource needs to enable delivery of good quality resources will always outstrip the available quantum. At present, the implementation of NHI remains the only possible effective measure to pool together all the resources of the public and private sectors into one fund, which will purchase services for all South Africans based on their health needs, and irrespective of their ability to pay. NHI will also ensure equitable access to the country's human resources, health infrastructure and medical equipment.

6.8. Actions needed to address major constraints and challenges in the health sector

¹² Minister Tito Mboweni: 2020 Supplementary Budget Speech: <https://www.gov.za/speeches/minister-mboweni>

¹³ Minister Tito Mboweni: 2020 Supplementary Budget Speech: <https://www.gov.za/speeches/minister-mboweni>

¹⁴ The Presidency: Presidential Health Compact 2019

The government of South Africa has adopted a comprehensive Economic Reconstruction, Recovery and Growth Plan. The plan foregrounds 9 priority interventions namely; Aggressive infrastructure investment; Employment orientated strategic localization, reindustrialization and export promotion; Energy security; Support for tourism recovery and growth; Gender equality and economic inclusion of women and youth; Green economy interventions; Mass public employment interventions; Strengthening food security; and Macro-economic interventions.

It is a positive development that the Economic Reconstruction, Recovery and Growth Plan has targeted the creation of 5,531 new opportunities in community health work and nursing. As indicated in the foregoing sections, the health sector has reported that a total of 49 809 CHWs are already working in the health sector, paid a stipend of R 3,500 per month. A key issue is the sustainability of the work of CHWs in the sector, in the long term. CHWs could continuously support the health sector with community-based Primary Health Care (PHC) interventions. The MTSF target is that 50,000 CHWs should be integrated into the health system by 2024. Key activities of CHWs include health promotion and disease prevention at the level of households and communities. Their activities can contribute towards improving the declining child health indicators such as immunisation coverage; as well as early identification of children with diarrhoea, pneumonia and severe acute malnutrition, and early referral to the PHC facilities.

6.9. Implications of this to the review of the MTSF and optimizing how government operates

Apart from examining the feasibility of achieving the MTSF 2024 targets set for each sector, the review of the MTSF must examine whether there is sufficient integration of government programmes across sectors, and within spheres of government. The second tasks should be to examine whether there are sufficient measures included in the MTSF 2019-2024 to address cross cutting issues and to strengthen the enablers of socio-economic development.

The country's integrated response to Covid-19, led by the National Covid-19 Command Council (NCCC), supported by the National Joint Operations and Intelligence Centre (NatJoints) has demonstrated that government is more effective when it works in unison, collaboratively, and under effective leadership at the centre.

With specific reference to health, Covid-19 vividly illustrated the centrality of intersectoral collaboration to address what the World Health Organisation (WHO) calls the social determinants of health. These are factors that exist outside the health sector, which contribute to good health, including the provision clean water, proper sanitation, decent housing, electricity and jobs. One of key preventive measures of Covid-19 was the washing of hands, and practicing of proper hygiene. A case in point is the rapid response to Covid-19 of the Department of Human Settlements, Water and Sanitation, which enhanced its delivery of water tanks to communities. A more sustainable solution is the provision of bulk water services to all communities, as government capacity to achieve this is increased. Other departments also played a key role, such as the Department of Social Development providing social relief of distress measures during the pandemic.

6.10. Recovery Plans of the Health Sector

The health sector has developed plans to accelerate progress towards key interventions that lagged during the severe phases of Covid-19 in 2020. A synopsis of these plans is reflected below, for different health programmes.

6.10.1. Improving performance on 90:90:90 targets for HIV/AIDS

The National DoH has initiated virtual meetings with provinces to develop catch-up plans to mitigate the impact of low patient volumes as from the beginning of the lock down in March 2020. Key interventions include accelerating HIV case finding through Index testing, HIV Self Screening; targeted testing at key entry points, and consistent linkage to treatment for diagnosed patients. The health sector has also enhanced the enrolment of clients into the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme and has decanted patients to differentiated models of care. The

National DoH also supports pharmaceutical services to manage drug availability in a climate of global shortages. Defaulting patients also being returned to care by tracking and tracing any clients who do not attend scheduled appointments, or who are due for laboratory tests to support clinical management

6.10.2. Improving immunisation coverage

The National DoH has conducted the First National Immunisation Coverage survey in all 52 districts to validate official administrative coverage estimates (as recommended by the WHO). The objectives are to investigate vaccination of children aged 24 to 35 months of age; to measure the drop-out rates between vaccination dose series; to measure the timeliness of vaccinations and to identify reasons for missed vaccinations. The Department indicated that a preliminary high-level immunisation coverage survey report has been submitted, and targeted interventions have been identified to improve coverage in poorly performing districts.

6.10.3. Improving Management of Childhood Illnesses

The health sector has implemented nutrition-focused interventions in collaboration with other sectors. The sector also reports that the Integrated Management of Childhood Illnesses is in place. Provincial healthcare workers have been trained on emergency triaging of acute children for treatment. To inform communities of appropriate child health practices, the health sector has initiated a Side-by-Side Radio Show Campaign which provides messages to children's caregivers on all components of child health and nutrition, including care and identification of danger signs.

6.11. Recommendations for the Health Sector

- 6.11.1. One of the best practices of the National DoH is to disaggregate the health sector's overall performance information into provincial figures, to reflect variations across the country. This should be sustained into the future, and in keeping with the District Development Model (DDM), consideration should be given to district-level reporting, even as an Annexure to the main report. The health sector's routine District Health Information System (DHIS) and the annual Health Systems Trust's (HST) annual District Health Barometer, are important enablers of this approach. These tools facilitate tracking of equity in health care delivery.
- 6.11.2. For the period under review (January-July 2020), implementation of interventions to improve child health has lagged behind during the reporting period. This is attributed to the impact of Covid-19, which restricted access by communities to health facilities. Data from both StatsSA and the health sector's District Health Information Systems (DHIS) reflect worsening child health indicators during the period under review.. Renewed focus on key child health indicators, including immunization coverage; and child mortality from diarrhoea; pneumonia and severe acute malnutrition, is required.
- 6.11.3. The health sector has previously implemented programmes such as the Integrated Management of Childhood Illnesses (IMCI) with major success, also introduced two new vaccines, rotavirus and pneumococcal conjugate, which reduced child mortality from diarrhea and pneumonia, and also implemented the Prevention of Mother-to-Child Transmission (PMTCT) of HIV. All these interventions contributed immensely to the improvement of child health, and conversely the reduction of child mortality. The reversal of these important gains must be curtailed.
- 6.11.4. Health and socio-economic development are intricately linked, and while ill-health and underdevelopment are also connected. Elevated child mortality rates have the impact of reducing the country's Human Development Index. Furthermore, the advent of Covid-19 and the subsequent implementation of an Alert Level system that included a lockdown was a reminder that a single disease can shut down a country's economy, including in developed countries. It must therefore be emphasized that the improvement of child health also requires intersectoral interventions across government and society, including strengthening food security and good nutrition, as well as the provision of clean water and sanitation.

- 6.11.5. The health sector has a total of 49,809 CHWs, who are well trained, and are receiving a stipend of R3,500, and who were instrumental in Covid-19 screening processes, by enhancing community awareness of Covid-19 and conducting actual screening. Their scope and focus should now also be directed towards supporting the health sector with Primary Health Care (PHC) interventions (i.e. health promotion and diseases prevention), to improve the declining health indicators such as immunisation coverage; and early identification of children with diarrhoea, pneumonia and severe acute malnutrition. This would contribute towards saving the lives of young South African children.
- 6.11.6. CHWs play an important role as part of Ward-based Outreach Teams in the delivery of Primary Health Care (PHC) programmes. Over time, South Africa should develop an integrated framework for the functioning of all community-based workers, who are deployed by different government departments to do frontline work, and serve as the interface between government and communities.
- 6.11.7. Screening of the population for Non-Communicable Diseases (NCDs) requires enhancement. Successive reports from the National DoH in 2020 analysing the causes of death amongst Covid-19 patients converged around the contribution of pre-existing (comorbid) conditions to mortality rates. This accentuates the need for a dedicated focus on these conditions, including high profile socio-behavioural campaigns to inform, educate and communicate to all South Africans to raise their awareness about NCDs, with the aim of preventing these.
- 6.11.8. Based on emerging empirical data, the health sector should develop and implement integrated, patient-centric models of care for Non-Communicable Diseases (NCDs) and their risk factors, which prioritise continuity and quality of care.
- 6.11.9. Some of the positive spin-offs of the Covid-19 pandemic, despite the devastation that it wrought in South Africa (and globally), is that it has led to the development of Innovative Information, Communication Technologies (ICT) platforms in the health sector. These included systems such as CovidConnect, an application (app) which provided multitudes of South Africans with access to information about Covid-19, including the importance of testing, accessing testing sites, and also assisted with effective contact tracing. The DATCOV hospital sentinel surveillance system developed by the health sector and the National Institute of Communicable Diseases (NICD), has contributed immensely towards

monitoring of Covid-19 hospitalisations and the epidemiology of hospitalised patients in South Africa¹⁵. These legacy systems should be sustained into the future

7. CONCLUSION

The foregoing report has presented a synopsis of the analysis produced by the DPME from the Bi-Annual Progress Reports on the implementation of the Medium Term Strategic Framework (MTSF) 2019-2024, for the period January to June 2020, focusing on Priority 3 namely Education, Skills and Health.

Enhancing universal access to health, education and skills for all citizens is an important priority of the South African government. Therefore, as the country recovers from the impact of Covid-19, and reconstructs its socio-economic development programmes, the three sectors should remain amongst top priorities, and be shielded against the adverse impacts of economic vicissitudes that the country has faced.

¹⁵ NICD, Special Public Health Surveillance Bulletin, Volume 18, Supplementary Issue 1, 10 June 2020