



Health

Department of Health
NORTHERN CAPE

2023/2024 ANNUAL REPORT

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NORTHERN CAPE PROVINCIAL
DEPARTMENT OF HEALTH

2023 / 24
Annual Report

It is my honour and privilege to present the
Annual Report of the Northern Cape Department of Health
for the period

01st April 2023 to 31st March 2024



Mr. M Lekwene
Member of Executive Council

31st May 2024

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PART A GENERAL INFORMATION

Part A: General Information

1. DEPARTMENT'S GENERAL INFORMATION



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Department of Health
NORTHERN CAPE



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INSTAGRAM

ncdoh_

2. LIST OF ABBREVIATIONS / ACRONYMS

AC	Audit Committee
ACSM	Advocacy, Communication and Social Mobilisation
AFS	Annual Financial Statement
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMS	Antimicrobial Stewardship
ANC	Ante-Natal Care
APP	Annual Performance Plan
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
AYFS	Adolescent and Youth Friendly Services
BAS	Basic Accounting System
BCG	Bacille Calmette-Guerine (A vaccine used for the Tuberculosis disease)
BLS	Basic Life Support
BUR	Bed Utilisation Rate
CAMHS	Child & Adolescent Mental Health Services
CCMDD	Central Chronic Management Dispensing and Distribution (A strategy that focuses on improving patient experience of care through decanting Primary Healthcare and Hospitals)
CDC	Communicable Disease Control
CDT	Community Development Trust
CEMC	College on Emergency Medical Care
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHE	Council on Higher Education
CHW	Community Health Workers
COGHSTA	Cooperative Governance, Human Settlements and Traditional Affairs
CPD	Continuous Professional Development
CSP	Community Service Pharmacist
CSS	Client Satisfaction Survey
CTOP	Choice on Termination of Pregnancy
CUP	The CUP is a preferred unit with which the fund contracts for the provision of PHC services within a defined area and is comprised of a District Hospital, Clinic or Community Health Centre, Ward-Based Service and accredited public and private health care service providers at primary care facilities.
CYPR	Couple Year Protection Rate
DG	Director-General
DHIS	District Health Information System
DHMIS	District Health Management Information System
DHMO	District Health Management Office
DHSH	Dr. Harry Surtie Hospital
DMOC	Differentiated Models of Care
DOD	Department of Defense
DOH	Department of Health
DORA	Division of Revenue Act
DPME	Department of Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DRPW	Department of Roads and Public Works
DRTB	Drug Resistant Tuberculosis
DSD	Department of Social Development
DSTB	Drug Sensitive Tuberculosis
EHP	Environmental Health Practitioner
EMC	Executive Management Committee / Emergency Medical Care
EMS	Emergency Medical Services
EPI	Expanded Programme Immunisation
EPMDS	Employment Performance Management Development System
ESMOE	Essential Step in the Management of Obstetric Emergency
EXCO	Executive Committee / Council
FB	Frances Baard (District Municipality)
FET	Further Education and Training
FSU	Food Services Unit

FY	Financial Year
GBV	Gender Based Violence
HAM	Health Area Manager
HAST	HIV/AIDS, STI's and Tuberculosis
HCSS	Healthcare Support Services
HCT	HIV Counselling and Testing
HFM	Health Facilities Management
HFRG	Health Facility Revitalisation Grant
HIV	Human Immunodeficiency Virus
HIVSS	HIV Self Screening
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPRS	Health Patient Registration System
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRA	Human Resource Administration
HRD	Human Resource Development
HRM	Human Resource Management
HSNC	Henrietta Stockdale Nursing College
HST	Health Sciences and Training
HTA	High Transmission Area
HTS	HIV Training Services
HVAC	Heating, Ventilation, Air-Conditioning and Cooling
HWSETA	Health and Welfare Sectoral Education and Training Authority
IAU	Internal Audit Unit
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IDSR	Integrated Disease Surveillance and Response
IDT	Independent Development Trust
IEC	Information, Education and Communication
IFRM	Ideal Facility Realisation and Maintenance
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate / Ratio
IOD	Injury on Duty
IPC	Infection Prevention & Control
ISHP	Integrated School Health Programme
IYM	In-Year Monitoring (Financial)
JTG	John Taolo Gaetsewe (District Municipality)
KMC	Kangaroo Mother Care
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (etc.)
LOGIS	Local Government Information System
LTF	Lost to Follow-up
M&E	Monitoring and Evaluation
MCMCP	Mandela-Castro Medical Collaboration Programme
MCS	Modified Care Standard
MCWH&N	Mother, Child and Women's Health and Nutrition
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MERSETA	Manufacturing, Engineering and Related Service Sector Education and Training Authority
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MO	Medical Officer
MOA	Memorandum of Agreement
MPAT	Management Performance Assessment Tool
MPSA	Minister for the Public Service and Administration
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUS	Male Utheritis Syndrome
NCD	Non-Communicable Disease
NCDOH	Northern Cape Department of Health

NCRF	National Community Radio Forum
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NICU	Neonatal Intensive Care Unit
NIDS	National Indicator Data Set
NPA	National Prosecuting Authority
NTD	Neglected Tropical Diseases
NTSG	National Tertiary Services Grant
O&P	Orthotic and Prosthetic
Observandi	The term used for individuals that are sent by the court to a forensic psychiatric hospital for psychiatric observation
OHS	Occupational Health and Safety
OPD	Out Patient Department
OSD	Occupational Special Dispensation
P1	Priority One
PA	Performance Agreement
PBPA	Post-Basic Pharmacy Assistant
PCA	Provincial Council on AIDS
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PERSAL	Personnel and Salary Administration System
PFMA	Public Finance Management Act, Act 1 of 1999
PGDP	Provincial Growth and Development Plan
PGDS	Provincial Growth and Development Strategy
PHC	Primary Health Care
PHCWBOT	Primary Health Care Ward Based Outreach Team
PHS	Provincial Hospital Services
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PIP	Performance Improvement Plan
PKS	Pixley Ka Seme (District Municipality)
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
PPTC	Polymeric Positive Temperature Coefficient (a device that protects against harmful overcurrent surges and over-temperature faults)
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
PrEP	Pre-Exposure Prophylaxis
PSI	Patient Safety Incident
QA	Quality Assurance
R254	One-year Nursing Programme
R425	Two-year Nursing Programme
R683	Three-year Nursing Programme
RCCE	Risk Communication and Community Engagement
REMC0	Risk and Ethics Management Committee
RMSH	Robert Mangaliso Sobukwe Hospital
RTC	Regional Training Centre
RV	Rotavirus
(SAC)1	Severity Assessment Code 1 (Clinical incidents, that have or could have caused serious harm or death, that is attributable to health care provision, or a lack thereof, rather than the patient's underlying condition or illness)
SANC	South African Nursing Council
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SBD	Standard Bidding Document
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SDG	Sustainable Developmental Goals
SDIP	Service Delivery Improvement Plan
SHERQ	Safety, Health, Environment, Risk and Quality
SITA	State Information Technology Agency
SL	Salary Level
SLA	Service Level Agreement

SMS	Senior Management System
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TEE	Tenofovir Emtricitabine Efavirenz (Combination antiretroviral medication used to treat HIV/AIDS)
THP	Traditional Health Practitioners
THS	Tertiary Hospital Services
TIER	Three Integrated Electronic Registers
TLD	Tenofovir Lamivudine Dolutegravir (Combination antiretroviral medication used to treat HIV/AIDS)
TMC	Traditional Male Circumcision
TVET	Technical Vocational Education and Training
U=U	Undetectable=Untransmittable
UFS	University of the Free State
UHC	Universal Health Coverage
USAASA	Universal Service and Access Agency for South Africa
VMMC	Voluntary Medical Male Circumcision
VPN	Virtual Private Network
VTP	Vertical Transmission Prevention
WBPHCOT	Ward Based Primary Health Care Outreach Team
WESH	West-End Specialised Hospital
WHO	World Health Organisation
WMS	Warehouse Management System
WSP	Work Skills Programme
XDR	Extensively Drug Resistant
ZFM	Zwelentlanga Fatman Mgcawu (District Municipality)

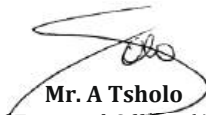
3. OFFICIAL SIGN-OFF

It is hereby certified that this Annual Report, which covers the 2023/24 financial year:

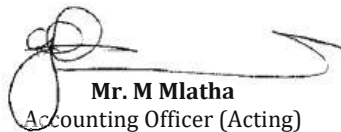
- was developed by the Provincial Department of Health in the Northern Cape Province.
- was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of the MEC for Health, Honourable Mr. M Lekwene.
- accurately reflects the performance of the Department of Health in the Northern Cape Province for the period under review.



Mr. M Mocumi
Director: Policy & Planning (Acting)



Mr. A Tsholo
Chief Financial Officer (Acting)



Mr. M Mlatha
Accounting Officer (Acting)



Mr. M Lekwene
Member of Executive Council

31st May 2024

4. FOREWORD BY THE MEMBER OF EXECUTIVE COUNCIL



Mr. Maruping Lekwene

*Executive Authority
Northern Cape Department of Health*

It is an honour to present the Annual Report of the Northern Cape Department of Health for the 2023/2024 financial year. During my tenure as the MEC for Health throughout the 6th Administration, I had the privilege of leading a very capable team and guiding key initiatives in the Department that sought to strengthen the delivery of quality healthcare services to our communities.

Significant strides were made over the financial year under review and we can truly be proud of the collective efforts displayed by our staff, management and key health stakeholders for their hard work, dedication and commitment.

Following the extensive consultation process with key health stakeholders, management and staff we can now reveal that the Organisational Structure for the Northern Cape Department of Health has been officially approved in concurrence with the Department of Public Service and Administration. After 23 years, this is indeed good progress and a milestone achievement for this Administration. The time has now come for the Department to put our well formulated Human Resource Management Plan into action through ensuring that all clinical and non-clinical vacant and funded posts are filled. This will assist immensely in creating a stable and conducive environment for our caring and vibrant health workforce.

We must, however, also acknowledge that there are still areas that requires further strengthening, despite the giant strides we have already made. These include our inability to recruit, retain and produce more critical and scarce skills, particularly in our health facilities. In spite of this hurdle, we acknowledge, honour and pay tribute to remarkable health care professionals for the positive contribution they are making towards delivering quality healthcare services to the people of the Northern Cape. We appreciate their innovation and ability to rise above the challenges faced and working tirelessly towards reaching solutions.

The 15th of May 2024 marked a historic moment in our young democracy towards transforming the health sector in South Africa after the President of the Country, His Excellency Mr Cyril Ramaphosa, officially signed the National Health Insurance Bill into Law. This was indeed a transformative leap, especially for the Northern Cape as a province that is still confronted with glaring socio-economic disparities.

Approximately 1 131 000 patients are administered in various health facilities across the Province, constituting 87% of the total population of the province that stands at 1 337 683. These patients come to seek health services in our facilities at a frequency of about 20.1 times per year. This can be seen when zooming into the utilization rate which stands at an average of 2.1 for Primary Health Care facilities in the main. Compounding this picture is the fact that a fraction of the insured population, constituting 13%, also access public health services when their funding becomes exhausted. This starkly illustrates the disparities in the delivery of healthcare services, especially in proportion to the available resources covering the two platforms.

It is against this background that the Northern Cape Department of Health has been working tirelessly to develop a tight governance system to regulate the private health establishment space. To this effect, we are in a process of finalizing the collation of final inputs towards the passing of the Provincial Health Bill for the Licencing of private health establishments.

On matters pertaining to the management of HIV/AIDS and TB, and in-spite of the number of cases that continue to rise in the Province, the Department remains focused to continue engagements with all key role-players in order to explore new and practical ways in which strategies can be strengthened for the success of the Provincial Strategic Plan on HIV and AIDS, TB and STI's.

I must also emphasise that the promotion of healthy lifestyles is one area in which individuals can and must focus to help prevent, or delay the commencement of, the burden of disease. It is in this context that we must continue to advocate on the advancement of healthy lifestyles through community awareness programmes. Aside from managing illness, we should strive more fervently towards preventing it all together. Just imagine the impact we could make if something as simple as living a healthy lifestyle could be done by all of us.

As the term of the 6th Administration comes to an end, I wish to extend my heartfelt thanks and appreciation to the Premier of the Northern Cape, Dr Zamani Saul, for his unwavering leadership in our journey towards a vision of a '*modern health system, delivering quality care to a growing province*'. I also gratefully extend a word of appreciation to my colleagues in the Executive Council for their immense support and contribution.



Mr. M Lekwene
Executive Authority

31st May 2024

5. REPORT OF THE ACCOUNTING OFFICER



Mr. Mxolisi Mlatha

*Acting Accounting Officer
Northern Cape Department of Health*

5.1. Overview of the Operations of the Department

The purpose of any health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. To achieve this, any clinic should function optimally thus requiring a combination of elements to be present in order to render it an “Ideal Clinic”. An Ideal Clinic is a clinic that ensures the provision of quality health services to the community by and through having good infrastructure, adequate staff, medicine and supplies, good administrative processes and sufficient bulk supplies, that uses applicable clinical policies, protocols and guidelines, as well as idyllic partner and stakeholder support. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organizations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the “Ideal Clinic”.

The District Health Services Strategy, which was reviewed and finalized in 2023, identifies the following goals:

- Strengthening of leadership development and governance.
- Optimizing comprehensive health service delivery to improve health outcomes.
- Improving the quality of health services.
- Enhancing community involvement and social accountability.
- Advocating for inter-sectoral collaboration.
- Strengthening the sub-district for UHC and the NHI.
- Improving system capacity (systems, policies, processes, tools, and resources).

This project is running parallel with related nationally driven strategies, such as the review and finalization of the 5-year District Health Services (DHS) Strategy and Health Digital platform strengthening interventions. Other interventions to support roll-out and implementation are Health Practitioners’ Contracting through the Conditional Grant, IFRM and Quality Learning Centres (QLCs). These projects are designed to prepare the facilities for accreditation by Office of Health Standards (OHS) and to increase legibility probability for funding. Phokwane is the selected sub-district for i-CUP towards the NHI realization, although other districts are not precluded from commencing with the implementation roll-out.

The Province has recorded a high figure of new Male Urethritis Syndrome (MUS) episodes against the annual target of five thousand one hundred and eleven (5 111). This increase is mainly attributed to intensive case finding, awareness campaigns such as the build-up community based activities towards Sexual Reproductive Health week and World TB Day, which included STI screening. This also involved the promotion of condom usage for protective sex through demonstrations and condom distribution to raise awareness and prevent new STI infections. The low condom distribution is also an additional factor to the recorded increase in new MUS episodes. At district level, JT Gaetsewe recorded the highest number of new STI episodes followed by Frances Bard, ZF Mgcawu, Pixley Ka Seme and Namakwa.

The Province experienced a significant increase in TB screening year on year, moving from 66% in 2020/21 to 80.6% in 2021/22 and 88.6% in 2022/23, albeit below the target of 90%. Compared to the previous financial year (2021/22), 2 248 327 people who attended the PHC facilities were screened for TB (all ages) which represents an increase of 19.6% year-on-year. This performance illustrates the output of resetting health systems as an intervention for the healthcare services to be brought back after the negative impact of the Covid-19 pandemic.

The initiative of undertaking the community-based 25 000 (25K) TB Screening Campaign, which was launched by the Deputy President during the commemoration of the 2022 World TB Day, has propelled all districts to scale-up active finding approaches involving door-to-door, community dialogues, etc. Furthermore, improved TB screening was a result of the sharp increase recorded in the Frances Baard District (from 60.5% to 84.4%) and the JT Gaetsewe District (from 79.6% to 92.2%). Namakwa is the only district with sustained good performance, achieving 100% successively.

The trend for the in-facility Maternal Mortality Ratio (*i*MMR) has decreased from 80/100 000 live births in the current financial year, as compared to 157.5/100 000 live births in the previous financial year. This reversed the trend with deaths due to Covid-19 related complications and is also an improvement from the 2020/21 financial years' 80.6/100 000 live births against the target of 110/100 000 live births. The *i*MMR demonstrates a trend aiming towards achieving the NDP target of a MMR of under 70/100 000 live births by 2030. Unfortunately, the trend has been reversed in 2021/22 due to maternal deaths related to the Covid-19 pandemic. Maternal deaths occur at all levels of care; however, the expectation is that the higher levels of care (Regional and Tertiary hospitals) are able to manage complications referred from the districts. Plans for the reduction of maternal morbidity and mortality are continually adjusted in response to the causes of avoidable maternal deaths.

The priority interventions to be implemented in this regard are, therefore:

- Re-configuration of the referral system.
- Road shows of maternal death assessors meetings to all districts.
- Skills development of clinicians, including Emergency Medical Services.
- Support facilities and District Perinatal Morbidity and Mortality review meetings.
- Establishment of High Risk clinics.
- Access and appropriate contraceptive services integrated into all levels of health care.
- Adherence to the minimum standards on the safe caesarean delivery.

In an effort to enhance the safety of caesarean delivery district doctors undergo a 6-months in-reach training on anaesthesia, which is provided by the anaesthetic department at the Tertiary Hospital.



Mr. M Mlatha
Accounting Officer (Acting)

31st May 2024

5.2. Overview of the Financial Results of the Department

5.2.1. Departmental Receipts

The Department has collected revenue amounting to R30. 453 million, which is 91% of its revenue target for the 2023/24 financial year. The revenue collection performance is 9% below the previous year and resulted to an under collection of R2. 882 million, or 9% of the current year's target. This was mainly due to delays in payments expected of invoices raised for forensic observations performed.

Bad debt is written off in accordance with the Departmental Patient Fee Management Policy after the Department has taken all reasonable steps to collect the debt owed. The Department wrote-off long outstanding debts amounting to R27. 686 million during the financial year, which is prompted by provisions stipulated in the Treasury Regulations.

The following table provides a summary of the revenue collected in comparison to the amount budgeted.

Table 1 Departmental Receipts

DEPARTMENTAL RECEIPTS	2023/2024			2022/2023		
	Estimate	Actual amount collected	(over) / under collection	Estimate	Actual amount collected	(over) / under collection
	R'000	R'000	R'000	R'000	R'000	R'000
Tax Receipts	-	-	-	-	-	-
Sale of goods and services other than capital assets	31 453	25 438	6 015	29 927	26 526	3 401
Transfers received	-	-	-	-	-	-
Fines, penalties and forfeits	-	121	(121)	-	165	(165)
Interest, dividends and rent on land	-	18	(18)	-	8	(8)
Sale of capital assets	1 882	2 220	(338)	1 791	2 277	(486)
Financial transactions in assets and liabilities	-	2 656	(2 656)	-	4 474	(4 474)
TOTAL	33 335	30 453	2 882	31 718	33 450	(1 732)

Future plans for collecting revenue

The process of capacitating six (6) revenue collecting health facilities, namely with Case Managers and additional Administrative Officials, to strengthen the human resource capacity in order to optimise revenue collection, is in progress.

Revenue Tariff Policy

The tariffs charged by the Department on patient fees are revised annually through Provincial Treasury processes as prescribed by Treasury Regulations, paragraph 7.3.1, and are based on the national tariffs which are approved by the Minister of Health. These tariffs are uniform throughout the country and are compiled and consented to by the National Task Team and includes all Provinces. Tariffs charged are determined according to the scale of income. Tariffs with regard to other sources of income, such as parking, are determined using guidelines issued by Provincial Treasury and relevant National Departments from time to time.

Free services

There are certain circumstances under which patients will receive services free of charge regardless of their means of income. Such circumstances include services received at Primary Health Care centres, infectious and formidable diseases, pregnant women and children under the age of six years who are not members and beneficiaries of medical aid schemes. Additional to the above would be services to patients qualifying for full government subsidy, such as social security beneficiaries and formally unemployed people.

5.2.2. Programme Expenditure

The following table provides a summary of the budget versus actual expenditure as at 31st March 2024. The Department spent 100% of its budget in the reporting year. The expenditure per programme and economic classification is further analysed on the Notes to the Appropriation Statement under the Annual Financial Statements (ANN A).

Table 2 Departmental Expenditure

PROGRAMME NAME	2023/2024			2022/2023		
	Final appropriation	Actual expenditure	(over) / under expenditure	Final appropriation	Actual expenditure	(over) / under expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	263 366	263 366	-	280 058	280 058	-
District Health Services	2 958 073	2 958 068	5	2 833 039	2 784 553	48 486
Emergency Medical Services	505 849	505 849	-	430 279	419 545	10 734
Provincial Hospital Services	520 064	520 064	-	453 601	453 601	-
Central Hospital Services	1 256 822	1 249 376	7 446	1 259 103	1 259 103	-
Health Sciences and Training	320 538	320 538	-	172 024	172 024	-
Healthcare Support Services	132 221	126 486	5 735	133 467	133 467	-
Health Facilities Management	452 885	452 885	-	489 413	407 209	82 204
TOTAL	6 409 818	6 396 637	13 181	6 050 984	5 909 560	141 424

5.2.3. Virements / Roll Overs

All virements applied are depicted on the Annual Financial Statements. Virements were applied in line with Section 43 of the PFMA to ensure that no unauthorised expenditure occurred per Main Division. All virements are within the eight per cent guide as per the Treasury Regulations and shifting of funds was performed within the programme and was approved by the Accounting Officer.

5.2.4. Unauthorised, fruitless and wasteful expenditure

Unauthorised expenditure

The Department incurred unauthorised expenditure amounting to zero (R 0) during the year under review, which was also the case in the past two financial years. The Department is determined to maintain this trend.

The Department continued on the path of implementing cost containment measures to curb excessive waste of resources and to remain within the prescripts of spending within the allocated resources. A Departmental Budget Committee has been re-established and is chaired by the Accounting Officer. Programme Managers have been appointed in writing in terms of Section 45 of the PFMA to play an active role as custodians of government funds and its expenditure.

Fruitless and wasteful expenditure

The Department incurred fruitless and wasteful expenditure amounting to R21 584 million during the current financial year compared to R15. 774 million of the previous financial year. This expenditure was incurred due to interest charged on overdue accounts owed to service providers.

5.2.5. Strategic Focus (short to medium term period)

The 2023/24 financial year has been a difficult year given the constrained fiscal environment and the slow growth of the economy that has since seen Treasury implementing mid-year budget cuts. The implemented budget reductions had a negative impact on the Health Sector nationally and it is against this background that the Department has taken a

considered view to review our service packages and that the process will be followed by the strategy to calibrate our budget in order to respond to the service delivery needs.

The attainment of clean administration requires the commitment of discipline, sound financial management and decisive leadership as a mechanism to drive the desire to achieve a financially unqualified audit, including the ability to operate as a going concern. It is against this view that the Department has invested in a change organisation culture driven approach that is aimed at strengthening the system through identification of skilled and competent staff in the area of finance across the Department.

The strengthening of the Office of the CFO is aimed at ensuring accountability on public spending and potential success on value for money. In the 2024/25 financial year the Department will be looking at innovative ways of improving internal controls in the areas of budget, supply chain management and financial reporting. One of the strategic goals will be to reduce the amount of irregular expenditure by fifty percent through regularization of irregular contracts including concluding the Service Level Agreements with implementing agents for capital infrastructure projects.

5.2.6. Public Private Partnerships (PPP)

The Department does not have any registered Public Private Partnerships (PPP).

5.2.7. Discontinued key activities / activities to be discontinued

There were no discontinued key activities or planned activities to be discontinued.

5.2.8. New or proposed key activities

There were no new or proposed activities for the period under review.

5.2.9. Supply Chain Management (SCM)

There were no unsolicited bids or proposals concluded during the financial year. The department will continue to ensure compliance with application of Supply Chain Management procedures to strengthen operations within its scope of responsibility and to provide optimal services to its clients (end-users).

5.2.10. Gifts and donations received in kind from non-related parties

The department received no Gifts and Donations during the year under review.

5.2.11. Exemptions and deviations received from the National Treasury

There were no exemptions and deviations received from Provincial Treasury for the year under review.

5.2.12. Events after the reporting date

There were no events after the reporting date.

5.2.13 Conclusion

The Accounting Officer approves the Annual Financial Statements set out under Annexure A of this Annual Report.



Mr. M Mlatha
Accounting Officer (Acting)

31st May 2024

6. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY

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

1. All information and amounts disclosed throughout the Annual Report are consistent.
2. The Annual Report is complete, accurate and is free from any omissions.
3. This Annual Report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
4. The Annual Financial Statements (ANN A) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines as issued by National Treasury.
5. The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.
6. The Accounting Officer is responsible for establishing and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the Human Resources information and the Annual Financial Statements.
7. The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
8. In my opinion, the Annual Report fairly reflects the operations, the performance information, the Human Resources information and the financial affairs of the Department for the financial year ended **31st March 2024**.



Mr. M Mlatha
Accounting Officer (Acting)

31st May 2024

7. STRATEGIC OVERVIEW

7.1. Vision

A modern health system delivering quality care to a growing province.

7.2. Mission

The Department aims to provide better health care, better access and better value to the people of the Northern Cape, through community-wide, modern and individually focused initiatives to maximize wellness and prevent illness.

Better Health



Delivering better health for our people through community-wide and individually focussed initiatives. These aim to maximise health and wellness and prevent illness.

Better Care



Delivering better care through quick access to modern services. Care will be delivered in the most appropriate setting and in clean and infection-free facilities by well-trained, motivated & professional staff.

Better Value



Delivering better value through efficient allocation and use of resources.

7.3. Values



Integrity



Excellence



Teamwork



Professionalism

8. LEGISLATIVE AND OTHER MANDATES

8.1. Constitutional Mandates

Section 27 of the Constitution of the Republic of South Africa, Act 108 of 1996, provides for the right of access to health care services, including reproductive health care. The Department provides access to health care services, including reproductive health care, by making sure that hospitals and clinics are built closer to communities, that emergency vehicles are provided, the promotion of primary health care, and so forth.

8.2. Legal Mandates

The legislative mandates are derived from the National Health Act, 61 of 2003.

Chapter 4

- Section 25 provides for provincial health services and general functions of Provincial Departments.
- Section 26 provides for establishment and composition of Provincial Health Council.
- Section 27 provides for functions of the Provincial Health Council.
- Section 28 provides for provincial consultative bodies.

Chapter 5

- Section 29 provides for the establishment of the District Health System.
- Section 30 provides for division of health districts into sub-districts.
- Section 31 provides for establishment of district health councils.
- Section 32 provides for health services to be provided by municipalities.
- Section 33 provides for the preparation of district health plans.

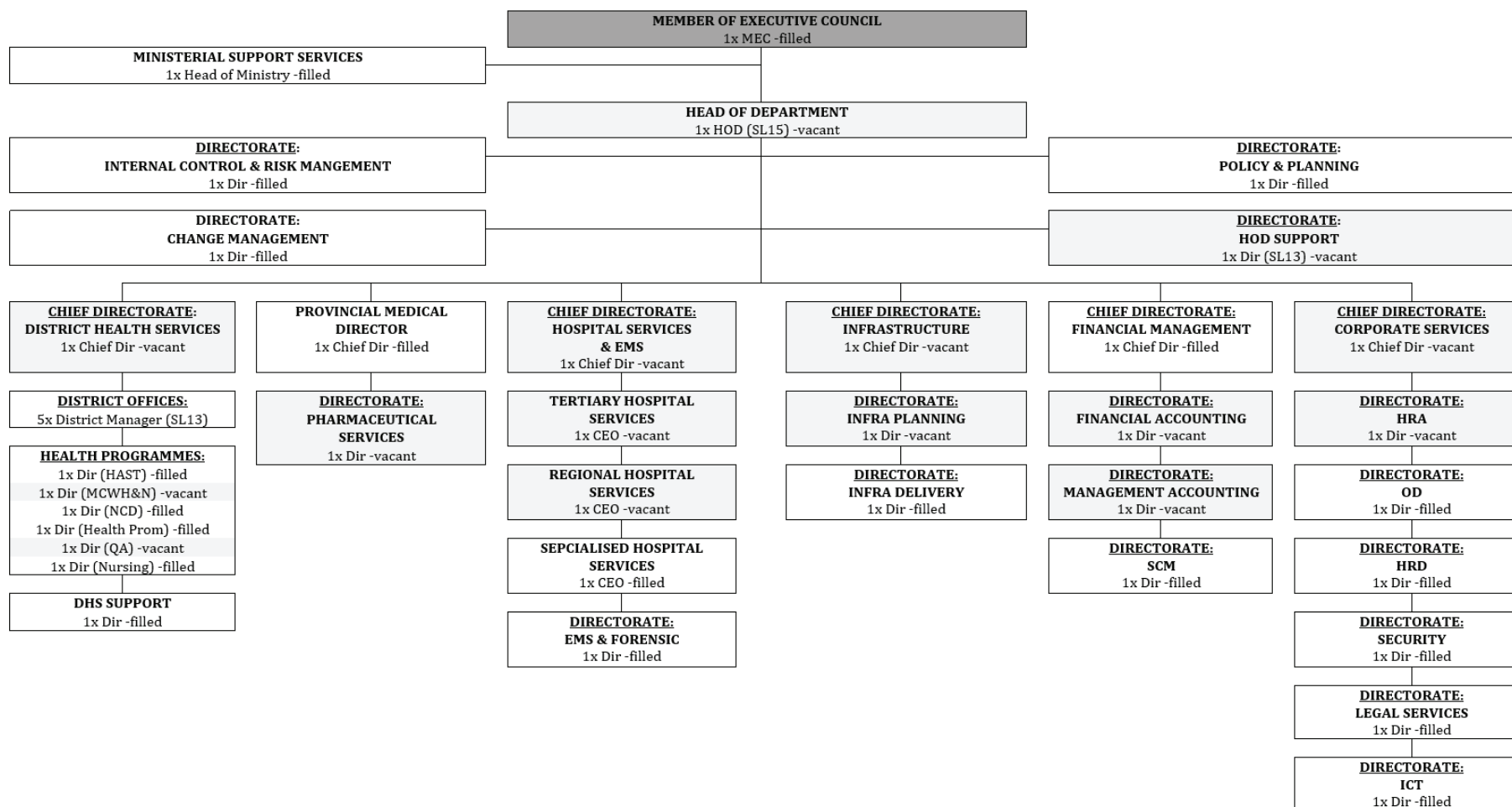
8.3. Policy Mandates

- Reclassification of Health facilities.
- White Paper on the Transformation of Health Service.
- National Development Plan (NDP), Chapter 10.
- White Paper on National Health Insurance.
- National Health Promotion Policy and Strategy.

8.4. Other Mandates

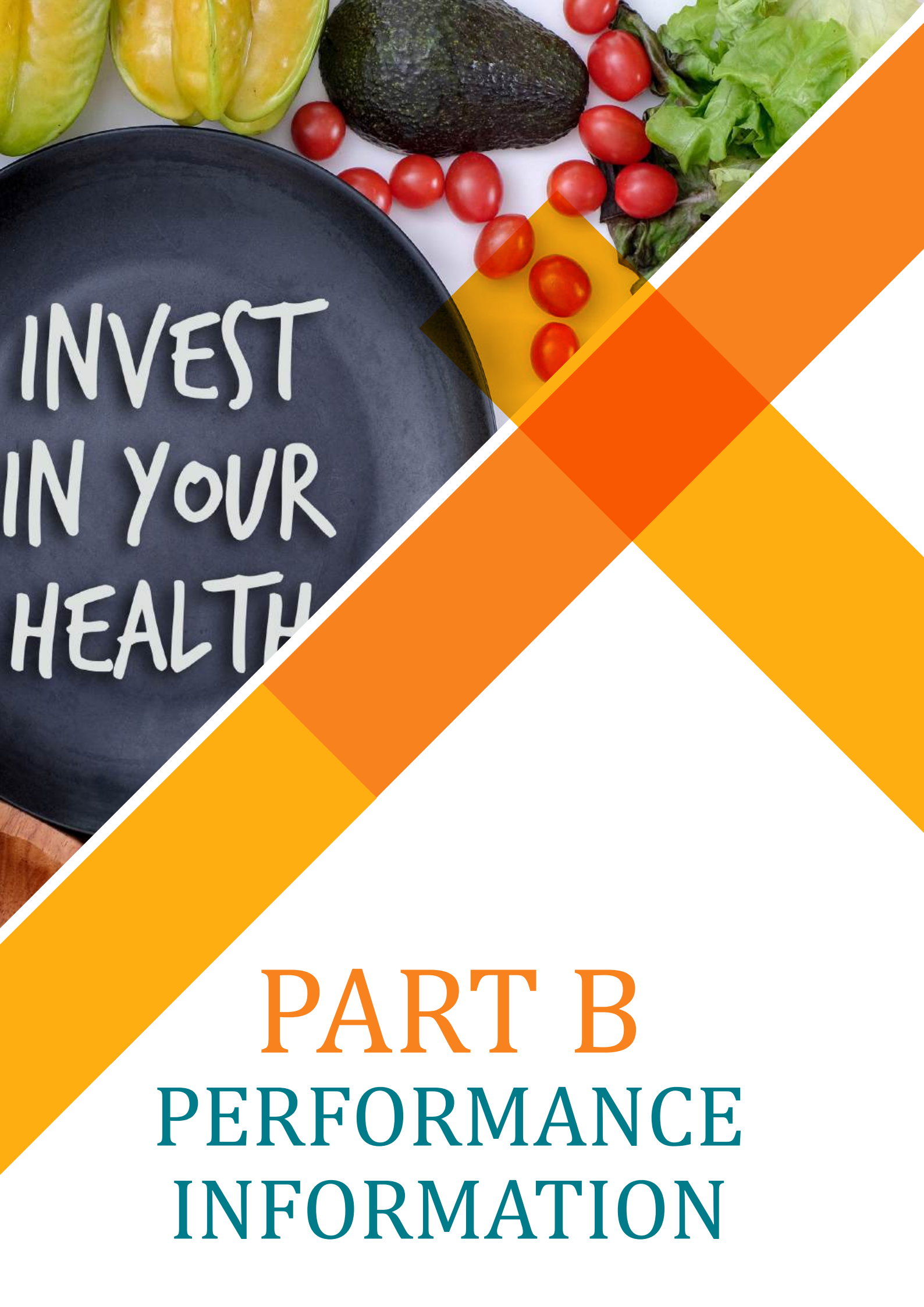
- Basic Conditions of Employment Act, 75 of 1975.
- Broad Based Black Economic Empowerment Act, 53 of 2003.
- Child Care Amendment Act, 96 of 1996.
- Choice on Termination of Pregnancy Act, 92 of 1996.
- Constitution of the Republic of South Africa Act, 106 of 1996.
- Control of Access to Public Premise and Vehicles Act, 53 of 1985.
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7).
- Division of Revenue Act, 7 of 2007.
- Electronic Communication and Transaction Act, 25 of 2002.
- Electronic Communications Security (Pty) Ltd Act, 68 of 2002.
- Employment Equity Act, 55 of 1998.
- Environment Conservation Act, 73 of 1989.
- Fire-arms Control Act, 60 of 2000.
- Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972.
- Hazardous Substances Control Act, 15 of 1973.
- Health Act, Chapter 10.
- Health Professions Act, 56 of 1974.
- Higher Education Act, 101 of 1997.
- Income Tax Act, 1962.
- Inquest Act, 58 of 1959.
- Intimidation Act, 72 of 1982.
- Labour Relations Act, 66 of 1995.
- Maternal Death Act, 63 of 1977.
- Medicine and Related Substance Control Act, 101 of 1965.
- Mental Health Care Act, 17 of 2002.
- National Environmental Management Act, 107 of 1998.
- National Building Regulations and Building Standards Act, 103 of 1997.
- National Health Insurance (NHI) Bill.
- National Youth Commission Amendment Act, 19 of 2001.
- National Development Plan, Chapter 10 of the MTSE.
- Nursing Act, 50 of 1978, and related Regulations.
- Nursing Act, 33 of 2005.
- Occupational Health and Safety Act, 85 of 1993.
- Preferential Procurement Policy Framework Act, 5 of 2004.
- Prevention and Combating of Corrupt Activities Act, 12 of 2004.
- Prevention and Treatment of Drug Dependency Act, 20 of 1992.
- Promotion of Access to Information Act, 2 of 2000.
- Promotion of Administrative Justice Act, 3 of 2000.
- Promotion of Equality and Prevention of Unfair Discrimination Act, 4 of 2000.
- Protected Disclosures Act, 26 of 2000.
- Protection of Information Act, 84 of 1982.
- Pharmacy Act, 53 of 1974, as amended.
- Public Finance Management Act, 1 of 1999, and Treasury Regulations.
- Public Service Act 103 of 1994 and related Regulations.
- South African Qualifications Authority Act, 58 of 1995.
- Sexual Offences Act, 32 of 2007.
- Skills Development, Act 97 of 1998.
- South African Schools Act, 1996.
- State Information Technology Act, 88 of 1998.
- Sterilization Act, 44 of 2005.
- The International Health Regulations Act, 28 of 1974.
- Tobacco Control Amendment Act, 23 of 2007.

9. ORGANISATIONAL STRUCTURE



10. ENTITIES REPORTING TO THE MEC

There are no entities reporting to the MEC.



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PART B

PERFORMANCE INFORMATION

Part B: Performance Information

11. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES

The Auditor-General of South Africa (AGSA) performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against Predetermined Objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on the Other Legal and Regulatory Requirements section of the Auditor's Report. Refer to 'Auditor-General's Report' under **Part F: Financial Information** of this Annual Report.

12. OVERVIEW OF DEPARTMENTAL PERFORMANCE

12.1. Service Delivery Environment

The Northern Cape is the largest, vastest province in South Africa, yet it has the lowest number of inhabitants, with only 1.31million people; it thus remains the province with the smallest share of the South African population of 2,2%. According to the Census that was published in 2023, the population of the Northern Cape consists of 661 075 females and 647 658 males. Additionally, the province shares borders with four other provinces, namely the Western Cape, Eastern Cape, Free State and North West; as well as bordering with the states of Namibia and Botswana, respectively. A person's health is influenced by the environment in which they live and work as well as societal risk conditions, such as pollution, inadequate housing, poor sanitation, unemployment, poverty, racial and gender discrimination, destruction and violence. Therefore, the Province should dedicate its fiscal to the Districts as reflected in the approach of NHI.

The type of healthcare facility which members of any household will visit is influenced by factors such as the number and distribution of health facilities in communities, households' proximity to the facilities, as well as personal preferences based on factors such as affordability and the perceived quality of services. This clearly shows the importance of ensuring that the quality of care being offered to the households/communities is of good quality and high standard. As a Department we are monitoring the patient's experience of care satisfaction in order to continuously improve the level and quality of care being offered by our respective public health care facilities.

In the Province, Tuberculosis (TB) and HIV remains the leading underlying cause of deaths as reported in the latest report by Statistics South Africa. However, compared to the previous report (2013), it should be noted that the number of deaths recorded from these diseases had declined notably, with TB recording the highest decrease of 23.3% and HIV decreasing by 13.9%. Non-communicable diseases have shown to be on a rise in an alarming rate and is affecting the well-being of the people of the Northern Cape. In the same period, hypertensive and cerebrovascular diseases increased by 30.6% and 5%, respectively. There are, however, variations between districts which emphasize the uniqueness that is coupled with other socio-economic factors, such as employment, access to basic services, culture, lifestyle, etc. across the districts. The Namakwa District, for instance, is mainly burdened by non-communicable diseases while the pattern in the ZF Mgcawu and Pixley ka Seme Districts are very similar, except for certain disorders of immune system recorded in ZF Mgcawu.

12.2. Service Delivery Improvement Plan

The SDIP of the Department of Health is still a draft document awaiting finalisation.

12.2.1. Main Services and standards

Table 3 Main Services & standards

Main services	Beneficiaries	Current / actual standard of service	Desired Standard of service	Actual Achievements
-	-	-	-	-

12.2.2. Batho Pele arrangements with beneficiaries

Table 4 Batho Pele arrangements with beneficiaries

Current / actual arrangements	Desired arrangements	Actual achievements
-	-	-

12.2.3. Service Delivery Information Tool

Table 5 Service Delivery Information Tool

Current / actual Information tool	Desired information tool	Actual achievements
-	-	-

12.2.4. Complaints mechanism

Table 6 Complaints mechanism

Current / actual Complaints mechanism	Desired complaints mechanism	Actual achievements
-	-	-

12.3. Organisational environment

In order to achieve Universal Health Coverage, institutional and organisational reforms are required for addressing structural inefficiencies; ensuring accountability for the quality of the health services rendered and ultimately improving health outcomes, particularly focusing on the poor, vulnerable and disadvantaged groups. In many countries, effective Universal Health Coverage (UHC) has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability.

The Northern Cape Department of Health received concurrence from the Minister for the Public Service and Administration on the proposed Organisational Structure, which has officially been signed-off by the Accounting Officer. The subsequent phase will be the overall implementation thereof, for which a plan has already been developed. The underlying philosophy and principles that inform the design of the departmental structure has been aligned with the values and principles enshrined in Chapter 10 of the Constitution, which is: fairness, equitable service delivery, efficient and effective use of resources, transparency and accountability. The strategic departure is purely based on the set strategic goals. The Organisational Structure will enhance efficiency and clarify roles and responsibilities, which will ultimately lead to an improved organisational culture. The current fragmentation and duplication are being addressed through a more structured reporting line, where the span of control was prioritized to ensure that management takes place in a more accessible manner. The paragraph on the gaps in leadership, that was raised previously in the Management Report, will slowly creep out as the structure clarifies the reporting lines which will establish the flow of communication for improved decision making. The implementation of the Organisational Structure will be done through a phased approach, which will flow over into the new financial year. All stakeholders, including Organized Labour, will form part of the implementation.

12.4. Key policy developments and legislative changes

The vision “A long healthy life for all South Africans” was already set through the adoption of the National Development Plan (NDP). The Presidential Health Summit was used as a consultative platform also set the tone towards the provision of Universal Health. During this process a number of challenges were identified which the Northern Cape Province is also faced with. This process led to the drafting of the NHI Bill which went through wide consultation to ensure that the product is of benefit to the citizen. The NHI bill further advocates for the Contracting Unit for Primary Health Care, which smoothen the flow of services to all levels of care. The National Department of Health also introduced the 2030 Human Resources for Health Strategy, which drives the investment into the health workforce towards Universal Health Coverage. This plan is aligned with the departmental Human Resource Plan which will also be reviewed in the process of implementing the organizational structure. The amendment of the Public Service Regulations, 2016, was further implemented to address challenges pertaining to the interpretation and application and also to regulate lifestyle audits.

The approval of the Organisational Structure is one of the positive gains the Department recorded towards the end of the 2023/24 financial year. The process in itself is an enabler towards the implementation of the District Health Management Office (DHMO). This will ensure that the Department is compliant with Section 31(a) of the National Health Act and National Policy Guidelines. The function of the DHMO is to ensure the proper management, facilitation, support and coordination of primary health care services.

In terms of corporate governance two key bills were also introduced, which are the Performance Management of the Head of Departments and the Professionalization of the Public Service. The outcomes lead towards providing better care to the citizen. What is key to this framework is not only that it places focus on proper qualifications and skills but also on respect, courtesy and integrity when dealing with members of the public.

13. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa, which are embodied in the Medium-Term Strategic Framework (MTSF) for the period 2019-2024. It is aimed at eliminating avoidable and preventable deaths (*survive*); promoting wellness, and preventing and managing illness (*thrive*); and transforming health systems, the patient experience of care, and mitigating social factors determining ill health (*transform*), in line with the United Nation's three broad objectives of the Sustainable Development Goals (SDGs) for health.

Over the next 5 years, the Provincial Department of Health's response is structured into impact statements and outcomes that are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below:

Table 7 Strategic outcome orientated goals

	MTSF 2019-2024	Outcomes	Presidential health summit compact pillars	Progress
Survive & Thrive	Goal 1: Increase Life Expectancy improve Health and Prevent Disease.	<ol style="list-style-type: none"> 1. Improve health outcomes by responding to the quadruple burden of disease of South Africa. 2. Inter sectoral collaboration to address social determinants of health. 	N/A	<ul style="list-style-type: none"> • Total number of clients screened for hypertension were two hundred and seventeen thousand and five hundred and thirteen (217 513) as against the target of 43 987. • Thuthuzela Care Centres marketed their services in Kuruman, Kimberley, De Aar and Springbok. Marketing activities include integrated, inter-sectoral outreach programmes, radio talk sessions as well as one-on-one sessions with relevant individuals.
Transform	Goal 2: Achieve UHC by Implement NHI.	<ol style="list-style-type: none"> 3. Progressively achieve Universal Health Coverage through NHI. 	<ul style="list-style-type: none"> • Pillar 4: Engage the private sector in improving the access, coverage and quality of health services. • Pillar 6: Improve the efficiency of public sector financial management systems and processes. 	<ul style="list-style-type: none"> • Twenty-four (24) facilities achieved the Ideal Clinic Status: where 10 facilities received platinum, 10 gold and 4 silver. One hundred and fifty-eight (158) facilities in the province conducted the status determinations for the Ideal Clinic Realisation and Maintenance (ICRM). • The Department is continuing with the general practitioner contracting in anticipation of National Health Insurance. NHI Medical Officer Forum was hosted in Pixley Ka Seme to market the NHI strategy.
	Goal 3: Quality Improvement in the Provision of care.	<ol style="list-style-type: none"> 4. Improve quality and safety of care. 	<ul style="list-style-type: none"> • Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care. 	<ul style="list-style-type: none"> • The waiting time is being monitored in the facilities throughout the province, the waiting time has improved from 4 hours to less than 2 hours, the average waiting time for the province is 1 hour and 30 minutes. • The Emergency Medical Services have established an inter-facility component for Robert Mangaliso Sobukwe Hospital/Frances Baard District that is proving to be successful. • Psychological support was provided to all officials who contracted Covid-19 or who were in contact with infected patients.
		<ol style="list-style-type: none"> 5. Provide leadership and enhance governance in the health sector for improved quality of care. 	<ul style="list-style-type: none"> • Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels. 	<ul style="list-style-type: none"> • The Department has been conditionally accredited by the South African Nursing Council to offer Higher Certificate in Nursing; while the response on accreditation for Diploma in Nursing curriculum is still awaited. The health facilities in three districts have been fully approved by the SANC for clinical placement of students for the Higher Certificate in Nursing and the other two districts are still to be assessed.

MTSF 2019-2024	Outcomes	Presidential health summit compact pillars	Progress
	6. Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health.	<ul style="list-style-type: none"> Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care. 	<ul style="list-style-type: none"> The Department engaged in a number of events that were community-based. Activities such as health talks, health screening, radio talks and other opportunities to provide the community with all the relevant messages.
	7. Improve equity, training and enhance management of Human Resources for Health.	<ul style="list-style-type: none"> Pillar 1: Augment Human Resources for Health Operational Plan. 	<ul style="list-style-type: none"> A number of bursary holders who completed their studies were placed in various health facilities to improve the capacity of delivering services. Thirty-two (32) students has been released from Henrietta Stockdale Nursing College to commence with community service. All 17 RSA-Cuba medical students who sat for their final examinations have passed and graduated; while 32 local bursary holders across various field of study have been placed on permanent jobs at the health facilities. A total of new 350 unemployed youth of Northern Cape were appointed onto learnership programmes.
	8. Improving availability to medical products, and equipment.	<ul style="list-style-type: none"> Pillar 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery. Pillar 6: Improve the efficiency of public sector financial management systems and processes. 	<ul style="list-style-type: none"> Mid-year stocktakes were conducted at the Provincial Medical Depot and all the districts to monitor the availability of pharmaceuticals and medical supplies; while the medicine availability remains above the target.
	9. Robust and effective health information systems to automate business processes and improve evidence based decision making.	<ul style="list-style-type: none"> Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments 	<ul style="list-style-type: none"> Connectivity was upgraded to 20 megabytes per second satellite link at Calvinia Hospital and Niekerkshoop Clinic by the National Department of Telecommunications. The Department upgraded WAN link at Kakamas Hospital to 2 megabytes per second; while a total of 14 Primary Health Care facilities were connected through SA Connect Broadband project.
	Goal 4: Build Health Infrastructure for effective service delivery.	<ul style="list-style-type: none"> Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities. 	<ul style="list-style-type: none"> In the third quarter, delays on the delivery of projects was caused by various factors such as regulations guidelines of national lockdown in terms of Disaster Management Act, thus most projects could not be completed within agreed timelines, the affected construction projects were construction of Boegoeberg Clinic, Port Nolloth CHC, Bankhara Bodulong Clinic, Springbok Hospital Pharmacy, Glenred Clinic and Heuningvlei Clinic.

14. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

The purpose of reporting on programme performance is to assess the efficiency and effectiveness in implementing the Annual Performance Plan. This will enable the Department to effectively inform programme planning and improvement for the next financial year, and to encourage programmes to develop strategies to ensure that the Department's results are realised.

The Department submits performance reports on a quarterly basis to the National Department of Health, Department of Monitoring and Evaluation (DPME), Provincial Legislature and the Office of the Premier through the online Performance Information Monitoring System (PIMS) and the Electronic Quarterly Performance Reporting System (EQPRS). The EQPRS utilizes national customized and non-customized performance indicators that have been identified from the eight budget programmes. These indicators are published by National Treasury on a quarterly basis on its website. The Department further uses the Quarterly Performance Report (QPR) as an internal performance monitoring tool. At the end of the financial year an Annual Report is consolidated from the four QPR's to account on the budget utilisation and the state of the Department's financial management systems.

The Department also conducts Performance Information Monitoring (PIM) Sessions with all budget programmes on a quarterly basis to review performance and to monitor achievement in the implementation of the Strategic Plan and Annual Performance Plan. These sessions assist the Department in identifying early warning signs and trends on poor performing indicators. Programmes can then develop action plans on indicators that were not achieved, or that achieved poorly.

Each quarter, a Performance Analysis Report on strategies to overcome areas of underperformance is also developed and shared with all relevant managers. The outcome of these analyses requires programmes to develop risk improvement plans on how to mitigate risks of non- or under-performance of the planned targets. Programmes are accountable to provide means of evidence for performance that was not achieved and also that was over-achieved.

The following legend should be used for interpreting performance tables:

Outcomes, Outputs and Output Indicators are aligned with the Annual Performance Plan

Strike-through areas indicates a new indicator and audited information for the previous financial periods are thus not available

Planned annual targets are aligned with the Annual Performance Plan

Table # Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Sub-Programme

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 20XX/YY	AUDITED ACTUAL PERFORMANCE 20XX/YY	PLANNED ANNUAL TARGET 20YY/ZZ	ACTUAL ACHIEVEMENT 20YY/ZZ	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 20YY/ZZ
Outcome	Output	Indicator			Target	Actual	Deviation (if any)
		REASONS FOR DEVIATION: • Reasons are listed					
		IMPROVEMENT PLANS: • Points are listed					

Reasons are provided in cases where deviation occurs between the planned performance and the actual achievement

Plans for improving under-performance are provided

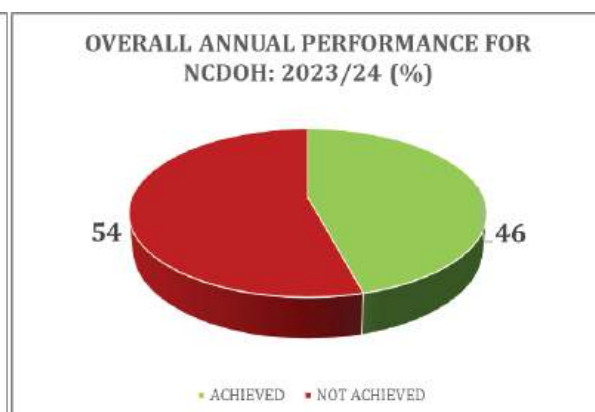
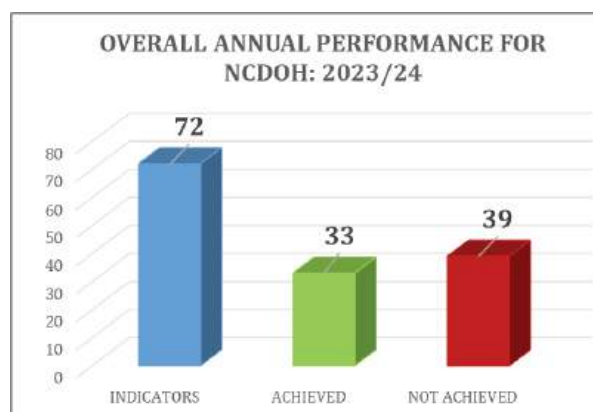
Actual achievements for the year under review are reported by each Sub-Programme

Deviation occurs either when there is either an over-achievement (+) or under-performance (-)

Performance Information by Budget Programme

Table 8 Analysis of performance by budget programme for the period 1 April 2023 to 31 March 2024

BUDGET PROGRAMME	NUMBER OF INDICATORS	ACHIEVED	NOT ACHIEVED	PERCENTAGE ACHIEVED
1. ADMINISTRATION	4	2	2	50%
1.1 Information, Technology & Communication	1	1	0	100%
1.2 Human Resources Management	2	1	1	50%
1.3 Financial Management	1	0	1	0%
2. DISTRICT HEALTH SERVICES	39	17	22	44%
2.1 District Health Services	3	0	3	0%
2.2 District Hospitals	3	0	3	0%
2.3.1 HIV/AIDS, STIs	9	2	7	22%
2.3.2 Tuberculosis	6	3	3	50%
2.4 Mother, Child & Women's Health & Nutrition	14	9	5	64%
2.5 Disease Prevention & Control	2	2	0	100%
2.6 Health Promotion	2	1	1	50%
3. EMERGENCY MEDICAL SERVICES	2	2	0	100%
4. PROVINCIAL HOSPITALSERVICES	11	5	6	45%
4.1 Regional Hospital: Dr. Harry Surtie Hospital	8	3	5	38%
4.2 Specialised Hospital: NC Mental Health Hospital	3	2	1	67%
5. CENTRAL HOSPITALSERVICES	8	3	5	38%
5.1 Tertiary Hospital: Robert Mangaliso Sobukwe Hospital	8	3	5	38%
6. HEALTH SCIENCES & TRAINING	3	1	2	33%
7. HEALTHCARE SUPPORT SERVICES	4	3	1	75%
7.1 Forensic Medical Services	2	2	0	100%
7.2 Pharmaceuticals	1	0	1	0%
7.3 Orthotics & Prosthetics	1	1	0	100%
8. HEALTH FACILITIES MANAGEMENT	1	0	1	0%
DEPARTMENT OF HEALTH	72	33	39	46%



14.1. Programme 1 – Administration

PROGRAMME PURPOSE AND STRUCTURE

To conduct the strategic management, technical support to core programmes and the overall administration of the Department of Health in the Northern Cape Province.

The rendering of advisory, secretarial and office support services to the political office bearers.

Management

To conduct the strategic management and the overall administration of the Department of Health in the Northern Cape Province.

SUB-PROGRAMMES

Sub-Programme 1.1	Information, Communication & Technology (ICT)
Sub-Programme 1.2	Human Resource Management (HRM)
Sub-Programme 1.3	Financial Management

OUTCOMES

1. Robust and effective health information systems to automate business process and improve evidence based decision-making.
2. Staff equitably distributed and have right skills and attitudes.
3. Improve financial management.

14.1.1. Sub-Programme 1.1: Information, Communication & Technology (ICT)

PURPOSE

1. Provide connectivity and upgrade physical network infrastructure in all facilities.

SITUATION ANALYSIS

The ICT Directorate has stationed Technicians at all District Offices who assist with incidents in the Districts. Resolution times with regard to incidents have improved, however, transport availability has a significant impact on the effective and efficient service delivery for the Directorate to Facilities. The vacant posts in the ZF Mgcawu and Pixley Ka Seme Districts also had a significant impact on the delivery of services and requests have been submitted for the filling of these posts. Currently, these Districts are supported through outreaches from the Provincial Office and the JT Gaetsewe District.

The development of the Disaster Recovery Plan (DRP) and the Business Continuity Plan (BCP) project is ongoing with the Provincial ICT Team in conjunction with SITA. Physical site vulnerability assessments have been completed at all facilities. The draft BCP and DRP Plans have been received from SITA for verification.

The Universal Service and Access Agency for South Africa (USSASA) project has been implemented in the Pixley Ka Seme District with nine (9) sites being functional on the USASSA network. Phase 2 assessments with the Health and SITA teams have started within the District. The implementation of the USASSA connectivity to facilities will bring stability to internet connectivity. Further engagements have been scheduled with USASSA and the Phase 2 Team for progress on the rollout of the project.

The National Department of Health has initiated a Connectivity Project in all Provinces and the Northern Cape has been allocated seventy-seven (77) facilities as Phase 1 of the Project. The sites have been identified and implementation has been initiated. The Project completed forty-four (44) facilities during the period under review.

The Implementation of the Vodacom Virtual Private Network (VPN) has started with the installation of the fixed connectivity across all facilities within the JT Gaetsewe District. The implementation of the VSAT sites has progressed well with eleven (11) sites completed within the District.

Uninterruptable Power Supply (UPS) devices have been procured for all Hospitals to manage power to devices in the network cabinets. The process of implementing the UPS's is still underway, which will ensure devices are protected against power loss and undue damage as a result of load shedding and power surges.

ACHIEVEMENTS

- Eleven (11) VSAT sites completed in JTG.
- Six out of the twenty-one (6/21) identified sites for the rollout of the Voice over IP Project has been completed.
- 96.5% of incidents were resolved.
- 94% systems availability and accessibility.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 9 Challenges & measures planned to overcome them: ICT

CHALLENGES	CORRECTIVE ACTION
Availability of funds for connectivity.	Reprioritization of funds for a permanent connection solution at Primary Health Care Facilities.
Filling of current vacant positions within the ICT Unit: 2x Deputy Directors and 1x Principal Network Controller.	Grant the necessary approval to fill vacant and funded positions within the ICT Directorate.
Minimized allocation of Budget to the ICT Directorate for: <ul style="list-style-type: none">• Support Services / Incident Management in the Districts.• Procurement of parts for the repair of equipment (Provincial Office and Districts, incl. Hospitals).• Information Management Functions within the Districts.	Allocation of Budget to the ICT Directorate to attend to Incidents within Districts and Hospitals.

Table 10 Outcomes, outputs, output indicators, targets and actual achievements: ICT

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Robust and effective health information systems to automate business process and improve evidence based decision-making	PHC Facilities with network access	Percentage of PHC facilities with network access	77% (123/159)	85.5% (136/159)	85% (135/159)	91% (145/159)	6%
			REASONS FOR DEVIATION:				
			IMPROVEMENT PLAN:				

14.1.2. Sub-Programme 1.2: Human Resources Management (HRM)

PURPOSE

1. Review and align the Provincial Human Resources Plan with the service delivery platform.
2. Develop an efficient and effective system to improve Performance Management.

SITUATION ANALYSIS

HUMAN RESOURCE ADMINISTRATION (HRA)

The Provincial Treasury and Office of the Premier Standard Operating Procedures (SOP's) and the National Directive for the filling of administrative posts has had a negative bearing on the filling of the following posts in our health care services: Senior Management, Middle Management, Junior Management, Administrative and Support Personnel. The Department has been exempted from following any SOP for the filling of health professional posts (new and replacement) but must still follow the recruitment process as legislated in the Public Service Regulations. The Department is, however, prioritising the filling of Senior Management, Middle/Junior Management, Administrative and Support posts. There has been a reduction in the acting in higher post positions for health professionals for the period under review.

The Human Resource Plan needs to be reviewed as a result of to the approval of the organisational structure, which took place in January 2024.

The Department was still not compliant with the DPSA vacancy threshold of 10% due to the extension of the contracts of posts that are additional to the establishment.

EMPLOYEE PERFORMANCE MONITORING AND DEVELOPMENT SYSTEM (EPMDS)

Performance Management

The Department set its internal deadline for the submission of the performance assessment documents of the previous cycle (2022/23) for the end of May 2023. Although various platforms were used to communicate notifications and reminders to all staff, including Senior Managers as well as affiliated trade unions, adherence to the deadline for submission remained a challenge throughout the Province.

Communication was sent to all nine (9) Intermediary Review Committees (IRC's) to share the moderation plan for the 2022/23 performance cycle. The Provincial Office conducted support visits to the nearby institutions, such as Frances Baard District Office, Robert Mangaliso Sobukwe Hospital and the Northern Cape Mental Health Hospital, to assist with quality assurance of their IRC documents and processes. The Department aimed to finalise the moderation processes for employees on salary level (SL) 03-12 as well as the implementation of performance rewards by mid-October 2023, however, there were some delays. The Departmental Moderation Committee (DMC) session, led by the Acting Head of Department (HOD), was held on the 20th October 2023, where two platforms (physical and virtual) were used. Each IRC was represented by a Senior Manager, i.e. District Director/Hospital CEO, presentations were made and interrogations were done by the DMC. The moderation process went beyond the scheduled time as not all IRC's could present their cases in one day. This necessitated an additional day to complete the process, which was then scheduled for the 31st October 2023. The processes revealed a myriad of challenges but all parties resolved on improvement strategies and plans that needed to be put in place going forward. Out of a total Departmental establishment of six thousand seven hundred and eighty-six (6 786) employees in 2022/23, only four thousand eight hundred and one (4 801) were eligible for pay progression for the 2022/23 performance cycle. The Department accordingly implemented the performance rewards in December 2023 for the qualifying employees on SL 03-12. Some of these employees could not be paid in quarter 3 due to various technical reasons, but were paid in January 2024.

Submission of EPMDS Base Documents

A compulsory EPMDS compliance report on base documents was submitted to the Office of the Premier (OTP) in July 2023. These reports monitor the compliance of Departments with respect to the submission and capturing of performance documents to PERSAL in accordance with the specified time frames as highlighted in the EPMDS Policy. Quarterly performance management reporting templates were shared with all nine (9) institutions and emphasis was reiterated on the need to ensure the accuracy and quality of the data submitted and captured. Institutions were constantly reminded of the importance of continually capturing documents on PERSAL, so as to improve the quality and compliance status of the Department; as oversight bodies extract reports directly from PERSAL. The end of September 2023 marked the conclusion of the mid-term of the performance cycle, whereby the EPMDS Policy prescribes mandatory Mid-Term Assessment for all employees. Performance of employees who are on probation must also be reviewed and reported on a three-monthly basis. A written reminder was sent to all staff to ensure compliance in this regard.

Compliance Status

The DPSA shared the compliance status for both Performance Agreements and Mid-Term Assessments with all government Departments. In the third quarter the report depicted the Department's status as very poor, which was that only 40% of documents were captured on PERSAL. Despite the closing deadline of 31st May 2023 for the Performance Agreements and 31st October 2023 for Mid-Term Assessments, the DPSA further extended the due date and encouraged all government Departments to continue capturing employee EPMDS documents on the PERSAL system. The same message was cascaded down to institutions through written communication.

ACHIEVEMENTS

- The Organisational Structure has been approved by the MEC and was concurred by the Minister of the DPSA in January 2024.
- Refresher training on EPMDS was conducted for Senior Management and nineteen (19) were in attendance.
- Continuous capturing of EPMDS documents on PERSAL.
- The number of EPMDS-related grievances has significantly reduced due to improved communication with labour unions.
- The 2022/23 moderation processes for employees on SL3-12 was successfully concluded, including the implementation of performance rewards to those eligible.
- All legacy matters for OSD categories, i.e. outstanding pay progression from the prior performance cycles 2020/21 and 2021/22, were resolved and payments were effected accordingly.
- Approval of legacy pay progression of the previous 5-years for SMS members.
- Approval was granted for the implementation of grade progression to qualifying employees.
- Performance moderation was concluded for SMS members for the 2022/23 performance cycle.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 11 Challenges & measures planned to overcome them: HRM

CHALLENGES	CORRECTIVE ACTION
HUMAN RESOURCE ADMINISTRATION	
Employee Health and Wellness (EHW): <ul style="list-style-type: none"> • Wellness Centres are needed in all five Districts and three Hospitals. • Lack of capacity of EHW Units across the Department. • Appointment of EHW Assistant Managers. 	Prioritise the establishment of Wellness Centres and the filling of critical posts in the 2024/2025 financial year.
Recruitment and Selection: <ul style="list-style-type: none"> • Pre-employment screening and vetting of employees. 	<ul style="list-style-type: none"> • The State Security Agency is assisting in the vetting and pre-employment screening, the results are not immediately available and take some time to be communicated to the Department. • Supply Chain to speed up the process for the procurement of a pre-employment and qualification verification system.
Labour Relations: <ul style="list-style-type: none"> • Misconduct cases are taking very long to be finalised. 	The Provincial Labour Relations Unit will conduct an audit to establish the causes hereof.
EPMDS	
The human resources capacity of the provincial EPDMS office is insufficient to cater for the demands of the Province.	An assessment should be done to establish how resources can be improved to enhance operations.
Failure of the managers to draw up Performance Improvement Plans (PIP) to address the poor performing employees.	EPDMS should monitor mid-year performance reports submitted and remind managers about their PIP.
Non-adherence to the due dates for submission of documents.	Correct implementation of the EPMDS Policy and adherence to deadlines.
Failure to implement consequence management.	Acting in accordance to the Policy for non-compliant employees.
Failure of managers and supervisors to advocate for performance management within their programmes/units .	Including performance management as an agenda item in unit - and management meetings.

Table 12 Outcomes, outputs, output indicators, targets and actual achievements: HRM

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Staff equitably distributed and have right skills and attitudes	Human Resources Plan developed	Human Resources Plan developed	No Human Resources Plan developed	No Human Resources Plan developed	One Human Resources Plan developed	One Human Resources Plan developed	-
			REASONS FOR DEVIATION: • None.				
			IMPROVEMENT PLAN: • None.				
	Performance agreements signed for SMS	Percentage of Performance Agreements signed by SMS officials	75% (18/24)	76%	100%	76%	24%
			REASONS FOR DEVIATION: • Non-compliance by SMS members.				
			IMPROVEMENT PLAN: • The namelist of non-compliant SMS members was accordingly submitted to the Office of the Acting HOD for further action.				

14.1.3. Sub-Programme 1.3: Financial Management

PURPOSE

1. *Attain an unqualified Audit Report through developing financial control systems.*

SITUATION ANALYSIS

The Office of the Chief Financial Officer (CFO) focused on the development of internal controls by updating the Audit Action Plan and including key policies, like the Budget Management and Supply Chain Policies. These controls are informed by the Audit outcome issued by the Office of the Auditor-General. The Department received a qualified audit opinion with the emphasis on the main challenges of Compensation of Employees (COE), Asset Management, Irregular Expenditure, Capital Commitments, Accruals, Contingent Liabilities and change in accounting estimates were highlighted by the Auditor-General.

The Audit Action Plan was developed to specifically address these qualification items and the other findings posing a risk of qualification. The Office of the CFO had engaged the Accounting Officer in dealing with certain key performance areas that are contained in the Audit Action Plan.

Financial reforms remained a priority and key policies is envisaged to be finalised and circulated by the end of the 1st quarter of the 2024/25 financial year. The regularization of contracts process, especially those that are on a month to month basis, was also started with the intention of concluding by the end of the 1st quarter of the next financial year.

An under collection of revenue has been realised throughout the year due to structural issues, especially at facility level.

ACHIEVEMENTS

- The Audit Action Plan was drafted and reviewed by Internal Audit and the Department has activated some of the actions.
- The Standard Operating Procedure for the processing of payments, in order to address the issues raised by the Auditor-General, was approved and implemented.
- An updated checklist for the detection of irregular expenditure was rolled out in all facilities to address completeness of irregular expenditure.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 13 Challenges & measures planned to overcome them: Financial Management

CHALLENGES	CORRECTIVE ACTION
Lack of controls to manage procurement related processes.	<ul style="list-style-type: none">• Implement controls contained in the Audit Action Plan.• Appointment of key personnel particularly at Senior Management Level is still in progress.
Filing and safekeeping of patients information is a great concern due to unavailability of the space.	To explore a process of procuring electronic data management system to ensure safe keeping of information.
Lack of archiving facilities for the Office of the CFO.	<ul style="list-style-type: none">• The Infrastructure Unit has presented the layout of the archiving facility.• Engagements are underway with infrastructure management to revamp the existing West End Hospital.
Asset Management unit currently understaffed.	Provincial Treasury has committed to jointly review the current staff deployment of Senior Asset Officials to provide supervision.
Asset Register not complete and accurate.	The Asset Management Unit will continue with the verification process to ensure that asset register is complete and accurate.

Table 14 Outcomes, outputs, output indicators, targets and actual achievements: Financial Management

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2022/23 financial year	Audit opinion of Provincial DOH	Qualified Audit Report	Qualified Audit Report	Unqualified Audit Report	Qualified Audit Report	-
			REASON FOR DEVIATION: <ul style="list-style-type: none"> Structure: Lack of structures that includes workflows, organisational structure, management structure and governance structure. Skills: General need for training of clinical and administrative staff on finance issues. Resources: Inadequate human resources, physical and financial resources. Services: Non-compliance with the defined service package and norms & standards which affects the budget. For example: Medico-legal cases. Financial: Limited/ lack of consequence for overcommitting, financial misconduct & fruitless and wasteful expenditure. Consequence management: There is no defined consequence management in place resulting to identification, reporting, investigation and disciplinary process. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Structure: Develop and strengthen structures to help the department work flows towards its goal. Skills: Invest in training of clinical and administrative staff on finance issues through workshops, seminars, etc. Resources: Recruitment of skilled personnel in human resources and finance units. Services: Implementation of norms and standards aligned to the budget. Financial: Consequence management to be implemented. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 1

Table 15 Linking performance with budget: Programme 1 - Administration

PROGRAMME 1: ADMINISTRATION	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Office of the MEC	21 616	21 616	-	14 678	14 678	-
Management	241 750	241 750	-	265 380	265 312	-
TOTALS	263 366	263 366	-	280 058	279 990	68

Administration spent R263 366 million or 100% of its allocated budget.

14.2. Programme 2 – District Health Services (DHS)

PROGRAMME PURPOSE AND STRUCTURE

Comprehensive, integrated and sustainable health care services (preventive, promotive, curative and rehabilitative) based on the re-engineered Primary Health Care (PHC) approach through the District Health System (DHS).

SUB-PROGRAMMES

Sub-Programme 2.1	District Health Services (DHS)
Sub-Programme 2.2	District Hospitals
Sub-Programme 2.3	HIV/Aids, STI and Tuberculosis (TB) Control (HAST)
Sub-Programme 2.4	Mother, Child & Women's Health and Nutrition (MCWH&N)
Sub-Programme 2.5	Disease Prevention & Control (CDC)
Sub-Programme 2.6	Health Promotion

OUTCOMES

1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.
4. AIDS related deaths reduced by implementing the 90-90-90 strategy.
5. 90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25.
6. TB Mortality reduced by 75%.
7. Hypertension and diabetes prevalence managed.
8. Health and wellbeing of individuals improved.

14.2.1. Sub-Programme 2.1: District Health Services (DHS)

PURPOSE

- Ensure well-functioning health facilities through implementation of the DHMO structure.
- Improve coordination & integration of health services by implementing effective QIPs.
- Improve & sustain the ideal health facility status throughout the province.
- Improve patient perception of care / reduce complaints within the province.
- Improve the management of patient safety incidents within the province.
- Reposition districts for the NHI by implementing strategies (CCMDD, ICUP, HPRS, WBPHCOT, ISHP, Health Professional Contracting, etc.).

SITUATION ANALYSIS

For the period under review the Programme established the District Health Forum, the main objective of which was to ensure synchronisation and strengthening of the District Health System for effective planning and integration. Remarkable strides have been made in the Districts to improve on service delivery and the Frances Baard and ZF Mgcawu Districts were selected as ideal districts to improve on service delivery and health outcomes. The DHS strategy was reviewed and finalized and regular consultative sessions will be held with all relevant stakeholders. The successful launching and opening of healthcare facilities in the Districts has ensured that facilities are compliant to the Ideal Clinic standards. A Memorandum of Understanding for Karoshoek Solar was revised and vetted by Legal Services; this project also concluded the architectural floor plan and Sod turning for the new Clinic in Schmitsdrift. The Province conducted the Status Determinations (SD's) for one hundred and fifty-nine out of the one hundred and sixty-one facilities (159/161), translating to 99% of SD's conducted.

Ideal Clinic Status

The Programme has noted an improvement in the Ideal Clinic Status from seventy-two (72) in quarter 3 to seventy-four (74) in the last quarter. The Ideal Status for facilities are as follows: Silver - seven (7), Gold - sixteen (16) and Platinum – fifty-one (51). The Province has noted 100% duplication of Quality Learning Centres in all Districts, which aims to sustain the performance of facilities that are ideal and to support the non-ideal facilities to attain not only ideal status, but also OHSC compliance in preparation of NHI implementation. Even though the majority of the facilities are not compliant to OHSC, the Province has noted an improvement in the Pixley ka Seme, Namakwa and ZF Mgcawu Districts. Frances Baard and JT Gaetsewe are priority districts for improvement in order to attain OHSC compliance status in future inspections.

The status of Ideal Clinic (IC) Realization and Maintenance in the Northern Cape was as follows:

- Number of Facilities 161
- Number of Facilities with IC status REMAINED Ideal 56
- Number of Facilities with NEW IC status 1
- Total Number of Facilities with IC status 57
- Percentage of Facilities with IC status 35%
- Total Number of Facilities with Silver Status 6
- Percentage of Facilities with Silver Status 4%
- Total Number of Facilities with Gold Status 11
- Percentage of Facilities with Gold Status 7%
- Total Number of Facilities with Platinum Status 40
- Percentage of Facilities with Platinum Status 25%

The above information is used nationally for AGSA as the locked data file. The number of facilities that received Ideal Clinic Status for the previous financial years is fifty-six (56); one facility achieved Ideal Clinic Status for 2023/24.

Table 16 Ideal Clinic Realization and Maintenance Status comparison with locked data

District	Number of Facilities	Number of Facilities that conducted SD	Percentage of Clinics that conducted SD	Number of Facilities with IC status	Number of Facilities with Silver Status	Number of Facilities with Gold Status	Number of Facilities with Platinum Status
Frances Baard	28	28	100%	1	1	0	0
JT Gaetsewe	44	43	98%	24	4	6	14
Namakwa	32	31	97%	10	0	4	6
Pixley ka Seme	36	36	100%	28	2	5	21
ZF Mgcawu	21	21	100%	11	0	1	10
TOTAL	161	159	99%	74	7	16	51

The table above was generated on 22nd May 2024, where the Ideal Clinic Status was standing at seventy-four (74).

Central Chronic Medicines Dispersing and Distribution (CCMDD)

The CCMDD Strategy still experienced challenges of low uptake of the programme due to a lack of buy in. External pick up points started closing due to a lack of support and facilities not referring patients. Not all items are available on the CCMDD formulary and there is a lack of ownership and accountability.

Complaints Management

The complaints resolution rate for the Province is 90% (466/516) which is above the target of 80%. The Province did not perform well on complaints resolved within 25 working days, with the rate being 88%. This can be attributed to complaints that were escalated to the next level.

Training of District Facility Managers, Health Area Managers and M&E staff was well attended and impactful. This success translated to the effective hands-on management of the PEC survey from the calculation of sample sizes to the capturing and reporting of completed surveys per facility.

Table 17 Complaints Resolution

District	Number of Complaints received	Number of Complaints resolved	Percentage of Complaints resolved	Number of Complaints resolved within 25 working days	Percentage of Complaints resolved within 25 working days
Frances Baard	209	197	94%	183	93%
JT Gaetsewe	85	82	96%	76	93%
Namakwa	60	58	97%	55	95%
Pixley ka Seme	58	43	74%	40	93%
ZF Mgcawu	104	86	83%	56	65%
TOTAL	516	466	90%	410	88%

Patient Safety Incidence (PSI) and Severity Assessment Code (SAC)1

The compliance rate for zero based reporting has improved markedly. It is important that all facilities comply to the zero based reporting even if no incidents occurred in order to reach the 75% national target. Patient Safety Incidents were resolved within 60 working days for the District Hospitals and is standing at 83% achieved.

The provincial overall percentage for PSI cases closed within 60 working days was 99%, and for (SAC)1 it was 75%.

Table 18 PSI and (SAC)1 Status

District	Number of PSI cases	Number of PSI cases closed	% of PSI cases closed	Number of PSI cases closed within 60 working days	% of PSI cases closed within 60 working days	Number of (SAC)1	Number of (SAC)1 incidents reported within 24 hours	% of (SAC) 1 incidents reported within 24 hours
Frances Baard	114	113	99%	113	100%	7	7	100%
JT Gaetsewe	96	95	99%	95	100%	78	72	92%
Namakwa	113	111	98%	110	99%	19	10	53%
Pixley ka Seme	32	31	97%	31	100%	6	4	67%
ZF Mgcawu	109	107	98%	104	97%	41	20	49%
TOTAL	464	457	98%	453	99%	151	113	75%

Waiting Time

The average waiting time for the province is still below 2 hours, the longest waiting periods are noted at the acute, chronic and MCWH streams. All Districts have been urged to implement and monitor the Integrated Clinical Services Management (ICSM) Strategy. Frances Baard recorded a waiting time of 02:07 during the fourth quarter, followed by ZF Mgcawu District at 01:50 time spent at facility. Patients are spending more time on the Acute and MCWH streams, this is a clear indication that facilities are not implementing the ICSM Strategy. Communities must be educated on the benefits of the ICSM Strategy and adhering to the appointment system.

Table 19 Waiting Time

District	Time spent in facility	Waiting time spent in facility	Consultation time spent in facility	Waiting time for registration	Waiting time for patient record	Waiting time at Pharmacy	Waiting time spent in ACUTE stream in facility	Waiting time spent in CHRONIC stream in facility	Waiting time spent in MOTHER & CHILD stream in facility	Waiting time spent in 24 Hour Emergency Unit	Waiting time spent in 24 Hour MOU
South Africa	01:58	01:34	00:15	00:20	00:10	00:13	01:09	01:03	01:00	00:57	01:10
Namakwa	01:15	00:58	00:13	00:06	00:04	00:04	00:54	00:42	00:46	00:35	-
JT Gaetsewe	01:46	01:30	00:11	00:19	00:05	00:03	01:06	01:06	01:03	01:01	01:23
Frances Baard	02:07	01:38	00:16	00:18	00:10	00:06	01:06	01:09	01:15	02:01	00:55
Pixley ka Seme	01:34	01:15	00:14	00:12	00:07	00:09	01:08	00:56	00:59	00:34	00:46
ZF Mgcawu	01:50	01:29	00:15	00:17	00:09	00:12	01:11	00:59	01:05	00:30	01:31
TOTAL (NC)	01:42	01:23	00:13	00:16	00:07	00:07	01:06	00:59	01:02	00:40	01:20

ACHIEVEMENTS

- Establishment of the DHS Forum.
- Budget allocation was finalized and budgets were decentralized to the Districts for operative management and proper controls.
- John Taolo Gaetsewe District launched three projects sponsored by SIOC-CDT, namely:
 - Lung health (TB), HIV and wellness health screenings with the incorporation of women's health screening services.
 - Consolidated Re a Fola with Integrated School Health.
 - Mental Health Programme (Psychosocial support).
- The main Kitchen at De Aar Hospital received a Certificate of Compliance from the municipality.
- Facilities are compliant to the Office of Health Standards and Compliance.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 20 Challenges & measures planned to overcome them: DHS

CHALLENGES	CORRECTIVE ACTION
Leadership and Governance <ul style="list-style-type: none"> • HAMS, OMs and Middle Management as per the DHMO. • MOUs and SLA Management. • Lack of facility Governance Structures. • Ineffective or poor functioning of existing Clinical Governance Structures. • Poor implementation of the DHMO. • Fragmented programme implementation. 	<ul style="list-style-type: none"> • Appointment of critical posts including DHMO and provision to be made in the HR Plan and Budget. • Determination of Business processes for the MOUs and SLA, management. • Facilitation of the establishment of the critical Governance structures. • Institutionalize and endeavour to integrate clearly defined business processes including Performance Management Systems and Governance Structures.
Human Resources (HR) <ul style="list-style-type: none"> • Poor HR Planning. • Inefficient utilization of HR. • Lack of sustainable support personnel. • Poor organizational culture and low staff morale. • High number of Labour Relations Cases. 	<ul style="list-style-type: none"> • Implement collectively developed and budgeted HR plan. • Undertake change management interventions to improve organizational culture. • Conclude the Labour Relations Strategy and undertake intensive capacitation and induction. • Professionalization of the administrative system.
Infrastructure <ul style="list-style-type: none"> • Old and dilapidated infrastructure hampers the achievement of the Ideal Health Facility Status. • Grounds in health facilities are not maintained, resulting in non-compliance to the norms and standards as gazetted. 	<ul style="list-style-type: none"> • Prioritize facilities on the Table B5. • Minor refurbishments of facilities also recommended as a short term intervention. • Re-orientation of Health Facility Assistants assigned as groundsmen and cleaners.
Records Management <ul style="list-style-type: none"> • Management of patient records is a challenge in all health care facilities. 	<ul style="list-style-type: none"> • Re-organization of patient files. • Removal and archiving of old/redundant files. • Implementation of the Integrated Patient Files for Adult and Child. • Procurement of retractable filing cabinets. • Reviving and strengthening the Bokamoso Digital Project.

Table 21 Outcomes, outputs, output indicators, targets and actual achievements: DHS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Patient experience of care in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient experience of care satisfaction rate	80.8%	79%	80%	79%	-1%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> The perception of care from the patients over the services rendered during the survey was that they are dissatisfied in some instances. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve the services in all Health Facilities (Clinics, Satellite and Mobile Clinics & CHC's). 				
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC)1 incident reported within 24 hours	Severity assessment code (SAC)1 incident reported within 24 hours rate	25%	68%	100%	54%	-46%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Facility Managers are not verifying and signing off the (SAC)1 reports which are mainly captured and submitted by data capturers (who are non-clinical personnel). Poor understanding and implementation of the (SAC)1 Standard Operating Procedures and the guideline (by the data capturers not facility managers). A high number of facility managers reporting that they have never been trained. Incorrect categorization and reporting of (SAC)1 and other SAC incidents. Despite training being conducted, (SAC)1 cases are not reported within 24-hours. Facilities are not routinely verifying the number of reported incidents against the number closed incidents. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Include (SAC)1 as a Key Performance Area in the Performance Agreements of Facility Managers. Consequence management to managers for non-compliance where negligence was the enabling factor. District Quality Assurance Coordinators to visit facilities at least once a month or have virtual meetings to discuss (SAC)1 and other quality assurance indicators. Bi-weekly virtual meetings with Quality Assurance Coordinators and feedback solicited from implicated facilities, followed by visits to facilities by provincial staff. Facility managers must include Data Capturers in the (SAC)1 training and should verify and sign off reports as a true reflection of all (SAC)1 incidents. 				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	90%	95%	100%	98%	-2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Data Governance Structures (PSI Committees) mandated by the guideline are not established in facilities or in the sub-districts, where PSI's must be discussed. There is no verification of data by Facility Managers before submitting. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Data Governance Structures (PSI Committees) to be established in all Sub-Districts. Training on PSI is planned in quarter 2 and 3 in the new financial year (2024/2025) to improve coverage. Include data management as a Key Performance Area in Performance Agreements of Facility Managers and Health Area Managers. Bi-weekly virtual meetings with Quality Assurance Coordinators, and feedback solicited from implicated facilities, followed by visits to facilities by provincial staff. The Districts that have Information Officers to strengthen data management in order to improve the management of PSI as well as other indicators. 				

14.2.2. Sub-Programme 2.2: District Hospitals

Table 22 Outcomes, outputs, output indicators, targets and actual achievements: District Hospitals

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Patient experience of care in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient experience of care satisfaction rate	66.2%	72%	80%	77%	-3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> District Quality Assurance Coordinators capture facility based surveys at the District Office. Facility Managers are not using their DHIS credentials frequently and thus the profile keeps expiring due to non-utilisation. Facility Managers and Professional Nurses are using the same credentials of one profile to access the system and this practice is against the guidelines that stipulates that credentials are not transferrable. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Capturing of data must take place at facility level. Facility Managers to routinely use their credentials to prevent expiry. Guidelines must be strictly adhered to in terms of the sharing of DHIS credentials. 				
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	70%	59%	100%	56%	-44%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Facility Managers are not verifying and signing off the (SAC)1 reports which are mainly captured and submitted by data capturers (who are non-clinical personnel). Poor understanding and implementation of the (SAC)1 standard operating procedures and the guideline (by the data capturers not facility managers). A high number of facility managers reporting that they have never been trained. Incorrect categorization and reporting of (SAC)1 and other SAC incidents. Despite training being conducted, (SAC)1 cases are not reported within 24-hours. Facilities are not routinely verifying the number of reported incidents against the number closed incidents. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Include (SAC)1 as a Key Performance Area in the Performance Agreements of Facility Managers. Consequence management to managers for non-compliance where negligence was the enabling factor. District Quality Assurance Coordinators to visit facilities at least once a month or have virtual meetings to discuss (SAC)1 and other quality assurance indicators. Bi-weekly virtual meetings with Quality Assurance Coordinators, and feedback solicited from implicated facilities, followed by visits to facilities by provincial staff. Facility managers must include data capturers in the (SAC)1 training and should verify and sign off reports as a true reflection of all (SAC)1 incidents. 				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	100%	84%	100%	98%	-2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Governance Structure (PSI Committee) are non-existent in the Districts, and should be a standard agenda item for the District Clinical Governance Committees, which is also not sitting. Verification of data is a serious challenge, which is worsened by the fact that PSI cases have to be closed by a governance structure as stipulated in the PSI Guideline. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> • Data Governance Structure (PSI Committee) to be established in all Districts. • Training on PSI is planned in quarter 2 and 3 in the new financial year (2024/2025) to improve coverage. • Include data management as a Key Performance Area in Performance Agreements of Facility Managers and Health Area Managers. • Bi-weekly virtual meetings with Quality Assurance coordinators, and feedback solicited from implicated facilities, followed by visits to facilities by provincial staff. • The Districts that have Information Officers to strengthen data management in order to improve the management of PSI as well as other indicators. 				

14.2.3. Sub-Programme 2.3: HIV & AIDS, STI AND TUBERCULOSIS CONTROL (HAST)

PURPOSE

1. Accelerate prevention in order to reduce new HIV and TB infections, and other sexually transmitted infections (STIs) through combination preventative methods.
2. Reduce illness and deaths by providing treatment, care and adherence support for all infected people in line with the 95-95-95 Strategy:
 - 95% of all people living with HIV will know their HIV status;
 - 95% of all people with an HIV diagnosis will receive sustained antiretroviral therapy; and
 - 95% of all people receiving antiretroviral therapy will achieve viral suppression.
 - 95% of all people who need TB treatment are diagnosed and receive appropriate therapy as required; and
 - Treatment success is achieved for least 90% of all people diagnosed with TB.
3. Reach vulnerable and key populations with comprehensive, customized and targeted interventions.
4. Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).

SITUATION ANALYSIS

The HIV & AIDS, STI and TB (HAST) Directorate monitored fourteen (14) performance indicators in the 2023/24 Annual Performance Plan (APP). These are divided between the HIV & AIDS, and STI (HAS) Sub-Directorate with eight (8) indicators, and the Tuberculosis Control Sub-Directorate with six (6) indicators. Overall, the HAS Sub-Directorate managed to achieve five (5) indicators, translating to 35.7% achievement, whilst the TB Sub-Directorate achieved three (3) indicators, which translates to 50% achievement.

HIV/AIDS & SEXUALLY TRANSMITTED INFECTIONS (HAS)

Combination HIV Prevention Programmes

HIV Testing Services (HTS)

The HIV prevention programme achieved two (50%) of its indicators (2/4), and the positivity rate remained below the target of $\leq 3\%$ at 1.9%. This reduction in positivity among young people might be attributed to the improvement in PrEP uptake, which is one of the prevention strategies. Despite the stock outs of test kits that was reported during the 1st and 3rd quarters, two hundred and fifty-five thousand, one hundred and seventy-nine (255 179) people were tested against the target of two hundred and twenty-six thousand, seven hundred and fifty-five (226 755) (113%). Two hundred and fifty (250) HIV Self-Screening (HIVSS) test kits were distributed, mainly attributed to the various campaigns that took place throughout the year, such as the National Sexual Reproductive Health, World AIDS Day and World TB Day. Despite the overall achievement on HIV tests done, the Namakwa District did not achieve its annual target.

Table 23 Reported HIV tests done

District	Target	HIV test done	Variance	Percentage achieved
Frances Baard	70 705	80 203	9 498	113%
JT Gaetsewe	45 700	57 785	12 085	126%
Namakwa	20 982	19 522	-1 460	93%
Pixley Ka Seme	39 451	43 936	4 485	111%
ZF Mgcawu	49 917	53 733	3 816	108%
TOTAL	226 755	255 179	28 424	113%

Source: WebDHIS, NCDoh, May 2024

The Province approached a new service provider (Armada) for the provisioning of HIV test kits as Unicore had reported a shortage of the raw materials required to manufacture test kits as well as challenges with traffic at the Durban harbour. One hundred and nineteen thousand, two hundred and forty (119 240) One-Step test kits were received from Armada and was delivered across the Districts. This intervention ensured that there was no disruption of HIV Testing Services for the time being. Training on the One-Step HIV test also took place across the Province. After the challenges reported by Unicore were resolved they continued to provide the TOYO screening test kits. All five Districts participated in a Proficiency Testing Survey and Internal Quality Control Serums were delivered the Districts for quality control.

The Province participated in a National Workshop during the revision of the HTS Guideline. Four Prevention Managers attended the National HTS Guideline updates, namely one each from ZF Mgcawu, JT Gaetsewe, Pixley ka Seme and the Provincial Office. The highlights of the workshop were the movement from two tier to three tier testing due to a reduction in people not knowing their HIV status and as a result the percentage of HIV positive results among those who test HIV positive has declined over time. The WHO needed a 3rd layer as positivity was below 5%. South Africa has been amongst the countries that achieved a positivity rate of below 5%, hence it qualified for the three tier testing. The recommendation

was that Provinces need a targeted testing, such as focusing on testing more children, adult males, key populations and their partners, adolescent girls, young women and the partners of people living with HIV and STI's. The NDOH had extended the RT tender for HIV test kits to December as it had expired in June. It also explored submission of HIVSS results anonymously online as retaining of HIV testing results from clients.

The National HTS Technical Working Group (TWG) Meeting was held in Limpopo, with the objective to assess progress on HTS and to share any new developments in this regard. Discussions also highlighted poor testing among children and female adolescents especially. HIVSS services was extended to 12-17 year olds who will be directly assisted at health care facilities and also to PrEP clients who are either initiated, on continuation or on re-engagement stages. The NDOH have put strategies in place to strengthen HIVSS and Index Testing through both the revised HTS Policy and the updated Index Booklet; all Provinces will adopt these strategies as a mechanism of expanding HTS uptake. Discrepancies were identified on the testing of children at 18 months and above from HTS and Vertical Transmission Prevention (VTP) and thus the TWG will work on aligning the HTS algorithm with the VTP Guideline. The Tier.Net does not accommodate PCR at 18 months and the Directorate and Monitoring and Evaluation (M&E) Managers will attend to the matter. All Provinces are expected to include a budget for the Three testing algorithm (Eliza) for discrepancies and Quality Assurance. The HIV Sub-Directorate had seven additional data elements, which includes 19-59 months, HIVSS and Index Testing. The Province received one hundred and four (104) HTS revised registers as a donation from the NDOH which accommodated the new HTS algorithm, and are expected to further print as the need arises.

Condom distribution and promotion

The targets for the distribution of both male and female condoms were not achieved. The distribution of female condoms remained a challenge, mainly due to client preference and a lack of knowledge on the usage thereof. Training, which focused on demonstration, was conducted in this regard. The male condoms distributed were twelve million nine hundred thousand and eighty-five, eight hundred and eighty (12 985 880) against the target of fifteen million two hundred and nine thousand, one hundred and four (15 209 104). This translates to 85% achievement although the Namakwa, Pixley ka Seme and ZF Mgcawu Districts did not achieve their targets. The non-achievement was attributed to various factors, such as inadequate stock from the suppliers during quarter 1, shortage of human resources (specifically in the Namakwa District) and transport shortages. The NDOH donated condoms for continuity of care, whilst the Province awaited delivery of the orders placed.

Interventions for the new financial year are to advertise vacant posts, the provisioning of transport across the Districts and to conduct the '15 million Condom Campaign', which will emphasise the importance of condom usage and will include demonstrations. These interventions will support the Districts in improving condom distribution. There was a gross under performance on the number of male condoms distributed in Namakwa, due to lack of coordination and supervision, since the District does not have a Condom Logistics Officer and a HIV/STI Prevention Clinical Programme Coordinator.

Table 24 Male Condom Distribution

District	Target	Male condoms distributed	Variance	Percentage achieved
Frances Baard	4 742 392	4 937 960	195 568	104%
JT Gaetsewe	3 065 210	3 313 800	248 590	108%
Namakwa	1 407 351	230 800	-1 176 551	16%
Pixley Ka Seme	2 646 083	2 375 420	-270 663	90%
ZF Mgcawu	3 348 066	2 127 900	-1 220 166	64%
TOTAL	15 209 104	12 985 880	-2 223 222	85%

Table 25 Female Condom Distribution

Districts	Target	Female condoms distributed	Variance	Percentage achieved
Frances Baard	162 527	59 768	-59 606	37%
JT Gaetsewe	105 048	31 400	-73 648	30%
Namakwa	48 232	47 500	-732	98%
Pixley Ka Seme	90 684	30 100	-60 584	33%
ZF Mgcawu	114 742	16 400	-98 342	14%
TOTAL	521 232	185 168	-336 064	36%

During the South AIDS Conference (SAAIDS) that was held in Durban in June 2023, the NDOH and supporting partners announced the introduction of the 'Maxi youth condom', which will be an additional to the existing condoms brands, and is designed specifically for the youth. Implementation will be announced formally once all logistics have been finalized.

The ZF Mgcawu Provincial Distribution Sites (PDS's), i.e. Rietfontein CHC, Kakamas and Postmasburg, were visited to assess their functionality. Rietfontein and Kakamas were found to be functional, in a good state and having enough space for storing condoms according to the standards. Kakamas Hospital PDS, however, needs a focal person as it is currently making use of the Hospital Administration Clerk to oversee these aspects. In the Postmasburg PDS, condoms are not stored according to the SOP and is used as a storeroom for other items from the wards. The Hospital, in collaboration

with the District Office, was encouraged to identify a suitable room and to obtain additional pallets and fire extinguishers in order to adhere to the SOP.

Sexually Transmitted Infections (STI) Programme

The Province recorded seven thousand six hundred and seventy-seven (7 677) new STI episodes against the target of five thousand one hundred and eleven (5 111). All Districts surpassed the targets, with JT Gaetsewe reporting the highest (23.7%), while Namakwa recorded the lowest (7.8%). Various factors, such as shortage of condoms from suppliers, poor distribution due to inadequate transport and intensive case findings including risky sexual behaviour, contributed to the increase in STI infections across the Province.

The Province, supported by the NDOH, embarked on the Sexual Reproductive Health Awareness Event on 14th April 2023. The event was conducted at the Sol Plaatje University and targeted Sex Workers, LGBTQI+ and students from different institutions of higher learning. Various health services were provided during this event, such as STI screening, condom promotion and distribution, chronic diseases screening, HIV Testing, TB screening, etc. The event managed to yield three hundred and forty-eight (348) people screened for STI, of which none were reactive. The Department received twenty-four thousand three hundred and fifty (24 350) Dual Syphilis test kits (screening for both HIV and Syphilis), which was distributed to all Districts. The target population for these test kits were pregnant women and implementation will take place by midwives at PHC, CHC and Hospitals.

A National STI Meeting has highlighted that the Northern Cape had a low syphilis testing rate, with a high positivity rate among pregnant women. This finding tallied with the 2022 survey. There was high *Neisseria Gonorrhoea* in both males and females. The NDOH has set targets in the new NIDS for Syphilis. A donation from the NDOH of one hundred and eighty-eight (188) monthly and thirty-one (31) daily tally sheets for Clinical Sentinel Survey sites and for STI Sentinel sites, which includes Black Rock Mine. The Province will continue with quarterly awareness campaigns in an attempt to reduce new STI infections.

Table 26 Reported Male Urethritis Syndrome (MUS)

District	Target	MUS treated (new episodes)	Variance
Frances Baard	1 358	1 826	468
JT Gaetsewe	1 556	2 244	688
Namakwa	520	599	79
Pixley Ka Seme	682	1 294	612
ZF Mgcawu	995	1 714	719
TOTAL	5 111	7 677	2 566

High Transmission Areas (HTA)

The total number of clients that were seen at HTA sites across the Province were four thousand and forty-nine (4 049) and can be broken down as follows: truck drivers (3 673); sex workers (23); men having sex with men (MSM - 21) and transgender (13). The following key services were provided:

- HIV Testing Services - One thousand three hundred and forty-five (1 345) clients were tested for HIV, yielding a positivity rate of 2% (i.e. 28 clients testing HIV positive). This rate is slightly higher than the among 15-24 year olds recorded in the general population.
- Sexually Transmitted Infections (STI's) - One hundred and seventy-eight (178) new STI episodes were treated. There was a notable increase in STI's, which is a similar challenge within the general population of those seen at healthcare facilities.
- Condoms Promotion and Distribution - One hundred and eighty-four thousand three hundred and eighty (184 380) male and two thousand two hundred and fifteen (2 215) female condoms were distributed.
- Other - Six thousand (6 000) lubricants; two hundred and sixteen (216) Dental Dams and six hundred (600) fingerdams were issued.
- Health Promotion - Four hundred and seventeen (417) educational pamphlets were handed out.

The Key Population Sensitization Workshop took place from 18th -19th September 2023, with the support of the NDOH. The focus was in the Frances Baard District, with four previously assessed PHC facilities, namely: Nomimi Mothibi, Ikhuseng, Beaconsfield and City Clinics. This Workshop included the following supporting partners: Life Line NC, Pathways to Change and De Gayle Diamonds. The Beaconsfield and City Clinics were visited during the Workshop and were supported to further sensitize the Health Care Workers to be population friendly and included an evening visit to the High Transmission Area in the Frances Baard District (Sol Plaatje Sub-District). Training will continue by targeting the remaining Districts, with the support of the NDOH and partners.

The HAST Directorate participated in a Department of Social Development LGBTQIA+ Summit, with the purpose of advocating the challenges affecting the LGBTQIA+ community, developing action plans, strengthening partnerships and raising awareness on policy issues. This platform also allowed the Department to share available interventions for the

key populations, particularly for the LGBTQIA+. In the new financial year, the Province is planning to host its first LGBTQI+ Summit to showcase its progress, gaps and remedial actions on existing challenges.

Medical Male Circumcision (MMC)

The MMC programme did not perform well due to delays in payment processes and the expiration of the RT35 tender in August 2023. The RT35 (2023-2026) On-Board Meeting was conducted in Kimberley by National Treasury, in collaboration with the NDOH and all Districts were represented. The purpose of the meeting was to introduce service providers and allow them to present implementation plans. The initially identified Districts were Pixley ka Seme, Namakwa and ZF Mgcawu and the supplementary bids for the two outstanding Districts, namely JTG and Frances Baard, were part of the discussions. The appointed MMC service providers were Lister Health (ZF Mgcawu, Pixley Ka Seme and Namakwa) and Innovo (JT Gaetsewe and Frances Baard). New Service Level Agreements (SLA's) have been signed for the activation of service delivery and will be shared with Districts for further management. Full implementation will commence in the beginning of the new financial year.

The NDOH conducted a virtual meeting as a platform for service providers to share their MMC demands as well as their creation strategies. The MMC services were available through institutionalization in five facilities, namely: one in Frances Baard, one in JT Gaetsewe and three in ZF Mgcawu. The newly appointed service providers started MMC services in quarter four, while there were ongoing facility assessments in the other Districts. Furthermore, MMC commodities were distributed in Frances Baard (Prof ZK Matthews Hospital and Vaalspan Clinic) and JT Gaetsewe, in order to upscale the implementation of MMC in public health facilities and included MMC kits, CircumQ Aids and intake forms. In addition, ten boxes (300 packs) of MMC kits were allocated to the Frances Baard District at the Galeshewe Day Hospital.

The Directorate, together with NDOH, conducted the National External Quality Assessment in the Frances Baard, Pixley Ka Seme and JT Gaetsewe Districts, and focused on two private MMC providers and the Hopetown Clinic. A feedback session was conducted virtually and a soft copy was shared by the NDOH. The findings for the Province were as follows: Three facilities (JT Gaetsewe, Pixley Ka Seme and Frances Baard) were identified, of which only two were successfully assessed. The Frances Baard facility was closed due to the violations that were noted. Generally, there were issues with consenting for HTS and procedures. The Districts developed improvement plans and were supported by the NDOH and Provincial Office.

Table 27 Reported MMC

District	Target	Total MMC	Variance
Frances Baard	6282	1 549	4 733
JT Gaetsewe	4445	2 678	1767
Namakwa	2295	9	2286
Pixley Ka Seme	3538	437	3101
ZF Mgcawu	4030	745	3285
TOTAL	20590	5 418	15172

Pre-Exposure Prophylaxis (PrEP) Programme

The Province could not achieve its PrEP target, initiating three thousand five hundred and fifty-six (3 556) clients on PrEP against the target of nine thousand four hundred and eighty-two (9 482). The Pixley Ka Seme District managed to initiate more eligible clients compared to the other Districts and, despite Frances Baard being saturated by supporting NGOs, it has underperformed. There were engagements between the Provincial Office, the Districts and NGO's that are implementing PrEP in order to identify the gaps.

The NDOH conducted two PEP and PrEP trainings with the purpose of improving implementation and capturing of these two programmes. The Frances Baard, Pixley Ka Seme and JT Gaetsewe Districts were trained in Kimberley, while the ZF Mgcawu and Namakwa Districts were trained in Upington. The training comprised of Doctors, Professional Nurses, Data Captures, Health Promoters and Lay Counsellors. Trainings and facility support visits are planned in the new financial year to support Namakwa, which is the worst performing District. A benchmarking will be conducted in Pixley Ka Seme to copy and implement good practices in the other Districts. The Province received PrEP clinical stationary (8 boxes) which were distributed in the JT Gaetsewe District. Supportive facility visits were conducted to assess the implementation of PrEP in the Frances Baard District for Greenpoint, Beaconsfield, City Clinic and the Kimberley Thuthuzela Centre. This included onsite training and the distribution of stationery and IEC material to improve uptake. The findings were that some clients refused to take PrEP and that data capturing remains a challenge.

The National Department of Health has also introduced a piloting project for Dapivirine rings, which is a long acting biomedical HIV prevention intervention, alongside with oral PrEP. Due to limited consignment from United States Agency for International Development (USAID) and Global Fund for the purpose of this project, Pathways to Change have introduced the Dapivirine rings and Grassroots, AFSA through Life Line Northern Cape on behalf of NACOSA that is a Global Fund supported partner in the Frances Baard District, Sol Plaatje Sub-District. The implementing sites were Life

Line NC targeting sex workers, Green Point Safe Space, Mobile 1 and 2 Roving Teams and Pathways to Change Clinical Room targeting adolescent girls and young women. Pathways to Change has received two hundred and forty (240) Dapivirine rings and has started with the implementation thereof: four Professional Nurses to ten (10) beneficiaries and sixty (60) vaginal rings have been distributed over a period of 6 months, while Life-Line NC is still waiting for its consignment.

Table 28 Reported Client started on PrEP

District	Target	Total clients started on PrEP	Variance
Frances Baard	3446	1276	2170
JT Gaetsewe	2284	434	1850
Namakwa	520	43	77
Pixley Ka Seme	1233	1528	295
ZF Mgcawu	1814	275	1539
TOTAL	9482	3556	6286

Post Exposure Prophylaxis (PEP) Programme

The Province reported a high number of sexual assaults, namely seven hundred and seventeen (717) against the target of four hundred and ninety-five (495), with all Districts having surpassing their targets. Health Education and Awareness Campaigns on sexual assaults and the importance of presenting early after the assault continued at facility level and within communities. The PEP programme is supported by various partners, such as Pathways to Change and Lifeline. There is a need for 24-hour access to more Thuthuzela Care Centres (TCC's) in Kuruman, Springbok and Kimberley, as these clients are currently managed at Casualty Units. This negatively affects access to care and support to the TCC's which contributes to the late reporting of sexual assaults and Gender Based Violence cases, further exposing the victims to violence and HIV infections. The TCC's in Springbok, Kuruman, and Upington are in a poor state and need to be renovated, especially strengthening of security measures.

The Family Violence and Child Protection Units are no longer providing after-hour services to victims of sexual assault, which results in an influx to the TCC's during the week. The Thuthuzela Centre in the ZF Mgcawu District embarked on an awareness campaign and visited five schools, as an integrated initiative with other stakeholders, in order to create awareness during the child protection week. Comfort packs, sanitary towels and tracksuits were procured, delivered and distributed in quarter four.

Marketing of services was ongoing in collaboration with NGO's and the Sol Plaatje University. A flip-flop project received one hundred and sixty-eight (168) flip-flops, which were distributed to Primary Schools in Springbok. An outreach was conducted in commemoration of Mandela day to create awareness against elderly abuse and fifteen (15) people were reached.

Table 29 Reported New sexual assaults cases HIV negative issued with PEP

Districts	Target	Clients issued with PEP	Variance
Frances Baard	125	175	50
JT Gaetsewe	97	145	48
Namakwa	46	108	62
Pixley Ka Seme	107	105	2
ZF Mgcawu	120	184	64
TOTAL	495	717	222

Traditional Health Practitioners (THP) Programme

The first quarterly meeting of the African Traditional Medicine Coordinators took place in preparation of the National THP Summit (2nd leg), aiming to conclude on the resolutions of the previous sitting. The National Health Minister appointed the Interim Traditional Health Practitioners Council (ITHPC), that was representative of all Provinces. The Province THP Meeting took place in Bendel (JT Gaetsewe District) where one hundred and fifty (150) THP's participated. The main objective of the meeting was to elect Local, District and Provincial structures. The information was also shared with Pixley Ka Seme during a Quality Assurance Training to create awareness on THP's.

In collaboration with the NDOH a Provincial Traditional Health Practitioners (THP's) Meeting was held in Paballelo, ZF Mgcawu District. The purpose of the meeting was to inform the THP's about the importance of having formal structures, for the National Plan to include African Traditional Medicine and THP's in the broader health care system, to encourage ZF Mgcawu THP's to participate in all provincial African Traditional Medicine activities and to inform THP's about the upcoming THP registrations of the appointed Registrar for proper control, management and recognition by other health providers. Nomination of an Interim Structure / Committee was also done.

The THP Interim Committee mainly discussed the following:

- Roles and responsibilities of the Interim Committee.
- Mobilization of all THP's in the ZF Mgcawu District.
- Identification of all Associations and Non-Affiliated members.
- Election of Local Municipality Structures and the District Committee.
- Role of the Committee and Registration of THP's.

The Committee concluded by stating the following:

- The Interim Committee must visit all Local Municipalities before the end of year to set up structures.
- The Committee must present a list of all Associations available in the District.
- Non-Affiliated members to be part of the elected structures / committees.
- Members to present a database of all THP's in their Local Municipalities.
- The elected members from all Local Municipalities must meet and prepare for district elections before the end of financial year.

The THP Provincial Coordinator's National Meeting took place in Bela-Bela, Limpopo; the purpose of the meeting was to discuss the previous summit documents / minutes and resolutions taken and which the areas of the Policy documents that need further inputs. The DG's Office and National Health Minister will hold meetings with Provincial MEC's and HOD's and present the THP Policy before it will be presented to National Parliament for further discussion. Provinces must conclude elections of Provincial and District THP structures. The African Traditional Medicine Directorate, in partnership with the Non-Communicable Disease Unit, will hold provincial workshops for THP's on Mental Health. The NDOH will fund the Workshop, the taking of blood pressures and all devices that will be required.

TREATMENT, CARE & SUPPORT PROGRAMME

Remaining in Care (Adults & Children)

The antiretroviral programme has not reached the 95% target of adults and children under 15 remaining in care, yet there was improved performance in terms of children remaining in care as compared to adults remaining in care. Provincially, performance for children remaining in care has been above 70% and below 80%, with adults remaining in care being above 50% and below 60%. Varying and fluctuating quarterly performance for both adults and children remaining in care has been noted across all Districts. The reasons cited for the under achievement included:

- Sub-optimal programme coordination and monitoring, especially in the Frances Baard District, due to the vacant post of CCMT Programme Coordinator; in contrast to the large proportion of patients enrolled in treatment.
- Slow process of putting in place structural interventions for support retention in care, i.e. adherence clubs.
- ART data capturing backlogs and facilities not yet importing Tier.Net data as they are not yet signed off (in the process of back capturing ART data).
- Disengagement from treatment due to a lack of or sub-optimal treatment literacy provided during initiation and the continuum of care.

In an endeavour to mitigate on the above issues that are impacting on the retention in care, the Directorate has implemented a number of remedial actions. These were as follows:

- Capacitated health care providers on updated consolidated clinical guidelines for the management of HIV in adults, pregnancy, adolescents, children, infants and neonates. These guidelines include an optimised regimen which is less toxic, efficacious and aims to reduce unnecessary visits and improve convenience.
- Dolutegravir regimen was rolled out to children and patients on 2nd line regimens, with the aim of improving adherence and retention in care.
- Capacitated health care providers who were on differentiated models of care, standard operating procedures which include fast track initiation counselling, enhanced adherence counselling, child and adolescent disclosure counselling, tracing and recall and repeat prescription collection strategies, which include adherence clubs, external and facility pick up point.
- Circulated unconfirmed lost to follow up line lists to Districts for actioning, i.e. verifying, tracing and recall and updating of Tier.Net.
- With the support of NDOH and Aurum Operation Phuthuma Team, ZF Mgcawu and John Taolo Gaetsewe District Management Teams were oriented on the 100 Facilities Approach, which is a strategy to drive the improvement on the 2nd and 3rd 95 of the HIV programme. Two facilities were identified and prioritised by the NDOH to implement the approach.
- Capacitated Seodin and Lingeletu PHC's on the Operation Phuthuma Handbook nerve centre approach as part of the strategy to improve on retention in care. Both facilities formed indicator teams that looked at addressing gaps and improve on their retention in care.
- Participated in a virtual meeting with Right to Care in relation with the implementation of the Community Wellbeing Programme in the Tsantsabane and Gamagara Local Municipalities, which is funded by SIOC. The programme will introduce HIV/TB Treatment Support in the form of Coach Mpilo and Zvandiri Models. The Coach Mpilo Model employs men living with HIV who are successfully on treatment as 'Coaches' to support men

who are newly diagnosed or living with HIV/TB within the identified and adjacent communities, this strategy will also contribute towards retention in care and adherence to treatment.

Viral Load Under 50 (Adults & Children)

The Directorate did not achieve the set target of 95% for both adults and children. The performance for adults has been better, at above 85% suppression rate and below the expected target of 95%, whereas the performance for children was above 75% and below 80% in quarter 1, whilst for the other quarters there has been no suppression data reflecting, despite having viral loads done and reflecting on Web-DHIS. The reason for the under achievement can be attributed to the following:

- No processes in place at facility level to manage laboratory results, which leads to non-recording of viral load results on the clinical stationary and further contributed to non-capturing of viral load results on Tier.Net (non-triaging of lab results).
- No actioning of unsuppressed viral loads, i.e. recalling of patients for provision of enhanced adherence counselling.

To address the above highlighted challenges, the Directorate implemented the following measures:

- Capacitated health care providers on updated consolidated Clinical Guidelines for the Management of HIV in adults, pregnant women, adolescents, children, infants and neonates. These guidelines include an optimised regimen.
- Registered and capacitated fifteen (15) facilities in the Namakwa District to access viral load results for action in order to identify unsuppressed patients and recall for enhanced adherence counselling.
- Submitted paediatric Dolutegravir estimates to pharmaceuticals for procurement with the purpose of bio-medical intervention (scaling up on optimised regimen for children).
- Appointment letters for the Provincial HIV Resistance Testing Committee were submitted for the HOD's signature and a list of approved Medical Officers was submitted to National Health Laboratory Services (NHLS); this intervention will be implemented for patients unsuppressed meeting the criteria for virological failure.
- Distributed U=U (Undetectable=Untransmittable) messaging material donated by project Last Mile in the John Taolo Gaetsewe and ZF Mgcawu Districts. These include pamphlets in local languages which highlights the importance of starting Antiretroviral Treatment, the benefits of being virally suppressed and reaching U=U status.

Care & Support

Differentiated Model of Care (DMOC) Performance Reviews were conducted with the support of the NDOH during quarter 4 in the John Taolo Gaetsewe and Frances Baard Districts, the purpose was to identify gaps, best practices and scale up DMOC interventions. File audits, targeting specific cohorts, were conducted at four identified facilities in each District. Districts developed Quality Improvement Plans to mitigate the gaps and challenges identified during the DMOC Performance Reviews as these have a bearing on the retention in care of patients enrolled on treatment.

The Directorate participated in the External Key Stakeholder Perspective and Experience Evaluation of the Central Chronic Medication Dispensing and Distribution (CCMDD) programme to identify challenges and propose remedial action for addressing challenges in hampering implementation. As a strategy on retaining patients in care, facilities were encouraged to implement tracking and tracing of patients who missed their appointments, due for viral load monitoring and awaiting to be initiated on treatment. There is a need to continuously monitor the dormant list and verify patients on the list on the CCMDD programme.

Direct support visits were conducted to facilities and the exercise focused on enrolling patients on a Repeat Prescription Collection (RPC) Strategy by correcting the allocation of patients to these modalities, and included in-service training of Data Capturers the capturing of Differentiated Models of Care (DMOC) on Tier.Net and WebDHIS. The emphasis was on the Data Capturers' understanding of data elements to be captured and reported, and included the cleaning of the data captured. During the fourth quarter, twenty-eight (28) facilities were visited in Pixley ka Seme, fifteen (15) in Frances Baard, fourteen (14) in ZF Mgcawu, five (5) in JT Gaetsewe and six (6) in Namakwa. During these visits, photocopies of DMOC SOPs, adherence plans and tracer registers were distributed.

An onsite support visit was also conducted at the Delporshoop Clinic with the Frances Baard District Regional Training Centre Coordinator, Sub-District Information Compliance Officer and an Aurum Institute Pharmacist to identify the challenges related to decanting of patients on anti-retroviral treatment to differentiated models of care and to discuss remedial actions to address the identified bottlenecks. The Clinic was given a weekly target for the decanting of stable patients to differentiated models of care (DMOC).

Table 30 DMOC performance (number of ART clients enrolled) per model

Type	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Facility Pick-up Point (Fac-PuP)	9 575	9 429	11 166	12 227
External Pick-up Point (Ex-PuP)	1 622	1 744	1 551	1 934
Adherence Club (AC)	383	843	497	1 214
TOTAL	11 580	12 016	13 214	15 375

Source: Tier.Net, April 2024

Data on the DMOC continues to improve quarter-to-quarter as a result of the data clean-up at facilities, support visits that were conducted and training on DMOC data capturing that was provided in quarter 3. There was an improvement in Ex-PuP and Fac-PuP. Compared to quarter 1, the number of ART clients enrolled in the DMOC (Fac-PuP, Ex-PuP, AC) increased from eleven thousand five hundred and eighty (11 580) to fifteen thousand three hundred and seventy-five (15 375) in quarter 4, representing an overall increase of 32.8%.

TUBERCULOSIS (TB) CONTROL

The Programme has achieved four of the six programme indicators (67%) for the quarter under review. The data for DS-TB treatment success and lost to follow up was not yet available in the fourth quarter, thus the programme reported on quarter 3 data (October – December 2023). The remaining two indicators were affected by high lost to follow up at 18%, which is more than double the set target.

TB Case Finding

TB screening increased from 87% in quarter 1 to 89% in quarter 4. However, there are variations between the Districts, namely Namakwa and Pixley Ka Seme recorded a decrease from 95% in quarter 1 to 86,1% in quarter 4. A noticeable increase in the TB screening was noted in the ZF Mgcawu District (89% in quarter 1 to 98% in quarter 4), whilst there was a stagnation in the Frances Baard District (89 % in quarter 1 to 89,3% in quarter 4). In the JT Gaetsewe District there was a slight increase from 85% in quarter 1 to 89% in quarter 4 and Pixley ka Seme recorded an increase in the screening rate, from 80% in quarter 1 to 81% in quarter 4.

DRUG SENSITIVE TB (DS-TB)

A significant decrease was noted in the DR-TB case finding year-on-year, moving from three hundred and fifty-four (354) cases in 2022 to three hundred and ten (310) in 2023. A total of one hundred and twenty-seven (127) or 94% started on short regimen Bedaquiline, Pretomanid and Linezolid, Levofloxacin (BPaL-L). Treatment success rate for the Rifampicin Resistant and Multi Drug Resistant (MDR) TB decreased year-on-year by 5%, from 67% in 2020 to 62% in 2021, which was mainly influenced by the death rate of 32/154 (21%) and lost to follow up of 24/154 (16%). The decentralization of DR-TB outreach services by the West End Specialised Hospital resulted in a total of four hundred and fifty-five (455) patients seen, with nine (9) patients successfully treated, whilst two hundred and twenty-nine (229) were missed. These will be traced and linked during the next outreach.

Treatment Initiation

The number of newly diagnosed TB cases, who were initiated into TB treatment, increased from one thousand four hundred and twenty (1 420) in quarter 1 to one thousand five hundred and seventy-two (1 572) patients in quarter 4; this is directly related to the reported 16% drop in the newly diagnosed TB cases. Similarly, four Districts (with the exception of Frances Baard) recorded a decrease in their DS-TB treatment initiation in quarter 4 and ZF Mgcawu registered the highest decrease (38.7% less than in quarter 3).

Table 31 DS-TB treatment initiation

District	Quarter1	Quarter 2	Quarter 3	Quarter 4	% Change (2022 vs 2023)
Frances Baard	401	491	537	540	0.6%
JT Gaetsewe	206	225	274	237	-13.5%
Namakwa	126	176	218	187	-14.2%
Pixley Ka Seme	314	328	372	324	-12.9%
ZF Mgcawu	372	395	463	284	-38.7%
TOTAL	1 419	1 629	1 864	1 572	-15.7%

Source: DHIS, NCDotH, May 2024

Treatment Outcomes

Namakwa recorded the highest success rate of 77% (151/195), followed by Frances Baard 74% (397/534), ZF Mgcawu 72% (394/543), Pixley Ka Seme 71% (274/382) and JT Gaetsewe with the lowest rate of 68% (174/255). Attrition of DS-TB clients from treatment is mainly affected by lost to follow-up (those not adhering to their treatment). The Province had a LTFU rate of 18% (355/1909) with the highest being recorded in JT Gaetsewe 25% (66/255), followed by Pixley

Ka Seme with 20% (79/382) as the outliers. The mortality rate of the Province was 7% (139/1 909) with Namakwa recording the highest rate of 12% (24/195), followed by ZF Mgcawu with 7% (43/543), Pixley ka Seme with 6% (23/382), Frances Baard with 6% (35/534) and the lowest death rate was recorded in JT Gaetsewe at 5% (14/255). The impact of a high LTFU rate in the JT Gaetsewe District is reflected by the low treatment success rate.

The TB mortality rate for the Province stood at 7% (139/1909) with Namakwa recording the highest rate of 12% (24/195), whilst the rest of the Districts recorded rates within the norm of less than 7%. ZF Mgcawu was at 7% (43/543), Pixley ka Seme at 6% (23/382), Frances Baard at 6% (35/534) and JT Gaetsewe with the lowest at 5% (14/255).

TB Preventive Therapy (TPT)

There was an increase in the TPT treatment with a total of nine hundred and sixty (960) in quarter 4, in comparison to eight hundred and seventy (870) in quarter 3.

Table 32 TB Preventive Therapy treatment

District	Quarter 3	Quarter 4
Frances Baard	472	533
JT Gaetsewe	47	105
Namakwa	85	139
Pixley Ka Seme	79	33
ZF Mgcawu	187	150
TOTAL	870	960

Monitoring and Evaluation

The following activities were undertaken in order to address data quality and flow issues that are impacting negatively on performance:

- Regular data quality reports shared with the Districts on identified gaps and discrepancies.
- A two-day training held in the ZF Mgcawu District from the 26th – 27th March 2024 with district M&E teams, which included Sub-District Information Officers (JT Gaetsewe, ZF Mgcawu and Pixley ka Seme). The focus was on NIDS 2023, TB output indicator (poor TB treatment start rate (below 80%) due to misunderstanding of the indicator definition) and TB outcome indicator, i.e. LTFU is counted with not evaluated and districts directed to conducted data reconciliation exercises and update reports accordingly.

SOUTH AFRICAN AIDS CONFERENCE

The Country held the South African AIDS Conference (SAAIDS) in Durban from 20th – 23rd June 2023, under the theme 'Act, Connect and End the Epidemic'. There were seventeen (17) attendees from the Department with a representation of various health programmes from the Districts and Provincial Office. The following were the key outputs from the Conference:

- The researchers introduced a dual pill, which can protect against both HIV and unwanted pregnancy.
- The county is gearing up towards the introduction of Dapivirine rings as an additional strategy to prevent HIV.
- The use of the ePharmacy has contributed 94% retention of key population initiated on PrEP as it reduces traveling. There was also a proposal to use 6 months PrEP injection to reduce lost to follow up.
- Various satellite sessions were held to address issues of access to care for key populations.

EXPENDITURE (HAST DIRECTORATE)

The Comprehensive HIV and AIDS Component consists of the HIV & AIDS and TB Programmes. For the period under review the final allocation of the Comprehensive HIV and AIDS Component was R612 731 million, was also divided between the two programmes, i.e. the HIV and AIDS Programme received an amount of R578 466 million and the TB Programme received R34 265 million.

The final expenditure for the Comprehensive HIV and AIDS Component was at 100%, out of a budget of R603 131 million, which is on par with the actual norm. MMC is the only programme that spent less (50%) due to late the approval of the RT35 Tender Service Providers for the Northern Cape, and a delay in the approval of the new RT35 (2023-2026) Tender SLA's. Treatment Care and Support (TCS) and the Advocacy, Communication and Social Mobilisation (ACSM) reflected an over expenditure, which is due to the budget cut as well as events that were planned for the 2022/23 financial year that could only take place in 2023/24. In addition, the budget reflecting on BAS was captured according to the Provincial Database, and is not aligned to the approved 2023/24 Comprehensive HIV and AIDS & TB Business Plan.

During October 2023 the National Department of Health informed the Province about the budget cuts for the current financial year. The HIV and AIDS budget was affected but the TB Programme budget remained the same. Out of a budget of R578 455 million of the HIV and AIDS Programme a total amount of R9 600 million was cut and the budget was adjusted to R568 866 million. The total Comprehensive HIV and AIDS & TB budget was thus R603 131 million.

Table 33 Expenditure for the 2023/24 financial year

Sub-Component	Budget	Expenditure	Variance	% Spent
Antiretroviral Treatment (ART)	347 249	409 460	(62 211)	118%
Advocacy, Communication & Social Mobilisation (ACSM)	8 711	10 551	(1 840)	121%
Condoms	15 265	13 305	1 960	87%
HIV Testing Services (HTS)	36 978	21 790	15 188	59%
HIV Services (PMTCT, HTA, PEP/Prep)	-	-	-	-
Medical Male Circumcision (MMC)	33 566	12 755	20 811	38%
Programme Management	114 585	103 031	11 554	90%
Regional Training Centre (RTC)	12 512	6 469	6 043	52%
TB Control Programme	34 265	25 770	8 495	75%
TOTAL	603 131	603 131	0	100%

Although the expenditure is on par with the actual norm, the following activities on the approved business plan were not executed:

- Payment of Specialized NGO's transfer to the amount of R13 200 000 was not made.
- The last trench of the Provincial AIDS Council to the amount of R4 9180314.76 was not made.
- Procurement of Mobile Chest X-rays for all Districts totalling to R6 000 000 was not done.
- Outstanding invoices (accruals) of ARV Drugs and TB Medicine to the amount of R9 894 000.
- Outstanding invoices (accruals) of NHLS, for both the ART and TB Programmes, of October 2023 – January 2024 to the amount of R17 737 726.38 and a projection of R8 420 690 for February and March 2024 NHLS for invoices that were not received as yet.
- Outstanding invoices (accruals) of nutritional supplements to the amount of R7 796 000.
- Community Outreach Services CHW's stipends were wrongly paid from the Comprehensive HIV and AIDS Component, and also Compensation of Employees (COE) was wrongly paid, such as Post Basic Pharmacist Assistants, Medical Officers and Legal Administration posts on Level 12 and also Dental staff, Operational Managers and others (misallocations).
- The filling of vacant posts for programmes that were planned for in 2023/24 were not filled; COE being the major cost driver.
- Clinical stationery to the amount of R3 000 0000 was not procured.
- Late approval of the MMC RT35 Tender Service Providers and a delay of the SLA from National between the service provider and the DOH.

ACHIEVEMENTS

HIV & AIDS, AND STI (HAS)

- The number of people tested for HIV was above the annual target (262 279 tested against 226 755 target), which gives an achievement rate of 116%
- The HIV positivity rate among youths (15 – 24 years) remained consistently stable throughout the financial year, significantly below the target of 3%.
- The Pixley ka Seme District achieved and exceeded its annual target on the number of clients initiated on PrEP, becoming a benchmark for the Province in terms of good practices that will be replicated across all District facilities.
- Provincially, 96% of all patients registered on CCMDD and decanted on DMOc are on a Dolutegravir based regimen. The Namakwa District has achieved 99% on transition patients from the Efavirenz (EFV) based regimen to the Dolutegravir (DTG) based regimen. Four of the five Sub-Districts in Namakwa were at 99% transitioning rate and the remaining Sub-District has achieved 100% transitioning of patients.
- The Province reached a milestone on the treatment of people living with HIV and stood at sixty-nine thousand seven hundred and fourteen (69 714) remaining in care. This can be attributed to data clean-ups, tracking and tracing of patients disengaged from care and monitoring of the ART awaiting line list.

TUBERCULOSIS CONTROL (TB)

- World TB Day was successfully held in the JT Gaetsewe District.
- Management of multi-drug resistant patients continued to be an achievement for the Province, where treatment outcomes, such as the target on "DR-TB treatment success rate" was exceeded.
- Successful implementation of shorter 6 regimens - Bedaquiline, Pretomanid, Linezolid and Levofloxacin (BPAL-L) - was at 98% initiation rate. As the best performer in the country, the WHO-Afro Region Drug Resistant TB Programme conducted benchmarking at two DR-TB sites, namely West End Hospital and Dr Harry Surtie Hospital, to learn best practices on the implementation of BPAL-L.

- Continued efforts to reach a priority population of men as identified in the TB Recovery Plan (Version 2.0) in partnership with the Aurum Institute during campaigns led by the MEC. These campaigns focused on Targeted Universal TB Testing (TUTT) and was held at the Kimberley Industrial site and Rooipoort Mine.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 34 Challenges & measures planned to overcome them: HAST

CHALLENGES	CORRECTIVE ACTION
Human Resources	
Unfilled posts at all levels hampers implementation of programmes and monitoring, i.e.: Province <ul style="list-style-type: none"> Regional Training Centre Manager, TB Control Manager Assistant Director's posts i.e. Prevention, Monitoring & Evaluation District & Facility <ul style="list-style-type: none"> Monitoring & Evaluation Officers, Sub-district Information and Compliance Officers Clinical Programme Coordinators (Prevention, CCMT, RTC, etc.) Data Capturers Forensic nurses at Thuthuzela Centers 	All vacant have been budgeted in the HIV/TB Conditional Grant and to be advertised for filling in new financial year (April 2024 – March 2025)
Service Delivery	
Target on condom distribution not achieved due inadequate transport and poor planning	<ul style="list-style-type: none"> Provision for procurement of vehicles for all five districts has been made in the new financial year's conditional grant budget. Development and close monitoring of District Condom Distribution Plans The department will launch and implement the Provincial Condom Campaign that will take place from July 2024
Late presentation of some sexual assault victims at Thuthuzela Centers has a negative influence on enrolment of eligible clients onto Post-exposure prophylaxis (PEP) services	Ongoing marketing, advocacy and demand creation is necessary to enhance help seeking behaviour in victims
No processes in place at facility level to manage laboratory results leading to non-recording of viral load results on the clinical stationary and contributing to non-capturing of viral load results on tier.net	Cascade operation nerve centre training with focus on high volume facilities and priorities viral load as an indicator.
<ul style="list-style-type: none"> Sub-optimal clinical management of unsuppressed health care users on treatment Non-actioning of unsuppressed viral load results at facility level. 	<ul style="list-style-type: none"> District coordinators to register on NHLS to receive weekly viral loads results for action, collaborate with care and support coordinators to follow-up with facilities to action the results by recalling of unsuppressed patients for enhanced adherence counselling and providing monthly feedback. Transitioning of all eligible children to a Dolutegravir based regimen.
Poor programme management and coordination of TB at hospital level especially RMSH, Connie Vorster and ZK Mathews.	Hospital Management to assign TB Focal nurses.
Data Management	
Poor treatment outcomes due to data backlogs, under reporting and treatment of missing TB cases.	Disseminated outcome due lists for action at districts level to improve outcomes. Feedback by 30 April 2024.
Finance	
The depot using the Intenda System which is making TB medicine and ARV's expenditure not to reflect properly on BAS report.	Re-look on the Intenda System and use a system which will assist with the expenditure to reflect immediately.
Gross under spending of MMC Programme with 38% due to delays of appointing RT35 Tender Service Provider and approving the SLA. This led to underperformance, achieving below 50% of medical male circumcision performed.	In the new financial year districts to start with performing MMC as early as April to avoid underspending.
Austerity measures affected various planned activities.	The forfeited activities are included in the new Business Plan.

Table 35 Outcomes, outputs, output indicators, targets and actual achievements: HAS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Maternal, neonatal, infant and child mortality reduced	HIV test positive under 5 years	HIV test positive around 18 months rate			≤1%	0.52%	0.48%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> None. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> EPI/IMCI visits to integrate all child health interventions. Continued public health education and awareness campaigns. 				
AIDS related deaths reduced by implementing the 90-90-90 strategy	HIV positive 15 – 24 years (Excl ANC)	HIV positive 15 – 24 years (Excl ANC) rate	2.4	1.9%	≤3%	1.9%	-1.1%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> The awareness campaigns conducted throughout the year have largely contributed to the achievement, including the contribution of activities done by NGOs for youth in and out of school aimed at behaviour modification. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Sustain achievement through quarterly awareness campaigns in the form of door-to-door, campaigns at tertiary institutions, community dialogues targeting youths, media or social platforms, etc. 				
	ART adult remain in care - total	ART adult remain in care rate (12 months)	48.5	50%	95%	57%	-43%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> High unconfirmed lost to follow-ups due to data capturing backlogs. Lack of functional adherence clubs. Poor adherence to treatment which contributes to unsuppressed viral load. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> ULTF data circulated to the Districts for facilities to update/tracking and tracing of patients confirmed as LTF. Expedite the process of establishing adherence clubs for improved retention in care and adherence to treatment. Treatment literacy. 				
	ART child remain in care - total	ART child remain in care rate (12 months)	55.9	58%	95%	72.49%	-22.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Large number of unconfirmed lost to follow-ups due to data capturing backlogs. Outstanding data due to delays in loading Tier.Net dispatch files. Poor adherence to treatment which contributes to unsuppressed viral load. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> ULTF data circulated to the Districts for facilities to update/tracking and tracing of patients confirmed as LTF. Strengthen adherence interventions at facility level, i.e. adherence clubs, Psychosocial support, etc. Treatment literacy. 				
	ART adult viral load under 50	ART Adult viral load suppressed rate – below 50 (12 months)			95%	65.3%	-29.7%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Access to viral load results is poor in some facilities and no internal tracking system. Poor adherence to treatment which contributes to unsuppressed viral load. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
			<ul style="list-style-type: none"> ART data capturing backlogs. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Register high volume facilities to access viral load results for action which will be used to strengthen guideline implementation (enhanced adherence counselling) for unsuppressed patients. Strengthen adherence interventions at facility level, i.e. SOP 2 enhanced adherence counselling, adherence clubs for the provision of ongoing psychosocial support, etc. Launch of the provincial Treatment literacy campaign (U=U). Prioritise viral load indicator through nerve centres. 				
	ART child viral load under 50	ART child viral load suppressed rate – below 50 (12 months)			95%	22.6%	-72.4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Access to viral load results is poor in some facilities and no internal tracking system. Poor adherence to treatment which contributes to unsuppressed viral load. ART data capturing backlogs. 				
90-90-90 targets for HIV/AIDS achieved by 2020 and 95:95:95 targets by 2024/25	HIV Test done	HIV Test done - total	233 728	282 648	226 755	255 179	28 424
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Awareness campaigns conducted throughout the year have largely contributed to the achievement, including the contribution of activities done by NGOs for youth in and out of school aimed at behaviour modification. Improved stock management of HIV rapid and rotating test kits between facilities to ensure no stock-outs. 				
	Male condom distributed	Male condom distributed	9 482 000	5 194 000	15 209 104	12 985 880	-2 223 224
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Shortage of human resources, especially in Namakwa District. Poor recording and reporting at Condom Primary Distribution Sites (PDS). Lack of distribution plans at District level. Transport challenges. Slow SCM processes resulted in delays in the deliveries of condoms. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Vacant posts will be filled in the new financial year. The province has planned a condom campaign which will focus on distribution and demonstration and hiring of vehicles for the duration of campaign. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
	Medical Male Circumcision done	Medical Male Circumcision - Total	10 017	7 547	20 590	5 418	-15 172
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Delays in signing SLA with appointed external MMC service providers, signed only in February 2024. This is after the old contract ended in August 2023. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> SLA's have been signed and circulated to all Districts on appointed service providers. Newly appointed MMC service providers will commence with operations in the new financial year. Institutionalisation of MMC will be implemented in the twelve (12) identified facilities in the province. 				

Table 36 Outcomes, outputs, output indicators, targets and actual achievements: TB

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
TB Mortality reduced by 75%	All DS-TB Client loss to follow up	All DS-TB Client LTF rate	24%	24.6%	≤9%	16.1%	7.1%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> The main contribution of high LTFU was from four (4) Districts, viz John Taolo Gaetsewe (20%), Pixley Ka Seme (18%), Frances Baard (17%) and ZF Mgcawu (16%). Poor adherence to treatment by patients due to stigma, poor socio-economic factors, i.e. poverty, unemployment resulting in patients unable to return to facilities on time, patient movement due to seasonal work between districts and facilities. Lack of proper tracing and tracking of defaulters by Community Health Care Workers, in some areas there's lack of CHW. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Strengthen adherence to treatment through counselling and psychosocial support. Appoint or identify dedicated treatment linkage officers to improve early defaulters. 				
	All DS-TB Client successfully completed treatment	All DS-TB Client Treatment Success rate	64%	66%	80%	74.4%	-5.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> High Lost to Follow up and not evaluated in John Taolo Gaetsewe (20%), Pixley Ka Seme and Frances Baard wit 18% and 17% respectively. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Provincial HAST M&E Unit held session with Pixley Ka Seme, Frances Baard and John Taolo Gaetsewe on addressing performance in the next reporting cycle. Strengthen treatment adherence through counselling and psychosocial support. Appoint or identify dedicated treatment linkage officers to improve early defaulters. 				
	TB Rifampicin resistant / Multidrug – Resistant treatment success	TB Rifampicin resistant / Multidrug – Resistant treatment success rate	65%		60%	60.5%	0.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Rx Success rate of DHS with 28% (9/32) and WESH with 73% (19/26). 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Programme to monitor and sustain performance by virtue of TB Scale up plan. 				
	TB Rifampicin resistant / Multidrug – Resistant lost to follow up	TB Rifampicin resistant / Multidrug – Resistant lost to follow up rate			≤16%	16.5%	-0.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> There has been a slight decline of LTFU at Dr Harry Surtie Hospital with 14% (22/154). 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Monitor performance closely and strengthen tracking and tracing efforts. 				
	TB Pre-XDR treatment success	TB Pre-XDR treatment success rate			50%	51.9%	16.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Despite the achievement, there is a significant decline in unfavourable outcome of LTFU (0%) for both reporting sites Dr Harry Surtie Hospital and WESH. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
	TB Pre-XDR loss to follow up	TB Pre-XDR loss to follow up rate	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Monitor performance closely and support DR-TB sites on morbidity and mortality sessions. 				
					≤20%	22%	-2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Some patients are refusing to continue with treatment and other citing distance to DR-TB site, including substance abuse. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Six pre-XDR TB lost to follow-ups. Referred to clinical advisory committee for urgent review (those refusing treatment) which include psychosocial support for rehabilitation through multi-disciplinary approach. Active admission option for those citing distance. Engage with farms and identify supporting Teams. 				

14.2.4. Sub-Programme 2.4: Mother, Child, Women's Health and Nutrition (MCWH&N)

PURPOSE

1. Reduction of maternal, neonatal and child under 5 morbidity and mortality.
2. Increase life expectancy, prevent diseases and improve maternal and child health outcomes.
3. Ensure universal access to sexual and reproductive health care services, and integration of reproductive health into other programmes.
4. Promote the health and well-being of young people and reduce teenage pregnancy among 10 - 19 years.
5. Render nutrition services and interventions to address malnutrition and improve quality of food services.

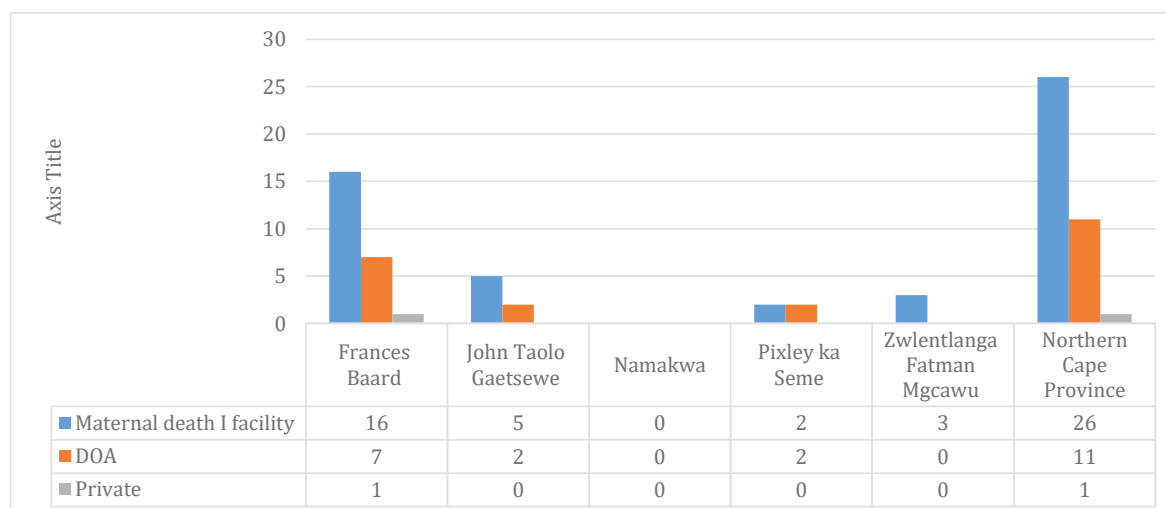
SITUATION ANALYSIS

MATERNAL, NEONATAL AND WOMEN'S HEALTH

The Recovery Strategy for the MCYWH&N service delivery is embodied in the concept of "Survive, Thrive and Transform" to prevent morbidity and mortality and improve health outcomes. The performance yielded for the financial year was ten out of fourteen (10/14) indicators, which translates to 71% achievement.

MATERNAL MORTALITY RATIO (MMR)

Figure 1. Maternal Death in Facility Total



The performance for the in-Facility Maternal Death Ratio (iMMR) was not achieved at 115/100 000 live births against the target of 110/100 000 live births. The total maternal deaths were thirty-eight (38), with twenty-six (26) from public facilities, one (1) from private facility and eleven (11) that were Deaths On Arrival (DOA's). Non-Pregnancy Related Infections, Hypertensive Disorder in Pregnancy and Post-Partum Haemorrhage still remain the main causes of avoidable deaths. Of concern are the deaths outside of the health facilities and occurring post-delivery and where the cause(s) of death are unknown.

Interventions to improve the maternal health outcomes for the enhancement of health system inefficiencies are as follows:

- Implementation of guidelines.
- Improvement of the knowledge and skills of Clinicians involved in maternal health care services.
- The availability of basic essential equipment and transport.
- Sufficient human resources.
- Public health education and awareness towards patient related factors (late or no bookings).
- Coverage and quality of antenatal care that is prioritizing person centred care and wellbeing remains the cornerstone towards prevention of maternal morbidity and mortality.

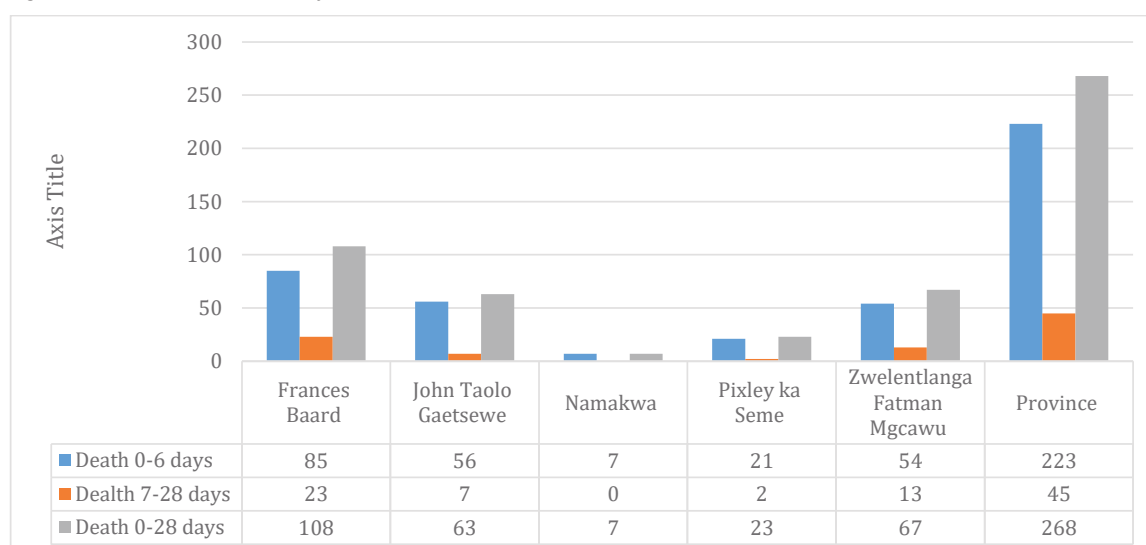
VERTICAL TRANSMISSION PREVENTION (VTP)

The performance of Infant PCR test positive around 6 months' rate was achieved at 0.7% against the target of $\leq 1\%$, which is due to lost to follow ups, non-adherence of known HIV positive women on treatment, mixed feeding, non-disclosure of HIV status, etc. The Frances Baard, Namakwa and JT Gaetsewe Districts account for the increased positivity rate. HIV test positive around 18 months' rate was achieved, however, there is a need to strengthen the integration of child health services at all levels.

Emphasis must be put on early booking and initiation of HIV positive pregnant women on treatment, Pre-exposure Prophylaxis (PrEP) as an HIV prevention intervention for HIV negative and breastfeeding women as well as testing, initiation and adherence to treatment and viral load monitoring, as this remains the cornerstone towards a HIV free generation.

NEONATAL DEATHS IN FACILITY RATE

Figure 2. Neonatal Death in Facility Total



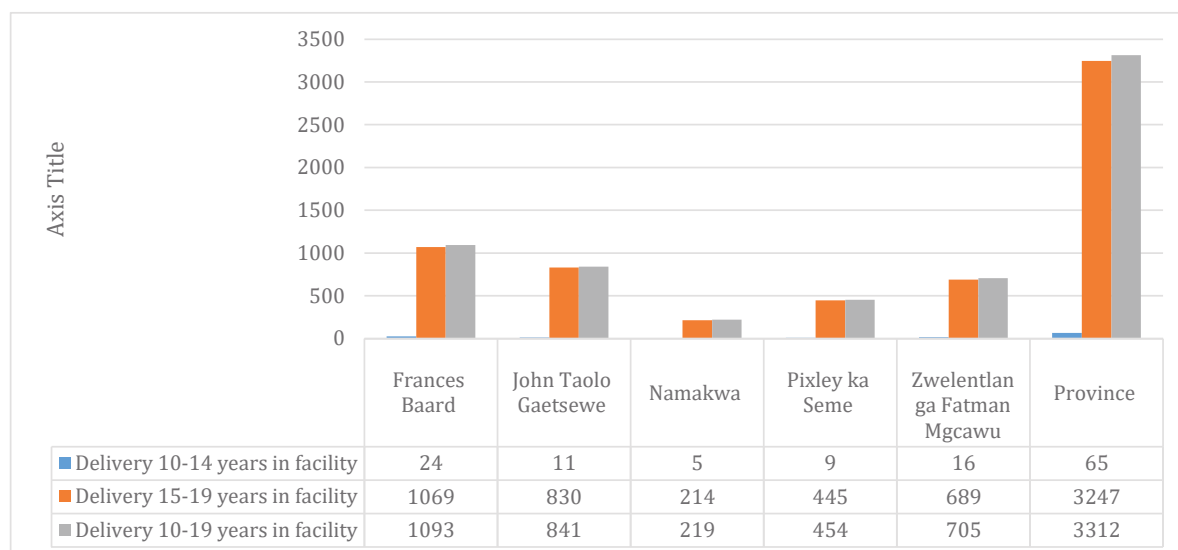
Most neonatal deaths occur during the first week of life (0 – 6 days). The performance for Neonatal death in facility rate was 13.3/1 000 live births and was achieved against the target of 14/1 000 live births. The following are still the main causes of neonatal deaths: preterm birth, childbirth-related complications (birth asphyxia) and infections. There is an opportunity to improve the survival and health of newborns and end preventable stillbirths by strengthening health systems, e.g. by establishing designated Neonatal units in District Hospitals, establishing KMC units, ensuring the availability of basic essential equipment, appointing of critical staff and improving the skills and knowledge of Clinicians.

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

The performance of Couple Year Protection Rate (CYPR) shows a steady improvement with the indicator achieved for the financial year obtaining 57.5% against the target of 45%. The trainings on Long-Acting Reversible Contraceptives (LARC's) conducted have impacted positively and improved data reporting from private facilities in the Frances Baard District. The introduction of digital self-care vending machines, funded by the National Department of Health, in the ZF Mgcawu, FB and JTG Districts is still underway and aims to improve access to SRH to the youth.

DELIVERY 10-19 YEARS IN FACILITY

Figure 3. Delivery 10-19 years in Facility Total



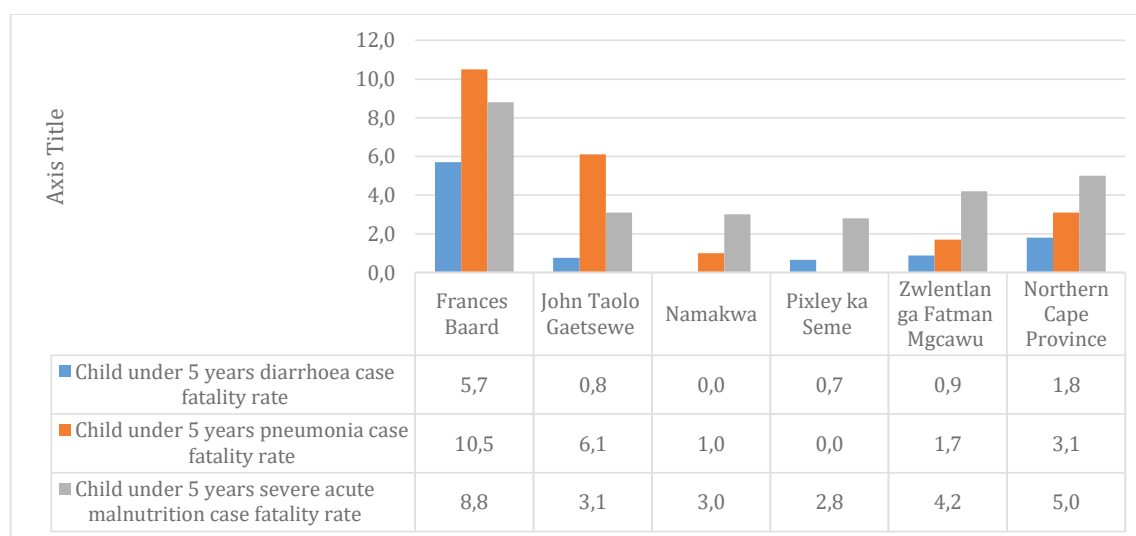
The performance remained steady although the indicator was not achieved at 17.2% against the target of $\leq 16\%$. A collaborative approach is still needed to address the social determinants of health among young people. Youth Zones have been established, however, monitoring and evaluation of contraceptive services provided to young people to prevent unwanted and unintended pregnancies remain a challenge. Three thousand, three hundred and twelve (3 312) deliveries were reported amongst the age group of 10-19 years, with the highest being in Frances Baard, whilst Namakwa had the lowest number of deliveries in this cohort.

CHILD HEALTH

The performance of Death under 5 years against live births was achieved at 1.8% against the target of 4.3%. The following were still the main causes of deaths amongst children: preterm birth complications, birth asphyxia/trauma, underlying medical and chronic conditions, pneumonia, congenital anomalies, diarrhea and Severe Acute Malnutrition (SAM). High rates of lost to follow up for high-risk children was still reported in all Sub-Districts. Interventions are necessary to address health systems inefficiencies, namely shortage of staff and a lack of essential equipment and high care units, etc. Such interventions will improve the child health outcomes and strengthen the implementation of the '1000 Days' Strategy'. Auditing of all under 5 year deaths was conducted and ongoing training will be provided to improve the quality of care.

UNDER 5 YEARS CASE FATALITY RATE

Figure 4. Under 5 Year Case Fatality Rate



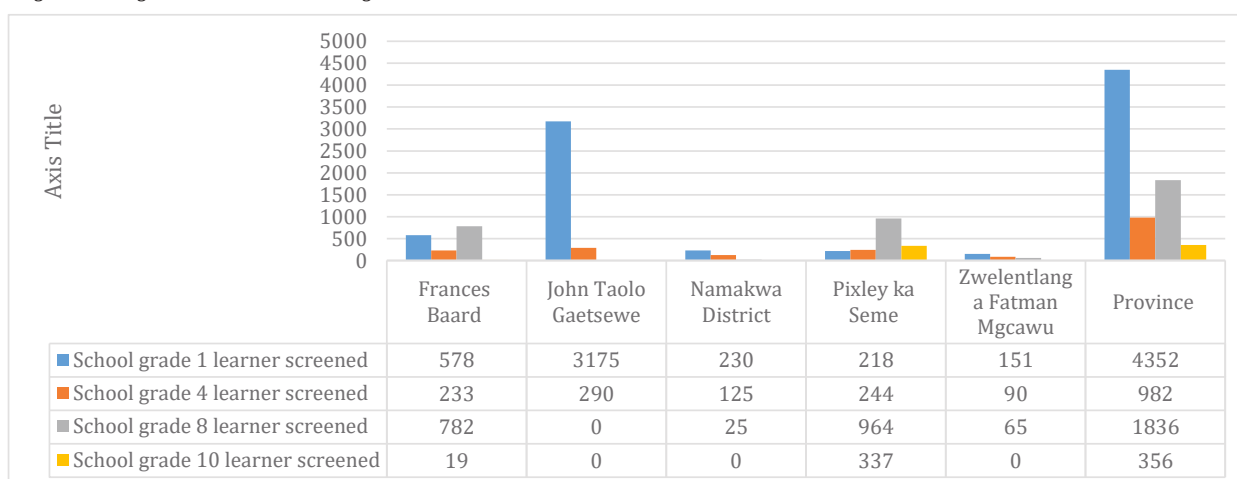
The performance of the under-five year case fatality rate indicators (Diarrhoea, Pneumonia and Severe Acute Malnutrition) was as follows:

- Diarrhoea: achieved at 2.1% against the target 2.9%
- Pneumonia: not achieved at 3.7% against the target 2.7%
- SAM: achieved at 5% against the target 6%,

The fatalities for these indicators were highest in the Frances Baard District, mostly due to the referral of complicated cases to the Tertiary Hospital (Robert Mangaliso Sobukwe Hospital).

INTEGRATED SCHOOL HEALTH PROGRAMME

Figure 5. Integrated School Health Programme



The Integrated School Health Programme (ISHP) is not performing as desired. The following barriers were identified: shortage of staff to render the service in the catchment area and transport for outreach services to schools and Early Childhood Development Centres. Innovo, Pathways to Change and Tshela NGO's are still the only supporting partners conducting school health services. Furthermore, SIOC-CDT Healthcare Screening Projects has funded a Mobile unit to assist with the implementation of ISHP and RHS in the JT Gaetsewe District. The first round of HPV was conducted during February/March 2024 where 80% learner coverage and 99% school coverage was achieved against the target of 80% for both these indicators.

EXPANDED PROGRAMME ON IMMUNIZATIONS (EPI)

The performance of the Immunization under 1-year coverage was 77.1% against the target of 70% and Measles 2nd dose 1-year coverage was 77.7% against the target of 70%, both indicators were achieved. Reported data from private practitioners and facilities yielded a positive impact. The priority is still to vaccinate as many children under 5 years as possible to reach the herd immunity of the communities and mitigate the outbreaks of Vaccine Preventable Diseases (VPD's).

It is worth noting that the Province has reported six hundred and seventy-seven (677) suspected cases of Measles with seventeen (17) positive laboratory confirmed cases. The breakdown of these cases was as follows: Frances Baard – nine (9), JT Gaetsewe - zero (0), Namakwa - three (3), Pixley ka Seme - three (3) and ZF Mgcawu - two (2). Furthermore, the Province experienced Measles outbreaks in two Districts, namely; Frances Baard - nine (9) and Pixley Ka Seme - three (3) positive cases. Pixley Ka Seme further reported seventy-five (75) Rubella positive cases with one (1) suspected Rubella Congenital Syndrome case. Catch up campaigns were conducted to mitigate the spread of Rubella. Two severe Adverse Events Following Immunisations (AEFI) were reported, namely one in Namakwa and one in Frances Baard. Both cases were investigated at provincial level and reported to the National Immunisation Safety Expert Committee (NISEC) and AEFI causality. The assessment report is still pending.

The country is moving towards the Development of Immunization Agenda (IA 2030), which is supported by the World Health Organization. The agenda will address the key challenges in immunizations over the next decade and emphasises the need for all people to benefit from recommended immunizations throughout the life course.

NUTRITION

NDOH Nutrition conducted Food Service Unit Quality Assessments at Dr Harry Surtie and Dr van Niekerk Hospitals respectively. Despite the current challenges, there was an improvement on the assessment outcomes for both facilities as compared to the previous financial year.

Public Health Education and Awareness

- World Breastfeeding Week was celebrated on 1st -7th August 2023 in all Districts with the theme: *“Enabling Breastfeeding, making a difference for working parents”*. Activities included exhibitions, awareness campaigns and health talks targeting working mothers in facilities and communities.
- National Nutrition week was celebrated from 9th – 13th October 2023 in all Districts. Different activities were conducted during this week, such as Radio Talks, interviews for the DOH Facebook page, health talks, health walks and sharing of information.
- Diabetes Day was celebrated on 14th November 2023 in all Districts through health talks and information sharing to the public.
- African Vaccination Week was held from 24th – 30th April 2024 and different activities were conducted, including radio slots, catch-up drives, etc.
- During April 2023 the NDOH Reproductive Health Awareness Event and Campaigns were celebrated with at schools and different Institutions of Higher Learning. The Illegal Termination of Pregnancy March was led by the Deputy Minister for Health, the MEC for Health, the Department of Justice and the SAPS Commissioner and a youth dialogue was conducted.
- Cancer Awareness and Pink Drive Project was conducted in the ZF Mgcawu and Namakwa Districts.

ACHIEVEMENTS

- Received a Certificate of Appreciation towards efforts on reducing Maternal and Neonatal mortality during and post the Covid-19 pandemic from the NDOH Director-General.
- Certificate of appreciation for supporting the implementation of Adolescent Youth friendly services and Youth Zones.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 37 Challenges & measures planned to overcome them: MCWH&N

CHALLENGES	CORRECTIVE ACTION
Lack of essential equipment.	Procurement of essential equipment.
Lack of Neonatal units.	Recommendation was made for Infrastructure and DHS to prioritise neonatal units during planning.
Lack of transport .	Fast track transport shortage.
Non filling of vacant posts.	Filling of all priority posts.
No dedicated School Health teams in the Province.	School health nurses at sub-district level to be appointed.

Table 38 Outcomes, outputs, output indicators, targets and actual achievements: MCWH&N

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Maternal, neonatal, infant and child mortality reduced	Couple year protection	Couple year protection rate	44.5%	38.3%	45%	57.5%	12.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Impact from Family Planning trainings attended by Nurses resulted in improved performance. Improved data coordination from the private sector. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous training, support visits, mentoring and data management. Public health education and awareness on LARC's. 				
	Delivery 10-19 years in facility	Delivery 10 to 19 years in facility rate	17.7%	17%	≤16%	17.2%	-1.2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Lack of implementation of ISHP Guidelines. Inadequate marketing of Adolescent and Youth services. Youth are reluctant to adhere to prevention of unplanned pregnancies. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Strengthen and monitor the implementation of youth zones. Continuous public health education and awareness campaigns on the usage of contraceptives. Collaboration with external stakeholders. 				
	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit before 20 weeks rate	56.8%	58.5%	60%	57.2%	-2.8%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> No immediate bookings, return dates for booking due to staff shortage. Mobile and satellite Clinics are not operational on a daily basis. Patients are visiting private Doctors and only report to the Clinic after 20 weeks. Suboptimal screening and testing of women of reproductive age. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous public health education and awareness campaigns. Mobile sonar recommended at PHC level. Ongoing screening and testing of all women of reproductive age at all levels of care. 				
	Neonatal deaths in facility	Neonatal death in facility rate	12.5/ 1000 live births	14.2 / 1000	14 / 1000	13.3 / 1000	0.7 / 1000
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> No immediate bookings by mothers. Underlying Obstetric conditions of the mothers. Unhealthy lifestyles, i.e. smoking and alcohol abuse during pregnancy. Delay in referral to the next level of care. Lack of essential equipment and High Care/Neonatal units at District Hospitals. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous support visits and training. Public health education and awareness campaigns. Non-rotation of experienced clinical staff for both Neonatal and Paediatric care. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
	Maternal death in facility	Maternal Mortality in facility ratio	<ul style="list-style-type: none"> Adherence to infection control measures. All District Hospitals and CHC's to establish high risk clinics. 				
				80 / 100 000	110 / 100 000	115.8 / 100000	-5.8 / 100 000
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> No immediate bookings by mothers. Late presentation at facility for healthcare interventions. Delay in referrals to the next level of care. Poor implementation of guidelines. CHC's not operating 24/7 due to staff shortage results in influx of patients in some facilities. 				
	Death in facility under 5 years	Death under 5-years against live birth rate	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Non-rotation of experienced clinical staff in Maternity Wards. Continuous support visits and trainings. Essential Step in the Management of Obstetric Emergency (ESMOE) drills at facilities. Public health education and awareness campaigns on early antenatal booking. Promotion of maternal contraceptive services. All post deliveries to be followed up within 3-6 days up to 6 weeks. PHCWBT's involvement in maternal and child health services. 				
				2.2	4.3%	1.8%	2.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Despite this achievement, the following challenges remain: <ul style="list-style-type: none"> Lack of essential equipment and High Care Units at District Hospitals. Poor auditing of deaths under 5 years. Late presentation at facility for healthcare interventions. LTFU's on chronic treatment. 				
	Live birth under 2500g in facility	Live birth under 2500g in facility rate	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous public health education, awareness campaigns, training and support visits. Auditing of all deaths under 5 years. Emphasis on household visits by PHCWBT's. Non-rotation of experienced clinical staff in Paediatric care. 				
			18%	19%	19%	17.7%	1.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Despite this achievement, the following challenges remain: <ul style="list-style-type: none"> Mid Upper Arm Circumference (MUAC) measurements not done or interpreted correctly. Poor referral for nutritional supplements. Alcohol consumption, smoking habits and substance abuse during pregnancy. 				
	Live birth under 2500g in facility	Live birth under 2500g in facility rate	IMPROVEMENT PLAN: <ul style="list-style-type: none"> All pregnant women to have MUAC measurement done during their 1st ANC visit and training on MUAC to be conducted. Public health education and awareness on danger signs during pregnancy. Sustain nutritional needs by providing pregnant women with iron supplements and micronutrients. Improve the management of obstetric conditions during pregnancy. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
	Mother postnatal visit within 6 days	Mother postnatal visit within 6 days rate	61.8%	64.4%	64%	65.5%	1.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor linkages between the delivery and PHC sites. Lack of mobile and satellite Clinics. Inadequate capturing of data elements at hospital level. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve linkages between the delivery and PHC sites. Emphasis on data collection and capturing of data elements at facility level. Follow up on post deliveries within 3-6 days up to 6 weeks. PHCWBOT involvement in Maternal and Child health services. 				
	Infant PCR test positive under 5 years	Infant PCR test positive around 6 months rate		0.94%	≤1%	0.7%	0.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor implementation of guidelines. PrEP and PEP not initiated during and after pregnancy. Mixed feeding. Non-suppression on ART Regimen 2. Poor adherence to treatment by mothers. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> EPI/IMCI visit to integrate all child health interventions. Public health education and awareness campaigns. Strengthen the implementation of guidelines and non-disclosure of HIV status. PrEP and PEP initiation during pregnancy and post-delivery. PHCWBOT involvement in Maternal and Child health services. 				
			72.2%	75.9%	70%	77.1%	7.1%
	Immunized fully under 1 year	Immunisation under 1 year coverage	REASONS FOR DEVIATION: <ul style="list-style-type: none"> Implementation of the “Every day is Immunization Day” Strategy. Establishment of mobile and satellite Clinics in some areas. Data coordination from private sector improved. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continued implementation of the “Every day is Immunization Day” Strategy. Continuous training, support visits and mentoring. Continued monitoring of private data and reporting. Continued Public health education and awareness campaigns. 				
			71.6%	73.6%	70%	77.7%	7.7%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Implementation of the “Every day is Immunization Day” Strategy. Establishment of mobile and satellite Clinics in some areas. Data coordination from private sector improved. 				
	Measles 2 nd dose	Measles 2 nd dose 1 year coverage	IMPROVEMENT PLAN:				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
			<ul style="list-style-type: none"> Continued implementation of the "Every day is Immunization Day" Strategy. Continuous training, support visits and mentoring. Continued monitoring of private data and reporting. Continued Public health education and awareness campaigns. 				
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate		1.5	≤2.9%	2.1%	0.8%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Despite the achieved target, the following challenges remain: <ul style="list-style-type: none"> Late presentation at facility for healthcare interventions. Poor establishment of Rehydration Corners. Poor auditing of death under 5 years. Delay in implementing immediate care and investigations. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous public health education, awareness campaigns, trainings, mentoring and support visits. Establishment of Rehydration Corners. PHCWBOT involvement in Maternal and Child health services. 				
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate		2.4%	≤2.7%	3.7%	-1.0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Lack of essential equipment and high care units at facilities. Poor auditing of death under 5 years. Late presentation at facility for healthcare interventions. Delay in implementing immediate care and investigations. Lost to follow up on chronic medication. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous public health education and awareness. Continuous support visits and training. Continuous auditing of child under 5 deaths. 				
	Severe Acute Malnutrition (SAM) death under 5 years	Child under 5 years Severe acute malnutrition case fatality rate		8.5%	≤6%	5%	1%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Despite this achievement, the following challenges remain: <ul style="list-style-type: none"> Delay in seeking medical care. Lost to follow up on chronic treatment. Delayed or non-referral to higher level of care. Poor nutritional assessment of all children seeking help. Late presentation of children at facility. Suboptimal implementation of guidelines. Reluctance by mothers to breastfeed and mixed feeding. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> EPI/IMCI visits to integrate all child health interventions. Tracking and tracing of children on chronic treatment. Refresher/Training of all clinical personnel on nutritional classification for early detection. Nutritional assessment of all children presenting at facilities. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
			<ul style="list-style-type: none">Public health education and awareness campaigns.Stakeholder collaboration to strengthen the partnership between DOH and DSD.Continuous audits of SAM deaths.				

14.2.5 Sub-Programme 2.5: Disease Prevention and Control

PURPOSE

CDC

- Establishment of Public Health Emergency Operations centre in the province to be responsive for future outbreaks.
- Improve the Public and Private Health Sector's awareness and understanding the emerging and re-emerging infectious diseases (CDC).

NCD

- Service delivery platform that prevent, promotes healthy lifestyle and reduce the burden of diseases due to non-communicable diseases.
- Prioritise prevention and control of NCDs+.
- Promote and enable health and wellness across the life course.
- Ensure people living with NCDs+ (PLWNCDs+) receive integrated, people-centred health services to prevent and control NCDs+.
- Promote and support provincial capacity for high-quality research and development for the prevention and control of NCDs+.
- Monitor strategic trends and determinants of NCDs+ to evaluate progress in their prevention and control.

EHS

- Ensure effective environmental health care services in the province.
- Strengthen programme based monitoring of environmental health services.

EYE

- Establishment of eye care health units in three constituents in the province (Dr Harry Surtie, RMSH and Kuruman).

MENTAL HEALTH

- Establish incrementally district mental health teams in each district.
- Establish 28 mental health beds units in general hospitals.
- Beef up the provincial mental health directorate.

SITUATION ANALYSIS

NON COMMUNICABLE DISEASES: CHRONIC DISEASES MANAGEMENT

Diabetes screening among 18-44 years

The total number of 18-44 years' clients that were screened for Diabetes was three hundred and thirty-two thousand five hundred and four (332 504); and demonstrates a notable increase as compared to the previous financial year (2022/23), which was two hundred and sixty-eight and four hundred and three (268 403). This translates to 23.8% year-on-year increase on provincial performance. Out of the total number of patients screened in this cohort, one thousand five hundred and seventy-four (1 574) clients were isolated and referred for Diabetes interventions. The total of Diabetes client new initiated on treatment in this category (from the sum of those that were referred for treatment interventions) was one thousand one hundred and seventy-six (1176). The numbers above amounts to an annual positivity rate of 0.5% with a positive deviation of 1.5% against the annual target of 2%. Provincial data indicates that all Districts have reduced the incidence of Diabetes for this reporting period.

Diabetes Screening among 45 years & older

Data analysis continuously reflected an increase on the number of clients screened in this age group from two hundred and nine thousands and nine hundred and twenty-seven (209 927) in the previous financial year (2022/23) to two hundred and thirty-nine thousand five hundred and thirty (239 530) in the financial year under review (2023/24). Out of the total number of clients screened for Diabetes in this age group, two thousand eight hundred and fifty (2 850) clients were referred for Diabetes interventions, of which one thousand nine hundred and thirty-one (1 931) were enrolled into Diabetes treatment (newly initiated). These figures translate to a positivity rate of 1,2% for the Province. The ZF Mgcawu District has continually shown a high incidence rate (averaging at 4.6%) in this age group despite all health promotion interventions that were focussed in the area. The impact of the seasonal workers who are migrating to this region cannot be overlooked.

The positivity rate in older population compared to youths is consistent with the normal patterns of age distribution for Diabetes and thus customised interventions (by age, geographical area, and other socio-economic determinants, etc.) are required.

Hypertension screening among 18-44 years

The total number of clients screened for Hypertension in this cohort was four hundred and sixty-eight thousand five hundred and thirty-five (468 535). This reflects a notable increase of the clients screened in the cohort as compared to the previous financial year (2022/23), which were three hundred and ninety-two thousand eight hundred and thirteen (392 813) as per Web-DIHS. This translates to a Provincial overall increase of 19%. Out of the total number of patients that were screened, three thousand two hundred and twenty-four (3 224) were isolated and referred for Hypertension treatment interventions and four thousand four hundred and two (4 402) were referred for treatment initiation. These figures translated to a positivity rate of 0,7% with a positive deviation of 1,8% against the annual target of 2.5%. This data reflects that Hypertension incidence reduced in this group of clients, similarly all the Districts were within the acceptable positivity rates ranges (2.5% or below).

Hypertension screening among 45 years and older

There was a significant increase in the number of clients screened among 45 years and older was noted according to web DHIS, which is two hundred and fifty-three thousand nine hundred and fifty-one (253 951) in this financial year, as compared to the previous financial year which recorded two hundred thirty-three seven hundred and three (233 703). Amongst those screened, seven thousand nine hundred and sixty-seven (7 967) clients in this cohort were found requiring and were referred for Hypertension interventions, of which three thousand seven hundred and fifty-five (3 755) were newly initiated on treatment. These figures translate to a positivity rate of 3,1%. The ZF Mgcawu District repeatedly showed high incidence rates of 12,1% Hypertension amongst this age group. Investigations were conducted and it was found that numerous seasonal workers were moving in the area which was impacting in the health status of the people residing in this specific District.

Table 39 Overall performance: Chronic Diseases

Chronic Diseases	Frances Baard	JT Gaetsewe	Namakwa	Pixley Ka Seme	ZF Mgcawu	TOTAL
Clients 18-44 years screened for Diabetes	101 169	73 843	37 018	80 738	39 736	332 504
Clients 18-44 years requiring/referred for Diabetes treatment	265	211	160	559	379	1 574
Clients 18-44 years screened for Hypertension	14 1657	106 6620	50 555	102 615	67 088	468 535
Clients 18-44 years requiring/referred for Hypertension treatment	632	470	302	429	1391	3224
Clients 45 years and older screened for Diabetes	59 016	51 147	37 261	63 034	29 072	239 530
Clients 45 years and older requiring/referred for Diabetes treatment	543	230	212	514	1351	2 850
Clients 45 years and older screened for Hypertension	66 649	52 036	40 996	54 297	39 973	253 951
Clients 45 years and older requiring/referred for Hypertension treatment	1 908	516	302	424	4817	7 967
Diabetes 18-44 years positivity rate (target 2%)	0.3%	0.3%	0.4%	0,7%	1,0%	0.5%
Hypertension 18-44 years positivity rate (target 2.5%)	0,5%	0.4%	0,6%	0,4%	2,1%	0.7%

Source: WebDHIS, NCDoh, May 2024

The figures above show that there was a remarkable improvement in the quality of life at community level. The total number of clients screened for both Diabetes and Hypertension has increased, yet the number of clients newly initiated on treatment is within acceptable norms.

Capacity Building and Community Awareness in line with the NSP Strategic Goal for NCDC's+ 2022-2027

The Directorate partnered with different Government Departments as well as internal and external stakeholders in conducting of activities, which included:

- Ministerial Outreach Campaigns: Mental Health Awareness Campaign Kakamas; Schmitsdrift: Move for Health Campaign; Cancer Awareness Events & Walk in Roodepan and Colesburg.
- Nutrition Week potluck event coordinated by the Employee Health & Wellness Unit at the Office of the Premier.
- Men's Health Event at the Department of Home Affairs.

- Health & Wellness day at Arthur Letele Depot.
- Employee Health and Wellness event at the South African Local Government Association.
- Mandela Day at the Mental Health Hospital.
- Cataract Outreach Campaign.
- A Provincial Implementation Plan, Working Document for the prevention and control of NCD's, endorsed by the Head of the department shared with National department of health office.
- Healthy Lifestyle Program in collaboration with EHW; Nutrition; RMSH Wellness Clinic. Activities included: Health talks on Obesity and Healthy Lifestyle; Health Screening: Hypertension & Diabetes; Aerobics Session.
- A Stakeholders Meeting was conducted at the Sol Plaatje University regarding the provision of healthcare services and technical support for ongoing medical care at Institutions of Higher Learning.

Since the technical Launch of the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022-2027 the Department has received a donation of HBA1c (a blood test that is used to help diagnose type 2 Diabetes and monitor blood glucose control in people who have Diabetes) devices and kits from the NDOH estimated at one hundred and fifty-nine thousand three hundred and ninety (159 390) for diagnostic point of care. These devices were distributed to the eleven (11) District Hospitals, four (4) CHC's and nine (9) Clinics in the Frances Baard District. Following the distribution of the devices, training of Health Care Workers was done in these respective Health Facilities for effective utilization of this equipment. This initiative is in line with Goal 3 of the NSP 2022-2027, which is to "Ensure people living with NCDs+ receive integrated people-centered health care services to prevent and control NCD's+" and aims to improve people-centered delivery of prevention, diagnosis treatment and care services through the life course, through a health systems strengthening approach.

To strengthen the District community-based response in line with the integrated 'People centered Health Service' approach on the prevention and control of NCD's with the initial focus on hypertension screening, diabetes, obesity, and Mental Health, three hundred and forty-nine (349) Community Health Workers also received formal training to address the high rate of Cardiovascular Diseases, especially Hypertension in the population. This intervention was done in collaboration with Health Promotion Unit.

REHABILITATION SERVICES

The programme managed through community services, yet there are no resources for rehabilitation services either provincially or at district level. Furthermore, all categories of Therapists are not available in any of the five Districts. The ZF Mgcawu District continued to reflect a high demand for wheelchairs. There is a Memorandum of Agreement (MOA) between the Department and the Church of Jesus Christ of the Latter Day Saints who have supplied wheelchairs for adults throughout the Province. The Church has also provided training to the Therapists, informing them on how to properly and safely seat the patients in their assistive device. However, the MOA does not make provision for the posture devices needed for children. There are currently two hundred and twenty-four (224) children on the provincial waiting list for posture devices but due to financial constraints the Department is unable to procure these devices. The MOA also does not cover motorized wheelchairs and out of the total number of adult wheelchairs required, five for adults should be motorized. The greatest concern among rehabilitation services is the need for wheelchairs, where only 27% (398/1 477) of people who required wheelchairs have received them. For the Namakwa and Pixley ka Seme Districts no records of required wheelchairs was reported for the financial year; there is a need to further investigate the accuracy of this data.

Table 40 Provincial summary on Hearing aids issued

District	Hearing aid services child (0-18 years)			Hearing aid services adult (19 years and older)			Grand Total	
	Required	Issued	% Issued	Required	Issued	% Issued	Required	Issued (%)
Frances Baard	61	68	111%	174	161	93%	235	229 (97%)
JT Gaetsewe	2	3	150%	118	100	85%	120	103 (86%)
Namakwa	0	0	0%	0	1	-	0	1
Pixley ka Seme	0	1	-	0	16	-	0	17
ZF Mgcawu	9	11	122%	87	104	120%	96	115 (120%)
TOTAL	72	83	115%	379	382	101%	451	465 (103%)

Source: WebDHIS, NCDoh, May 2024

Table 41 Provincial summary on Wheelchairs issued

District	Wheelchair provision child (0-18 years)			Wheelchair provision adult (19 years older)			Grand Total	
	Required	Issued	% Issued	Required	Issued	% Issued	Required	Issued (%)
Frances Baard	73	12	16%	185	142	77%	258	154 (0%)
JT Gaetsewe	1	0	0	23	0	-	24	0 (0%)
Namakwa	4	3	75%	118	79	67%	122	82 (67%)
Pixley ka Seme	0	1	-	22	4	18%	22	5 (23%)
ZF Mgcawu	146	22	15%	905	135	15%	1 051	157 (15%)
TOTAL	224	38	17%	1 253	360	29%	1 477	398 (27%)

Source: WebDHIS, NCDoh, May 2024

ACHIEVEMENTS

- None.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 42 Challenges & measures planned to overcome them: Disease Prevention & Control

CHALLENGES	CORRECTIVE ACTION
Lack of dedicated budget for procurement and provision of assistive devices contributing to huge backlog across all Districts.	Province to allocate budget and participate in the National tender processes.

Table 43 Outcomes, outputs, output indicators, targets and actual achievements: Disease Prevention & Control

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Hypertension and diabetes prevalence managed	Positive hypertension clients 18-44 years	Positivity rate for hypertension 18-44 years			2.5%	0.7%	1.8%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Data is showing responsive public health intervention such as community awareness activities. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue empowering communities and sustaining all interventions, e.g. lifestyle modification. 				
	Positive diabetes clients 18-44 years	Positivity rate for diabetes 18-44 years			2%	0.5%	1.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Data is showing responsive public health intervention such as community awareness activities. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue empowering communities and sustaining all interventions, e.g. lifestyle modification. 				

14.2.6 Sub-Programme 2.6: Health Promotion

PURPOSE

1. *Promote healthy lifestyles.*
2. *Sustain health and wellness.*
3. *Coordinate Advocacy, Communication and Social Mobilization (ACSM) activities.*
4. *IEC distribution.*
5. *Participation in communication networks.*

SITUATION ANALYSIS

The World Health Organization (WHO) defines Health Promotion as a *strategy which enables people to increase control over their health*. It covers a wide range of social and environmental interventions designed at protecting the health and quality of life of individuals by addressing and preventing the root causes of ill health. Health promotion programmes aim to empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing acute and chronic diseases and other morbidities.

These health promotion activities, through collaborative efforts with other health programmes, NGO's, Government Departments and Stakeholders, contributed to the TB case finding target, HIV testing rate, reduction in HIV positivity amongst 15-25 years, condom distribution, increased screening for hypertension and diabetes, reduction in mortality for under-5's due to diarrhoea owing to intensive handwashing campaigns, increase in couple year protection, immunization for children and Influenza and Cholera awareness Campaigns. The promotion of health and disease prevention were implemented by means of health talks, awareness campaigns, outdoor events, electronic media (social media/intranet), distribution of IEC material as well as door-to-door community activities.

The following activities were embarked on:

- National Sexual and Reproductive Health (SRH) Dialogue with TVET Students held at the Frances Baard District Municipality.
- National Sexual and Reproductive Health Event held at the Sol Plaatje University which included a 5km Walk Against Illegal Abortion; Aerobics sessions; Exhibitions by various Stakeholders and Keynote Address by the Deputy Minister of Health.
- Participated in Commemoration of World TB Day held in Heuningvlei, JTG District.
- Attended International AIDS Candlelight Memorial held in Upington.
- Attended 11th SA AIDS Conference held in Durban.
- Participated in Provincial Youth Day event in Kimberley.
- Partnered with different Government Departments and internal and external stakeholders to assist/support them with activities which included:
 - Ministerial Outreach Campaigns: Mental Health Awareness Campaign Kakamas; Schmitsdrift: Move for Health Campaign; Cancer Awareness Events & Walk in Roodepan and Colesburg.
 - Nutrition Week potluck event coordinated by the Employee Health & Wellness Unit at the Office of the Premier.
 - Department of Home Affairs (Men's Health Event).
 - Health & Wellness day at Arthur Letele Medical Depot.
 - Mandela day at New Mental Hospital.
 - Cataract Outreach Campaign in Prieska.
 - Women's Day event at Lerato Park.
 - Logistical preparations and mobilization for the fan park live viewing of the Rugby World Cup.
 - 16 Days of Activism Against GBV campaign.
 - Healthy Lifestyle Program in collaboration with EHW; Nutrition; RMSH Wellness Clinic. Activities included: Health talks on Obesity & Healthy Lifestyle; Health Screening: Hypertension & Diabetes; Aerobics Session.
- Stakeholders Meeting at Sol Plaatje University regarding the provision of healthcare services and technical support for ongoing medical care at Institutions of Higher Learning.
- Engagement with Department of Agriculture to discuss future planned activities for Farmworkers and Farm dwellers.
- Attended and participated in numerous trainings which included: ART guidelines; Departmental and Mine Peer Educators Training; IDSR; TPT; '100 Facilities Nerve Centre Project'; National Capacity strengthening for Cholera readiness and Communicable Disease Control; TB Social Behavioural Change Communication Strategy (SBCC); Africa Infodemic Response Alliance (AIRA) Workshop on Social Listening and Community Feedback on Pandemics, Outbreaks and Health Emergencies; Female Condom Training; U=U.
- Attended and participated in the Provincial meeting on the Digital self-care screening tool, conducted by NDOH.
- Attended and participated in the Provincial Substance Abuse Dialogue at Savoy Hotel in Kimberley. Community members from all Four (4) Sub-Districts were in attendance.

- Global Hand wash Campaign was conducted at various ECD's and Primary Schools throughout the Province. Activities included Health education sessions and demonstrations on the Importance of hand hygiene under the theme "Clean Hands are within reach". Also distributed posters on "Handwashing Techniques" and "Cover your Cough".
- Conducted and facilitated Training on various Health Topics for Peer Educators based at various Mines. The Training took place in Postmasburg and the following Mines were represented: Kolomela (20 ppl); Khumani (6 ppl); Beeshoek (11 ppl).
- Attended and participated in the Measles Outbreak Awareness Campaign which comprised of visits to the following facilities: Delporthshoop Clinic, Longlands Clinic and Windsorton Clinic. Activities included: In-service Training to staff members on how to respond to the then-current Measles Outbreak. Factsheets on Measles were also given to Peer Educators to conduct Health Education. The team consisted of the NCID, Red Cross, Frances Baard District and the Provincial EPI Surveillance officer.
- Services Delivery Outreach Campaigns were conducted throughout the Province. Activities included health talks, health screening and testing services, distribution of IEC material and distribution of condoms.
- Attended and participated in the Youth Dialogue conducted by Mobile HCT. The event took place at the Galeshewe Library.
- Attended and participated during the Launch of Northern Cape R1 Billion Housing Project, Roodepan.
- Attended and participated in various Webinars / Virtual Meetings which included:
- RCCE virtual meetings conducted by NDOH on: Cholera Preparedness and Response; Applying Best in-Class Measurement Evaluation and learning framework and Communication and Community Engagement; TB linkage to Care; U=U in-facility Campaign & Implementation Toolkit for U=U Strategy; Implementation process of the new vaccines for routine immunization from January 2024; Impact of extreme heat waves on health; Update on NHI Bill and key messages; The effectiveness of engaging in physical activity in reducing Non Communicable Disease; Capacity Building on Reporting of cases of Child Abuse.
- Current Food Outbreak in South Africa which was chaired by the Provincial Environmental Health Manager.
- Commemoration of World NTDs Day which was hosted by the KwaZulu Natal Province under the Theme: Unite, Act, Eliminate - all nine Provinces formed part.
- Attended and participated in a Meeting conducted by the Office of the Premier. Health Promotion done a Presentation on the roles and responsibilities as Health Promoters and the working relationship with the Employee Health and Wellness Unit.
- Conducted Health Facility Support visits in the Frances Baard District. Activities included: Health education on Healthy Lifestyle, PREP & PEP; Female condom demonstrations; Encouraged regular Health Screenings.
- Partnered with ROTARY, Department of Education, FAMSA and Galeshewe Youth Centre to introduced/pilot the menstrual cup to learners at Schools in Frances Baard and Pixley Ka Seme Districts.
- Attended and participated in the Teenage Pregnancy Dialogue conducted by the Department of Education in collaboration with various Stakeholders (NCDOH; Pathways to Change; NACOSA; SASSA). Participants included TVET Students and learners from 11 Schools (4 Primary; 5 Secondary; 2 Special) in the Frances Baard District. 210 Learners in attendance.
- Attended and participated in the Eco-Schools Career Guidance Week conducted by the Department of Agriculture, Environment Affairs, Rural Development & Land Reform. In Attendance: NCDOH Henrietta Stockdale Nursing College; NCDOH Emergency Medical Services and SANPARKS. Activities included Career guidance; Health Talks on 5 Pillars of Healthy Lifestyle; Demonstrations on "CPR" and also on "What to do when a baby is choking" and also Planting of Food gardens and Trees. The program was conducted at 5 Schools in the Frances Baard District (390 Learners reached).
- Attended and participated in the Adolescent & Youth Program: Learner Support Agents (LSA's) Orientation & Induction Session conducted by Northern Cape Department of Education at the Horseshoe Motel. Activities included: Presentation on the Integrated School Health Program; Presentation on Health Awareness Days Calendar events; Presentation on Healthy Lifestyle Awareness.
- Five (5) Schools were initiated into the Health Promoting Schools (HPS) program through a Presentation on Health Promoting Schools and six (6) schools underwent a Baseline Assessment on HPS status and health-related issues (SMT; Educators; SGB Reps in attendance). The Sessions also included Health Talks on various health topics with the Learners, together with distribution of IEC material as well as distribution of Sanitary Towels.
- In addition to the above, Health Education Sessions on various health topics, together with mobilization for immunization campaigns were conducted at various Schools throughout the Province.
- Attended and participated in the "Feedback on Best Practice Workshop & Planning Session on AYFS.
- Eighty-five (85) Radio talkshows were conducted through six local radio stations (2 428 941 listeners reached - data source NCRF).

The following table represents the activities conducted across the Province in addressing the Health Programmes:

Table 44 Activities addressing Health Programmes

ACTIVITY	HAST	MCYWH&N	NCD/CDC	COVID-19	TOTAL
Health talks	1 157 (56 933 ppl)	1 027 (4 4217 ppl)	1 178 (54 371 ppl)	13 (752 ppl)	13 475 (156 273 ppl)
Service Delivery Outreach	70 (3580 ppl)	40 (2 633 ppl)	22 (1 984 ppl)	-	132 (8 197 ppl)
IEC Material Distribution	128 (14233 IEC)	55 (3 223 IEC)	131 (526 328 IEC)	2 (80 IEC)	316 (543 864 IEC)
Community Dialogues	2 (121 ppl)	5 (652 ppl)	1 (190 ppl)	-	8 (963 ppl)
Condom demonstrations	68 (2361 ppl)	-	-	-	68 (2 361 ppl)
Condom distributions	377 (488 975 male; 13469 female)	-	-	-	377 (Male 48 8975) (Female 13 469)
Radio Talkshows	20 (571 420 listeners)	33 (942 843 listeners)	18 (514 278 listeners)	-	71 (2 028 541 listeners)
TOTAL	1 694	1 160	1 350	15	14 447

The following are the various Stakeholders that the Unit collaborated with during the period under review:

Table 45 Health Promotion Stakeholders

DEPARTMENTS	NGO's	ORGANISATIONS	RADIO STATIONS	TRAINING INSTITUTIONS
Education Social Development Labour SASSA STATS SA SANDF Correctional Services	Red Cross Mobile HCT Lifeline Grassroots NACOSA Love Life	Early Childhood Development Centres Aurum Institute	Radio XKFM Radio Riverside Radio Kaboesna Radio Kurara Radio Teemaneng Radio NFM Core FM (Sishen)	Sol Plaatje University City Campus Moremogolo TVET Phatsimang TVET

ACHIEVEMENTS

- Intensified Health Education on Cholera: Prevention Measures and Symptoms and on Handwashing Campaigns as well as the distribution of IEC material conducted in various settings across the Province contributed to no Cholera cases to date.
- Attended and participated in the Launch of the Menstrual Cup Project conducted by Rotary at the Northern Cape High School, Kimberley. Sixty (60) learners were reached.
- Attended and participated in the Teenage Pregnancy Dialogue conducted by the Department of Education in collaboration with various Stakeholders (NCDOH; Pathways to Change; NACOSA; SASSA). The Dialogue took place at the Moremogolo TVET College in Kimberley. Participants included TVET Students and learners from eleven (11) Schools (4 Primary; 5 Secondary; 2 Special) in the Frances Baard District. A total of two hundred and ten (210) learners were in attendance.
- Attended and participated in the Adolescent and Youth Programme: Learner Support Agents (LSA's) Orientation and Induction Session conducted by the Department of Education at the Horseshoe Motel, Kimberley. Activities included presentations on the Integrated School Health Programme, Health Awareness Days Calendar events and Healthy Lifestyle Awareness.
- Radio talkshows were conducted at community radio stations, despite the non-approval of the Departmental talkshows. The number of talkshows contributed immensely to the number of people reached on various health topics.
- Attended and participated in the Provincial Substance Abuse Dialogue at the Savoy Hotel in Kimberley. Community members from all four (4) Sub-Districts were in attendance.
- Participated in the Eco-Schools Career Guidance Week conducted by the Department of Agriculture, Environmental Affairs, Rural Development and Land Reform. In attendance were representatives from the Henrietta Stockdale Nursing College; Emergency Medical Services and SANPARKS. Activities included career guidance, health talks on the 5 Pillars of a Healthy Lifestyle, demonstrations on "CPR" and "What to do when a baby is choking" and also the planting of food gardens and trees. The programme was conducted at five (5) Schools in the Frances Baard District.
- Despite budgetary constraints, training on various Health Topics for Peer Educators based at various Mines was conducted and facilitated. The training took place in Postmasburg and the following Mines were represented: Kolomela (20 people), Khumani (6 people) and Beeshoek (11 people).
- A decrease in the number of people visiting health facilities was observed from the reports received from

Districts, which can be an indication that people are moving into a positive behavioural change pattern pertaining to taking responsibility for their own health.

- Participated and supported the 'Presidential One Billion Rands Project' Launch that was held on 18th January 2024 in Kimberley (mobilization/service delivery).
- Supported and participated in the Sod Turning event of the new Schmitsdrift Clinic on 30th January 2024 in Schmitsdrift (mobilization/service delivery/IEC material distribution).
- Attended the Quarterly Mine Partnership Meeting from 27th – 28th February 2024 in the JT Gaetsewe District.
- Participated in TB Dialogues in the ZF Mgcawu and Pixley Ka Seme Districts on 18th and 22nd March 2024, with different stakeholders, i.e. Civil Society, Traditional Health Practitioners and Leaders, Faith Based Leaders.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 46 Challenges & measures planned to overcome them: Health Promotion

CHALLENGES	CORRECTIVE ACTION
No budget allocation for the directorate.	Ongoing discussions for a dedicated budget for the directorate, but there has been no positive progress to date.
District Health Promoters shortage – only 2 permanent (FBD & ZFM).	Submission for vacant Health Promoter posts in PKS (1), JTG (1) and Namaqua (2) Districts and 1 extra post (FBD), has been approved. Awaiting advertising process from HR.
Non-approval of Departmental Radio talkshows & jingles and non-reporting of districts on radio talkshows done as per their relationship with radio stations and other talkshows sponsors.	<ul style="list-style-type: none"> • Advocate for timeous activations of submission to ensure that radio talkshows and jingles are conducted. • Encourage districts to report on radio talkshows conducted.
District Support visits could not be conducted.	<ul style="list-style-type: none"> • Get approval for district support visits to especially Namakwa and PKS Districts where there are no Health Promoters, not excluding the other districts that also need provincial support.
Establishment of WBPHCOT's in all the districts.	<ul style="list-style-type: none"> • WBPHCOT'S to be established in all districts to assist with health promotion activities. • Encourage district Health Promoters (where there are) to obtain reports on existing WBPHCOT's and Peer Educators on health promotion related activities and include in their district reports. • Intervention is needed on CHW job descriptions and training.
Shortage of IEC material.	<ul style="list-style-type: none"> • Integrated Health programme messages have been developed and the HAST Unit (CG) will assist with funding for translation of these messages (Afrikaans / Setswana / Isixhosa) and printing of a booklet/pamphlet. Up to date, SCM did not activate the requisitions. Continuous engagement with HAST and SCM to ensure the process is activated. • Integrated Health messages to be continuously shared on Departmental Facebook page and other social media platforms. • Continuous engagement with NDOH and partners/NGO's for IEC material.
Transport	<ul style="list-style-type: none"> • Increase fleet for Province and Districts. • Implementation of the Subsidized Vehicle Policy.

Table 47 Outcomes, outputs, output indicators, targets and actual achievements: Health Promotion

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
Health and wellbeing of individuals improved	ACSM activities conducted	Number of ACSM activities conducted	2474	1 999	1 200	3553	2 353
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Improved recording and reporting, as well as conducting of Health Promotion activities from Peer Educators after Capacity building training sessions for Departmental and Mine Peer Educators. Increase in stakeholder engagements and support relating to RCCE activities. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Sustain and improve further on Health Promotion outputs. Improve planning and implementation of Health Promotion activities. Advocate for recruitment of Sub-District Health Promotion Officers to improve outputs. Continue capacity building training sessions for Mine and Farm Peer Educators. Advocate for ring fenced funding for the Directorate to ensure better resource allocation. 				
	People reached through ACSM activities	Number of people reached through ACSM activities	6 185 880	2 810 125	2 500 000	2 587 332	87 332
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Improved recording and reporting, as well as conducting of Health Promotion activities from Peer Educators after Capacity building training sessions for Departmental and Mine Peer Educators. Increase in Stakeholders' engagements and support relating to RCCE activities. Radio talkshows conducted by Districts, despite the Departmental talkshows not being approved. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Advocate for timeous approval and activation of Submissions to ensure that more people are reached. Districts to submit reports of radio talkshows done as per their working relationship with community radio stations and other talkshows sponsors. Sustain and improve further on Health Promotion outputs. Improve planning and implementation of Health Promotion activities. Advocate for recruitment of Sub-District Health Promotion Officers to improve outputs. Continue capacity building training sessions for Mine and Farm Peer Educators. Advocate for ring fenced funding for the Directorate to ensure better resource allocation. Engage and motivate Mines to submit the reports on ACSM activities done and the number of people reached. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 2

Table 48 Linking performance with budget: Programme 2 – District Health Services (DHS)

PROGRAMME 2: DISTRICT HEALTH SERVICES	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Management	375 571	375 571	-	348 563	348 563	-
Community Health Clinics	634 504	634 504	-	525 833	525 833	-
Community Health Centres	451 175	451 175	-	397 205	397 205	-
Other Community Services	148 968	148 968	-	37 653	37 653	-
HIV/Aids	560 889	560 889	-	772 865	772 865	-
Nutrition	2 971	2 971	-	4 504	4 504	-
District Hospitals	783 995	783 995	-	746 416	697 930	48 486
TOTALS	2 958 073	2 958 073	-	2 833 039	2 784 553	48 486

District Health Services spent R2 958 073 billion or 100% of its allocated budget.

14.3. Programme 3 – Emergency Medical Services (EMS)

PROGRAMME PURPOSE & STRUCTURE
<i>To render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well providing disaster management services in the province.</i>
SUB-PROGRAMMES
Sub-Programme 3.1 Emergency Medical Services (EMS)
OUTCOMES
1. Co-ordinating health services across the care continuum, re-orientating the health system towards primary health

14.3.1. Sub-Programme 3.1: Emergency Medical Services (EMS)

PURPOSE

1. *Improve on response times.*
2. *Gradually increase employment of staff to realise the two persons' crew.*
3. *Increase the number of operational ambulances to ensure full coverage of EMS service.*

SITUATION ANALYSIS

The Programme has shown a gradual improvement in its performance despite there being hidden inefficiencies. The Programme has responded to just under one hundred thousand (100 000) calls for the period under review. On average the Programme has responded to 76% of priority one (P1) calls in urban areas in less than 30 minutes, while 73% of P1 cases in the rural areas were responded to within 60 minutes.

The Programme is still faced with staff shortages as far as the targets are concerned, despite its achievements. The current situation, which has been the same since the beginning of the financial year, creates unavoidable overtime which is one of the major cost drivers in the Programme. The number of operational staff is still below seven hundred (700) against an ideal target of one thousand eight hundred (1 800) and the current establishment does not fully respond to the service demands.

The performance of the Directorate has slightly improved and all targets were achieved, however the gap towards service delivery and patient outcomes remains concerning due to the limited scope of services available at CHC's and District Hospitals; as well as a massive lack of resources as far as the ambulances and Human Resources are concerned. It must be noted that the service demands have remained high in line with the growing population in the Province.

The allocation of new ambulances assisted greatly, though the desired service was still not achieved due to an increased number of calls and ever increasing demands of EMS services, especially in more rural areas. There was an average of ninety to ninety-five (90-95) ambulances available across the Province against an ideal target of at least one hundred and thirty (130) that is in line with the norms and standards that governs this service. Unfortunately, due to the vast geographical area of the Northern Cape Province and the inadequate fleet levels, the availability of EMS remains a challenge.

The period under review was no different from the previous as inter-facility transfers from the Districts to Robert Mangaliso Sobukwe Hospital remained a serious challenge and contributed to the time delays of EMS responses on the lower priority calls as well as the preferred usage of private ambulances by the community, especially in the Namakwa and JT Gaetsewe Districts.

There is a serious shortage of Advanced Life Support Paramedics in the Province and this caused the usage of Aeromedical Services to rise. The outsourcing of Advanced Life Support Services increased due to inter-facility transfer demands, especially in the JT Gaetsewe, ZF Mgcawu and Namakwa Districts. There was also a noted increase of transfers to the Nelson Mandela Children's Hospital (Johannesburg) and the Groote Schuur Hospital (Cape Town).

The budget allocation remained insufficient and this had a negative impact on the Programme's service delivery outcomes. Furthermore, prior to effecting budget reductions the programme remained non-compliant with various legislated regulations.

ACHIEVEMENTS

- None.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 49 Challenges & measures planned to overcome them: EMS

CHALLENGES	CORRECTIVE ACTION
Shortage of operational staff and Data capturers, as well as increasing requests for transfers to other provinces.	<ul style="list-style-type: none"> • Vacant funded posts need to be replaced within 6 weeks. • Approval to appoint more staff including creation and funding of new posts and filling of vacant funded posts. • Allocating Bursaries to train Northern Cape residents in EMS and also to absorb them. • Source funding for the appointment of more Data Capturers with computers.
Licensing delays due to non-payment and poor turnaround times from the merchants.	Keep the department account with a positive balance.
Implementation and compliance to new EMS Regulations.	Source additional financial assistance.
Increase demand on non-emergency patient's transportation due to limited scope of service by Clinics, CHC's and District Hospitals.	Need to fully capacitate all facilities.

Table 50 Outcomes, outputs, output indicators, targets and actual achievements: EMS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Co-coordinating health services across the care continuum, re-orienting the Health system towards primary health	EMS P1 urban response under 30 minutes	EMS P1 urban response under 30 minutes rate	80%	76%	50%	76.3%	26.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Targets achievable due to low value settings. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous implementation of a responding plan to the service demands. Apply pressure on service providers to improve on inspection schedules and licensing. 				
	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes rate	80%	70%	50%	73%	23%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Targets achievable due to low value settings. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous implementation of a responding plan to the service demands. Apply pressure on service providers to improve on inspection schedules and licensing. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 3

Table 51 Linking performance with budget: Programme 3 – EMS

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Emergency Transport	505 849	505 849	-	430 279	416 648	13 631
Planned Transport Services	-	-	-	-	-	-
TOTALS	505 849	505 849	-	430 279	416 648	13 631

Emergency Medical Services spent R505 849 million or 100% of its allocated budget.

14.4. Programme 4 – Provincial Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

Rendering of hospital services at a general and specialist level, and provide a platform for the training of health workers and research.

SUB-PROGRAMMES

- | | |
|-------------------|---|
| Sub-Programme 4.1 | Regional Hospital - Dr. Harry Surtie Hospital (DHS) |
| Sub-Programme 4.2 | Specialised Hospital - West End Specialised Hospital (WESH) |

OUTCOMES

1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.

14.4.1. Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)

PURPOSE

1. To improve accountability to regional hospital services by addressing resource challenges.
2. To improve clinical governance in the hospital to safeguard high standards of care.

SITUATION ANALYSIS

Dr Harry Surtie Hospital is the only Regional Hospital in the Province and remains dedicated to the management of all patients referred from the western half of the Province. The initial Business Case included a capacity of three hundred and twenty-seven (327) beds, of which two hundred and twenty-seven (227) beds are commissioned and have been used since 2013. The service package includes 24-hour inpatient services in the following disciplines:

- Internal Medicine
- Paediatrics
- Obstetrics and Gynaecology
- General Surgery
- Accident and Emergency services
- Ophthalmologic services – Eye screening and Cataract surgery (outreach/tours)
- Orthopaedics surgery
- Anaesthetics
- Diagnostic Radiology
- Adult and Paediatric Critical Care
- A 72-hour Mental Health Observation Unit

The service package further includes the following support and allied health services to in- and outpatients:

- Physiotherapy (24 hours on a call system)
- Occupational Therapy
- Speech Therapy
- Dietetics
- Social work services
- Audiology
- Orthotics (on outreach by RMSH)
- Pharmacology seven days a week
- Environmental Health services

A reduction in the initial bed capacity resulted in the non-commissioning of units, such as the Susceptible TB unit - nine (9) beds; the Post-natal unit - twenty (20) beds; the Gynaecology unit - twenty (20) beds; DRTB - fifteen (15) beds and the Step down and Day surgery unit - thirty (30) beds. The first three (3) mentioned services were absorbed into other existing units (Gynaecology into General Surgery; Post-natal into Antenatal and Susceptible TB into the General Medicine ward), thus reducing the availability of beds in those sections. The Hospital did not cater for a Kangaroo Mother Care (KMC) unit, which was a dire need, hence the designated Paediatric High Care/ICU unit was converted to a KMC unit. The four (4) bedded, fully furnished 72-hour Mental Healthcare Observation unit within the Internal Medicine ward was upgraded in quarter 3 to an eight (8) bed facility and is currently compliant with the legislative prescripts as stated in the Mental Health Care Act, 17 of 2002. The plans to relocate the services to another premises, as per the Business Case, have not been realised.

The lack of supporting Regional or Tertiary Hospitals in the Province, coupled with the vast distances between service points, necessitated the introduction of certain Tertiary Services at the facility. These include:

- Admixing and administration of oncolytic and a dedicated Oncology clinic.
- Advanced Gynaecological Surgery.
- Obstetric High Risk Clinic and High Care inpatient service two (2 beds).
- Paediatric invasive and non-invasive ventilation.
- Neonatal services – KMC, Neonatal High Care & ICU.
- Endoscopy Clinic (commissioned on 4th May 2023).
- Mammography services started in March 2024, following the acquisition of a Mammography machine in December 2023 and product training of staff in February 2024. Mammography's are done on a small scale on in- and outpatient basis. There is no post for a Mammographer available, although a trained professional is currently employed as the Senior Radiographer at the establishment.

Clinical Services

The prevalence of communicable diseases, such as HIV, TB and Acute Respiratory Infections, is related to the epidemiological transition along with the non-communicable diseases of cardio vascular and Cerebro-vascular systems, gastro-intestinal tract diseases, diabetes, hypertension and cancer within the Province. The underlying causes for the Hospital's mortality rate are both communicable and non-communicable diseases, such as Respiratory Disease, which includes TB, HIV, cancer, cardiovascular diseases, hypertension and diabetes.

The inpatient Bed Utilisation Rate (BUR) improved to 70% over the festive season as a result of the opening of the short stay unit in Casualty with the help of staff performing remunerative overtime. This arrangement was implemented only over the Christmas and New Year weekends.

The General Surgery unit consists of a twenty (20) bed capacity to be used for referrals from the entire western part of the Province. Needless to state, this inherently causes bed shortages, delayed performance of elective surgeries and negative comments on the surveys conducted by the public. This situation is further exacerbated by staff shortages within the Medical and Nursing fraternity affecting theatre times, the number of surgeries that could be performed, the absence of surgeons on call rosters and so forth.

The same situation applies also to Orthopaedic Surgery, which has only twenty (20) dedicated beds and characteristically longer hospitalisation periods. The Surgical component, with the exclusion of Obstetrics, is currently in a state of crisis. The shortage of Medical Specialists and experienced Medical Officers in the field does not justify the number of patients they consult at these clinics. Currently, these specialists are caught up in Theatre, Accident and Emergency unit and ward rounds where they must endorse treatment plans and accept responsibility for the actions taken by their subordinates.

The Mental Health unit situated in the Medical ward has been refurbished to allow dignified health care to be rendered to these patients. The absence of a Specialist in Internal Medicine compromised the quality of care to patients. This discipline had a high admission rate due to the increase in the disease burden, thus accentuating the need for leadership in patient care delivery.

The Hospital received support visits from Specialists that were enrolled and remunerated through the Discovery Grant due to the hospital's alignment with the University of Stellenbosch. These support visits were short and mainly for academic purposes and attempted to address the skill deficit in Doctors. It has had a positive impact on the empowerment of our Medical Doctors. The Hospital was accredited by the HPSCA for the placement of Registrar's in Family Medicine from the University of Stellenbosch since September 2023, but the program is hampered by the availability of Registrar posts on the Hospital's establishment. The addition of specialists in training will improve the skill of Medical Doctors and improve the quality of patient care rendered at the facility. The Hospital participated in the training and development of Medical and Allied Health students from the University of Stellenbosch, who are placed at the hospital for practical exposure throughout the year. The allocation of final year medical students increased to twelve (12) for the financial year which can be attributed to the quality of Senior Medical Professionals in the facility.

The Hospital has a near full Allied Health staff compliment providing Physiotherapy, Dietetics, Occupational Therapy, Speech Therapy, Social services and Audiology services. Psychology services were halted after the resignation of both Psychologists in 2019 and 2020 respectively. These vacancies have not been advertised or filled, leaving a void in the management of mental health of both patients and staff at the facility.

The Office of the Health Standards and Compliance (OHSC) has conducted a regulatory inspection and the Hospital achieved compliance status with Excellent Grading despite not having an appointed Quality Manager and an established Monitoring and Evaluation unit. This achievement was followed by the establishment of a Quality Management Team, similar to the PPTICRM structures at District level, with the sole mandate of driving Quality Improvement within the facility under the guidance of the Caretaker Quality Manager. An external PEC was done by the Hospital on 7th September 2023, by an independent group from the ZF Mgcawu District Offices. This survey reflected an average satisfaction rate of 76%, which is an improvement of 9%. A Hospital Service Delivery Plan was formulated and has been communicated to all Service Units and management and the results were displayed in the patient waiting areas.

Infrastructure

The employment contract for the Deputy Director: Facility Management was renewed from 1st April 2024 to 31st March 2025. This has ensured some stability in this department, notwithstanding a number of critical challenges. The three (3) Artisans have reached the end of their probation periods and their future employment at the hospital must still be confirmed. The absence of available technical guidance and oversight over the day-to-day functioning of these Artisans has been a challenge. The lack of the Artisans' pro-activeness in taking the initiative to do fault-finding is a major challenge and the hospital community is unhappy with this situation. Tools of trade were procured within the first six (6) months of their arrival, but his excluded the necessary materials for doing repairs. A detailed list was submitted to finance for the procurement of plumbing, electrical and mechanical material for the use of the Artisans, and the process of procurement is still in progress. Supply Chain Management (SCM) expressed their concern with the sourcing of suitable suppliers for all approved orders due to the shortage of manpower in the unit as well as the inability to attract credible suppliers to quote or tender for service delivery. The outsourcing of highly technical repairs such as Air handling units, HVAC, Generators, UPS systems and water plant are still a necessity, despite the appointment of the Artisans in 2023. However, Provincial Infrastructure, and the Acting HOD, has approved the appointment of Mekan Engineering for the repair and maintenance of the HVAC systems and Generators. Fire extinguishers and fire hoses in the Hospital have been replaced. The only exception is the repairs to the water plant as the Hospital still experiences problems with water flow. Outstanding works in the Kitchen, Laundry and Mortuary must still be undertaken and no service providers have been appointed to date.

The TB Unit had experienced a number of acts of vandalism, especially affecting the internet connection and HVAC systems and also included threats to the imminent infrastructure of the main hospital. Security has been alerted to this threat as this will reverse any infrastructure gains made thus far.

Procurement of diesel, due to the unstable electricity availability, has put a huge strain on the operational budget of the facility. The uncertainty around the uninterrupted availability of electricity has created serious implications on the operational budget. Two out of the three (2/3) generators was repaired and the unavailability of the one generator impacted on the optimal functioning of the SCADA (Supervisory Control and Data Acquisition) system, which transmits electricity throughout the hospital. The appointed service provider agreed to attend to this generator subject to receiving payment from the Department, as this will involve huge costs in removing the generator from the hospital premises and transporting it to the workshop in Bloemfontein. One of the major failures in the proper management of hospital infrastructure is the lack of proper communication and transparency in the development of the infrastructure budgeting process – which is currently a top-down approach, without the hospital being given the opportunity to provide its challenges prior to the finalisation of the Infrastructure budget (Table B5). This has proven to be a major concern in the optimal functioning of this area of work.

Food Services Unit (FSU)

The newly appointed Supervisors in the FSU have now completed the first year in their roles. However, much investment must still be done in the development of these supervisors on fulfilling all their duties as Middle Managers as there was a tendency by them to continue functioning as food service aids. It is critical that this unit be provided with a Manager, namely a qualified Dietician, to oversee the professionalization of the kitchen. Posts in the FSU were vacated without replacement as there were staff who were transferred elsewhere within the hospital, which placed a huge burden on the productivity of the kitchen. This Unit also experienced high levels of indiscipline following a number of *Audi* letters and suspensions made against staff. The situation still remains unabated as acts of ill-discipline persists.

Following a national audit by the Nutrition unit, the Hospital had a final score of 77,9%, which is above the 75% threshold. This demonstrated an improvement of 40,4% since the last audit that was done in August 2021 and can be attributed to all the efforts done by the FSU task team, staff as well as the support of the Environmental Health Practitioners who greatly contributed to this achievement.

The FSU was awarded a Certificate of Acceptability in August 2023, which is still in force. This was achieved despite the staff shortages, a lack of qualified leadership due to the absence of an FSU manager, a lack of proper maintenance of equipment, delays in the replacement of broken equipment in the unit and shortages of Food Services Assistants. The Environmental Health unit assisted greatly in monitoring the quality of food and water in the facility and thus played a critical role in monitoring the standard of acceptability for food products and the compliance of suppliers to legislative requirements in terms of the storage of and transportation of food supplies.

There has been ongoing late and/or non-payment of the credible food product suppliers that crippled the quality of and negatively affected the cost of food products for the facility. SCM often deviated and sourced products from smaller companies with inflated prices that resulted in the depletion of the allocated budget at an increased rate. Overspending is thus almost a given as was demonstrated in the expenditure report. Notwithstanding some of these major challenges, a number of improvements and achievements also obtained. A new dishwasher, eleven (11) food warmer trolleys were acquired including glassware to serve the patients.

Laundry Services

The recruitment process for the appointment of two (2) Supervisors was completed and the appointments were concluded. However, Laundry Services does not have a Manager responsible for monitoring of unit operations, managing of the cost centre budget and maintaining stock control measures. The hospital has two functional laundry units supplying the clinical units. The number of staff only permits the unit to function on weekdays with requests for remunerative overtime on alternative weekends. Theft of linen and poor laundering contributed to daily linen shortages. The quality of the laundering process and detergents used, which is caused by sourcing from smaller, unknown companies due to non-payment of the credible suppliers. A portion of the linen requirements could be addressed through procurement processes amidst budgetary constraints. The unit also experienced problems with equipment breakdowns that impacted negatively on the output and availability of linen to the clinical units. The laundry unit also assisted the Robert Mangaliso Sobukwe (RMSH) and Kakamas Hospitals on regular intervals over weekends with laundering their linen. The added load hastened the wear and tear of these machines. Routine maintenance on the industrial machines must be outsourced, but this is hampered by the reality of budgetary constraints and non-payment of credible suppliers.

Security

Hospital security services was still managed by Defensor, who have been appointed on a month-to-month contract since October 2023, as the contract had expired on the 30th April 2024 pending the appointment of an alternative security company. Notwithstanding, there were a number of interventions, such as boom gates, security entrance gate and exit gate. There was still huge security lapses in the system as vandalism remained a daily occurrence, i.e. toilets were stripped and outside taps were removed for the purpose of recycling. None of the cameras inside the hospital are currently working and therefore no proper monitoring of crime can be done as there is no footage.

Regular incidents of theft of hospital equipment and furniture occurred, some were spotted and reported, but others left were unreported. Access control remained a challenge in the facility as there are fifteen (15) entrances into the building. Since the biometric system became non-functional all access doors remained open and needed to be guarded manually. There was also a mismatch between the supply of security officials and the service points they needed to cover, thus there still is a huge risk of unauthorised entry compromising the safety of staff, patients and hospital property. A Security Mitigating Report was compiled during the 2022/2023 financial period and is still being implemented. Further interventions, such as the repairs to the X-ray machine, still need to be implemented.

Housekeeping

Three (3) former General Assistants/Cleaners as Housekeepers were recruited to provide supervision for the EPWP's and the cleaners. This cohort of new employees, similar to the other supervisors, also requires development in terms of middle management skills. The core function of this unit is to ensure that the hospital complies with the standard hygienic conditions expected of a hospital, which includes cleaning and sterilising of floors, windows, wards, toilets etc.

Mortuary services

The mortuary services are still outsourced for those patients who are not immediately claimed. Mortuary fridges, front and back door are still in need of repairs. Hand hygiene facilities also to be installed in the section.

Human Resource

The unit functioned with a personnel shortage on the production levels in the following sections: Recruitment and Selection, Conditions of Service, EPMDs, Training Coordinator and Registry Clerks. The mentioned units will provide for the smooth running of the establishment of five hundred and seventy-one (571) employees. There was a challenge in the recruitment of especially clinical personnel specifically from the Upington area and therefore there was a need to extend the search to other Provinces and there is a tendency of these employees applying for transfers after their permanent appointment has been finalised. The unit only appoints personnel on the PERSAL system, after authorisation and the current strategy of the advertising of vacant posts is not suitable, thus the Block Advertisement approach was suggested.

The Conditions of Services Unit did very well considering the abovementioned challenges. Payouts on Pensions were acquired within two weeks of retirement. There is a backlog in Pillar cases but assistance from the Provincial Office was sought.

The facility, with the assistance from Provincial Office, managed to keep up with the pay out of Performance bonuses although there were challenges with the capturing. The implementation of Grade Progression should be prioritised.

Furthermore, the Training unit was non-operational. The process of establishing a new Training Committee will commence in 2024/2025.

Finance and Supply Chain Management

Budgetary constraints are a reality in all facilities. This is further exacerbated by the phenomenon of accruals into the budget of the upcoming financial year, where monthly allocations of cash flow that does not cover all outstanding payments was the primary reason for the build-up of accruals. Sound financial management and monitoring of expenditure was not possible in light of the aforementioned.

ACHIEVEMENTS

- The hospital achieved the OHS Compliance certification with Excellent grading, following a Regulatory inspection in August 2023.
- The quality of Medical training final year students of the Stellenbosch University was complimented by the increased allocation.
- Introduction of new appointed officials for the Hospital Board was done and meetings were held at the facility.
- Three hundred and forty (340) Cataract surgeries were done.
- The Endoscopy Unit was commissioned on the 5th May 2023.
- The following clinical equipment was procured: Sonar machine, Endoscopy equipment, Surgical instruments, Arthroscopy set, Colposcopy machine, Orthopaedic theatre table, C-arm and a Mammogram machine.
- An Environmental Health Practitioner was appointed on contract and this increased the staff total to two (2) officials.
- One of the facility Operational Managers was nominated as first runner-up for the Marilyn Lehanna prize at the Northern Cape Department of Health Nurses Day Celebration.

- The hospital received three (3) Discovery awards for Distinguished Visitors, Internal Medicine and Psychiatry, as well as Rural awards.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 52 Challenges & measures planned to overcome them: Regional Hospital – DSHS

CHALLENGES	CORRECTIVE ACTION
Infrastructure <ul style="list-style-type: none"> • Delay in maintenance repairs is a cause for major concern and endless frustration. • Out of three (3) backup generators only two (2) are functional, HVAC System faulty and Water Treatment plant needs repair and servicing, intermittent lack of water supply to the facility. • The building of the hospital has visible, gaping cracks some keep on increasing in size. In some areas you can see through the crack to the other side of the wall which may be an indicator of costlier structural or foundation. 	<ul style="list-style-type: none"> • Intervention from Infrastructure and Maintenance Directorate on Provincial level. • Access to be approved by CFO and HOD for access to Table B5 funds. • Prioritize urgent maintenance issues such as replacement of backup generators.
Human Resource Severe staff shortages and staff burnout.	<ul style="list-style-type: none"> • Prioritize appointment speciality, experienced, skilled and general support staff including a Clinical Psychologist. • Matters of delayed submissions/ appointments due to poor communication at Provincial and Treasury level to be dealt with promptly • Approval of proposed hospital organogram and motivate for creation, funding, advertising and filling of priority posts.
Transport EMS being unable to transport DR-TB patients to the facility for follow-up's may lead to a high rate on lost to follow-up patients and an increase in the DR-TB mortality rate.	EMS, DHS, Tertiary, Specialized and Regional Hospital CEO's to deliberate on a way forward in the new financial year.
Security The Safety and Security of staff and patients is highly compromised in this facility due to the facility having a total of fifteen (15) entrances with unlockable doors. All entry points cannot be guarded due to an insufficient supply of security officials.	<ul style="list-style-type: none"> • Provincial Safety and Security to intervene as a matter of urgency. • Prioritize workplace physical and psychological safety since an essential component of worker safety and security is based on workplace physical and psychological health and safety. • Repair of patient nurse bell system for timeous alerting of nurses to reduce PSI's. • Replacing all broken doors and either repairing the Biometric system for access control or install and alternative.
Oncology Services Inadequate Management of Oncology patients and mortality rate of Oncology patients too high.	<ul style="list-style-type: none"> • More involvement of Tertiary Hospital Oncologists especially with renewing of prescriptions • Additional training to the medical doctor allocated to Oncology. • The appointment system to be revisited as it is currently delayed (late dates issued). • Down referrals turnaround times to be sped up as they take too long or is non-existent.
Mixed TB positive children in paediatric Ward <ul style="list-style-type: none"> • The Adult ICU often face a bed challenge with only five (5) usable beds of which three (3) Beds are allocated to Paediatric patients and two (2) beds to adults, shared amongst the various disciplines. • Paediatric patients often occupy more than 3 beds in the unit, at the expense of adult patients. 	<ul style="list-style-type: none"> • Commissioning of a Susceptible TB site for Paeds. • Establishing and staffing a separate Paediatric ICU.
Overflow of patients resulting in a crisis and forcing the unit to operate with seven (7) beds.	Train more doctors from the different departments in intensive care management.
The cost of diesel is concerning as a result of frequent and prolonged load shedding, especially during stages 4 and 6.	The hospital should be taken off the grid and be exempted from load shedding. Provincial Infrastructure to initiate the process as soon as possible.
The Internal Medicine department is lacking the leadership of a qualified Physician to supervise and guide the quality of care of a large portion of the patient community.	<ul style="list-style-type: none"> • The funding, advertising and filling of the post vacated by the late Doctor must be prioritised. • Monthly mortality reports are implemented in all clinical departments.

CHALLENGES	CORRECTIVE ACTION
Paying of suppliers within the 30 day period which result in key accounts being closed and not being able to order stock.	<ul style="list-style-type: none"> • The Department must consider the possibility of an exchange program with RMSH as a temporary solution to provide in service training. • Keep updating accounts by putting a record system in place to track expenses. • Provincial Finance to do regular recons on facility accounts payable to increase cash flow on monthly basis.

Table 53 Outcomes, outputs, output indicators, targets and actual achievements: Regional Hospital - DSH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Patient experience of care in public health facilities improved	Patient Experience of care survey satisfied responses	Patient experience of care satisfaction rate	92.4%	67%	80%	76%	-4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Patients not understanding the Triage system and the waiting times attached to a certain code. Absence of Triage Nurse leading to incorrect triaging. Staff shortages (clinical and administrative) impacts negatively on the timeous consultation of patients (excluding RED cases). Constant communication with patients regarding delays not done. Poor customer service orientation: Values and staff attitude, patient safety, cleanliness and waiting time. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Reorganizing of patient flow to be done in Casualty. Refresher trainings for nursing staff responsible for triaging patients at Casualty. Appointment of nurses, doctors and administrative staff to improve on triage and speed up the time of consultation of all patients awaiting assessment. Improving on patient communication by means of pamphlets, restoring patient TV's for recurring advertising and screening of educational information. 				
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	100%	100%	25%	-75%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Not all cases were reported within the 24 hours timeframe. Sub-optimal implementation of guidelines leads to wrong classification of (SAC)1 and other SAC incidents. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous training on SOP's pertaining to the management of (SAC)1's. Consequence management must be implemented for non-compliant units/wards. 				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	100%	93%	100%	90.6%	-9.4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Not all PSI cases reported were closed. Sub-optimal implementation of guidelines leads to wrong classification of PSI incidents. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous training on SOP's pertaining to the management of PSI's. 				
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	Number of maternal deaths in facility		5	≤4	3	1
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Despite this achievement, the following challenges remain: <ul style="list-style-type: none"> Late referral for further management, poor compliance to treatment and late antenatal booking are some of the main causes of maternal deaths. Late referrals to High Risk Outpatient Clinic during pregnancy. Complications due to Pre-Eclampsia resulting in pulmonary oedema and demise before transfer to RSH. Un-booked antenatal patients. Pregnancy diagnosis at time of consultation in casualty, elevated BP and demise due to massive intracranial damage. Ratio of patient-to-nurse in labour and Maternity ward is grossly imbalanced. Shortage of High Care & Intensive Care Nursing staff. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
			<ul style="list-style-type: none"> o Lack of Sonographer for high risk sonars and echocardiograph's. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Engage District Health Services on establishing an Integrated Health Management forum to address problems between District health and Level 2 (Regional Hospital) services. Improve patient education during antenatal period in terms of obstetric emergency signs and compliance with treatment. Improved communication with RMSH to ensure timeous transfer to higher level of care and RMSH to accept referred patients. Proper history taking and management. Timeous referral to Obstetrics and Gynaecology. Strengthen basic Infection Prevention and Control (IPC) practices. Ensure availability of emergency response vehicles and improve response time. Appointment of Medical specialist/ICU Specialist, ICU Nurses and a Sonographer. 				
	Death in facility under 5 years	Number of Death in facility under 5 years		53	≤15	65	-50
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Pre-term birth complications, birth asphyxia, congenital anomalies and congenital syphilis. Late presentation to hospital of sick babies and children. Previous low birth weight with extreme lung immaturity. Poor adherence to IMCI protocols at PHC level. High prevalence of underlying health conditions in the population including malnutrition is a contributing factor. The under 5 mortality rate includes patients who demised mainly in our Neonatal Intensive Care Unit (NICU) and Intensive Care Unit (ICU), we have an average of ± 3 deaths monthly in NICU. Surrounding areas have little to no access to 24-hour healthcare, inadequate resources and limited staff. The influx of transfer in patients from the surrounding areas is one of the key contributing factors. Delayed medical interventions. Socioeconomic disparities impacting the overall health of children, and limited community awareness and education regarding child healthcare. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve patient education during antenatal period in terms of obstetric emergency signs and compliance with treatment. Create awareness of importance of early and regular clinic attendance in Antenatal period. Timeous health seeking behaviours. Availability of EMS vehicles for improved response times. Introduce monthly follow up of Pre-term babies after discharge till first year of birth. Extensive education of KMC mothers on management of their babies after discharge. Appointment of Medical specialist / ICU Specialist, ICU Nurses and a Sonographer. 				
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate	0.3	0.39	≤2%	0.88%	1.12%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Continuous improved management of diarrhoea cases. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> None. 				
			0	1.10	≤1%	8.16%	-7.16%

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate	REASONS FOR DEVIATION: <ul style="list-style-type: none"> The influx of transfer in patients from the surrounding areas is one of the key contributing factors, especially deep rural areas. Late presentations for healthcare. IMCI classification may also be an issue at facility level. Late referrals from Primary Healthcare facilities. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Request the District to prioritize health education at PHC level. Advocate for health education in our Outpatient & Inpatient Units. Training/ refresher training of nursing staff on IMCI. The role of EMS must also be visited; as skilled EMS staff plays a vital role. Early referral implementation of basic infection and prevention. 				
	Severe acute malnutrition (SAM) death under 5 years	Child under 5 years severe acute malnutrition case fatality rate	0.5	9	≤14%	4.31%	9.69%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor nutritional status due to poverty and food security and late presentation at Hospital level. Inadequate breastfeeding practices, lack of awareness about proper nutrition and feeding practices, limited healthcare infrastructure for early detection and management of malnutrition. Underlying health conditions or infections (HIV and TB being the most prevalent) that compromise nutritional status. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Strengthen involvement of Dietitians. Proper management of SAM children and proper nutrition in line with protocols. In-service training of clinicians. It is important to address these factors through a comprehensive approach that includes community education, improving access to nutritious food, enhancing healthcare services, and strengthening nutrition interventions to reduce the prevalence of severe acute malnutrition. Monthly SAM audits and work very closely with our Allied team to decrease the morbidity and mortality associated with SAM. 				

14.4.2. Sub-Programme 4.2: Specialised Hospital – West End Specialised Hospital (WESH)

PURPOSE

1. *Improve specialised hospital services by gradually increasing employment of staff.*
2. *Improve accessibility to mental health service in the specialised hospital.*

SITUATION ANALYSIS

The Northern Cape Mental Health Hospital (NCMHH) is the only Specialized Hospital in the entire Province, hence the uptake and referrals to this Hospital remained high, despite the limited numbers of operational beds available. At this juncture, the hospital operated at one hundred and sixty-one out of two hundred and eighty-seven (161/287) beds (56%), yet the National Norms require that the Northern Cape Province must have at least one thousand three hundred (1 300) acute Psychiatry beds.

If the current practice of admitting children and adolescents with adult patients continues and if State Patients continue to be illegally detained in Correctional Services facilities/prison, there will no doubt be profound medico legal challenges in the near future. These malpractices are not only in violation with the patients' human rights, but will also have dire negative financial consequences when the same patients decide to lay civil claims against the Hospital/Department.

On 8th May 2023 fifteen (15) State Patients were transferred from the Department of Correctional Service as a new ward (unit) became operational. This was implemented without the appointment of additional staff, which put more strain on the already depleted staffing who are currently barely covering the existing wards. The prolonged admission of State Patients in the Kimberley Correctional Centre remained one of the Achilles heels of the Hospital, whereby expeditious repatriation to the hospital required an injection of resources, such as human capital, goods and services and capital budget.

Female State Patients in the facility are admitted in the chronic ward with very fragile and older patients due to the limited space within the designated State Patients ward and also based on the small number of female patients as compared to male patients.

Certified State Patients who happen to be on Leave of Absence (a prescribed mechanism to reintegrate them into society) either relapsed or failed their leave of absence conditions and the hospital was obligated to be readmit them directly into the State Patients Ward. According to the norms and standards for psychiatric patients, the hospital is supposed to have one bed for every four patients (1:4) who are on Leave of Absence. There are thus supposed to be eleven (11) beds available, yet there is none. These patients are then admitted in the Acute wards where they block the beds for acute admissions.

A project was initiated by The Office of the HOD, following a directive by the National Minister of Health, to repatriate twenty-one (21) State Patients by 1st December 2023, which was prompted by the Judicial Inspectorate for Correctional Services (JIGS). This project, however, was retarded due to delays in infrastructural readiness that required maintenance, repairs and human capital.

A delegation from the NDOH and Treasury visited the hospital on the 8th June 2023. Positive spin offs were anticipated from the visit with particular emphasis on operationalising the Child and Adolescent Mental Health Care Services (CAMHS) ward. Probabilities were also communicated to support the facility to increase its bed capacity as part of improving mental health accessibility and ensuring value for money in the infrastructure investment. Unfortunately, none of these probabilities materialized in the period under review.

A general shortage of staff-to-patient ratio prevailed and was compounded by a reality of extremely protracted and/or failure of filling Direct Replacement posts, which compromised the output and outcomes in various different disciplines, e.g. Medicine, Psychology, Nursing, SCM and Finance. The Hospital is still awaiting approval of Appointment Submissions for both clinical and non-clinical direct replacement posts since July 2023. The lack of filling of direct replacement posts compromises the safety of staff and patients which impacts negatively on the coverage of wards and all the different disciplines, e.g. Medicine, Psychology, SCM and Finance. At present, there are only two Psychiatrists for the Hospital and for the Province as a whole.

Since the unsuccessful transfer of internal Finance personnel, where funding was ring-fenced, it is rather unfortunate that the subsequent external advertisement remained in abeyance until such time that the financial year expired and funds were then forfeited. The support received from the Provincial SCM Unit to the Robert Mangaliso Sobukwe Hospital exposed the dire need for an established internal Finance department for the Specialised Hospital as well; a development that requires tangible Executive Management consideration and intervention.

The industrial action by the Defensor Security entity in the State Patients' Unit led to two (2) mental health care users absconding from the facility and equally compromised the safety of staff and patients alike. The hospital also experienced three (3) unforeseen sporadic incidences of vandalism at the electrical power substation associated with cable theft and has been without electricity since 29th October 2023. The nature of the damage triggered excessive usage of the standby generator to the extent that the primary generator had an automatic mechanical breakdown, which necessitated temporary replacement. The turnaround time for addressing the electricity crisis experienced various challenges. Certain pharmaceutical items became unsafe for patient use due to the high temperature in the pharmacy as a result of the interrupted electrical supply and the pharmacy stock was temporarily moved to the DRTB pharmacy premises. The undue pressure of getting medication daily from DRTB to NCMHH inadvertently hampered the efficiency of service delivery. Administrative setbacks due to the cable theft also included a lack of telephone and internet connectivity, thus the transversal systems, i.e. Persal and PAAB were offline.

The reported (SAC)1 cases were abscondments, of which patients were found within one day, and can also be derived from the Defensor Security strike as there was no security personnel on duty on the dates of these abscondments. The situation was remedied by allowing permanent securities work unplanned overtime. One (SAC)1 incident was a result of unnatural death of a patient who was assaulted prior to his admission.

Out of all PSI cases, 80% were assaults, which can be directly linked to the mental illness of the patients. It is a common phenomenon for mental health patients to assault fellow users and/or staff members. The standard medication (Clozapine) was out of stock and the switch in the medication also triggered their aggressive symptoms. In the DR-TB Unit, nine out of the ten cases were Adverse Drug Reactions. Patients presented with bone marrow suppression caused by one of the DR-TB drugs; this drug was immediately stopped and blood transfusions were given to these patients.

ACHIEVEMENTS

- Despite there only being two Psychiatrists, 30-Days Forensic Observations Service had remained steadfast and continued to keep the waiting period for admission at less than 3-months. This is by far comparatively the best performance nationally and with this performance had come a cash flow injection from the Department of Justice.
- Fifteen (15) State Patients from the Department of Correctional Services were admitted to the NCMHH.
- Specialist Mental Health Outreach Services showed an improvement, with full coverage of RMSH, as well as the Frances Baard and, to some extent, Pixley Ka Seme Districts.
- The Registrar Training Programme took shape with interviews scheduled and the appointment of Dr Kirimi (Affiliate Lecturer) was extended with UFS for a further three (3) years.
- Despite resource constraints, the Hospital achieved most of its operational outputs/requirements:
 - Increased number of reunifications of chronic mental health care users with their families.
 - Greater output and referral in Forensic Observation cases.
 - Reduction on the Average Length of Stay through improved treatment protocols and MDT efficiency.
 - Decreased DRTB Mortality Rate.
 - Both hospitals were fully functional on the PSI system of the Ideal Hospital Framework.
 - All PSI's were documented and closed.
 - Uninterrupted nursing care to mental health care users due to renewal/extension of Nurses contracts.
- The following appointments were made: 2x Nursing Assistants, 2x Professional Nurses, 1x Medical Officer, 2x Clinical Psychologists, 12x Cleaners and 2x Admin Clerks.
- Three out of four (3/4) pensions were finalised and paid out.
- Successful implementation of the Security shifts system reviews.
- Appointment Submission Approved for Grade 1 and 2 Psychologists as well as for three (3) Intern Clinical Psychologists.
- Sol Plaatje Sub-District Rifampicin Resistant TB focal Doctor completed in-service training after two months.
- Magareng Sub-District Rifampicin Resistant TB focal Doctor commenced in-service training as from 1st September 2023 to 31st October 2023.
- Successful resuscitation of the Clinical Psychology Internship Programme with accreditation from the HPCSA, supported by the University of the Free State (UFS), whereby three (3) Interns will commence duty in the new financial year.
- The World Health Organization (WHO) and National Department of Health (NDOH) visited the DR-TB Hospital on 7th – 8th of December 2023. The audit done by the WHO showed good performance by the WESH facility in the management of complicated Tuberculosis, including the facility leading the country in the commencement of the latest development on DR-TB Drugs 6-months Short Regimen, which includes: Bedaquiline, Pretomanid and Linezolid (BPAL). Whilst the NDOH recommended the use of BPAL at end September 2023, the facility initiated fifty-four (54) patients.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 54 Challenges & measures planned to overcome them: Specialised Hospital – WESH

CHALLENGES	CORRECTIVE ACTION
Lack of a dedicated Institutional Finance Department severely hampers service delivery.	<ul style="list-style-type: none"> Expedite the processes that are already underway, i.e. Revenue Clerks Funding which includes DD-Finance/ Direct Replacement of Assistant Director Finance. Tangible planning on minimal Finance personnel appointment during 2024/25.
Lack of dedicated Institutional Infrastructure Department to promptly attend to maintenance repairs and requirements.	Tangible planning on minimal Infrastructure personnel appointment during 2024/25.
Limited available beds for Child and Adolescent Mental Health Care Services (CAMHS) as admission of minors in adult wards presenting constant risks to the patients as well as possible medico-legal litigations to the Department.	Soliciting funding for full operationalization of the CAMHS Ward.
Severe staff shortages and e-Submission challenges resulting in prolonged recruitment process.	<ul style="list-style-type: none"> A comprehensive departmental strategy to address staffing pressures in line with the epidemiology and population demands. Devolving delegations particularly on the filling of Direct Replacement Posts to Chief Directorate level expedite turn around. Address prolonged signing-off of Submissions by signatories and consequence management for delays.
Protracted approval process for permanent appointment of Covid-19 funded Nurses with Submission still pending since May 2023.	Expedite approval of Interim Covid-19 Nurses appointment Submission.
Delay in patients being brought for admission at DR-TB Hospital, resulting in patients demising.	District health level intervention on related EMS challenges.
Reunification of Chronic Users without Patient Transport Services across Provincial borders.	Development of a clear Policy for Transportation of patients from other provinces (cross boarder).
Lack of Standardised Psychological/Forensic Assessments due to unavailability of Test Batteries.	Speedy turnaround of all Procurement Processes, particularly when Health Technology Budget is available.
Systemic challenges on DHIS regarding PEC.	Provincial Office (Quality Office and Regional Training Centre) to initiate in-service training to staff.

Table 55 Outcomes, outputs, output indicators, targets and actual achievements: Specialised Hospital (WESH)

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Patient experience of care in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient experience of care satisfaction rate	20%	63.8%	80%	71%	-9%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Sporadic lack of and/or no cleaning materials in the hospital.Long waiting times in OPD due to Doctors attending training.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Finance and SCM functions to be decentralized to the Hospital.Doctors to reschedule their trainings or alternatively to assign a Doctor to start at OPD in the mornings.				
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	75%	0%	100%	100%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">None.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">None.				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	75%	100%	100%	97%	-3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">One unnatural death is still under investigation.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">None.				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 4

Table 56 Linking performance with budget: Programme 4 – Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
General (Regional) Hospital	355 710	355 710	-	312 087	312 087	-
Tuberculosis Hospitals	24 083	24 083	-	20 299	20 299	-
Psychiatric/Mental Hospitals	140 271	140 271	-	121 215	121 215	-
TOTALS	520 064	520 064	-	453 601	453 601	-

Provincial Hospital Services spent R520 065 million or 100% of its allocated budget.

14.5. Programme 5 – Tertiary Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

To deliver tertiary services which are accessible, appropriate, effective and provide a platform for training health professionals.

SUB-PROGRAMMES

Sub-Programme 5.1 Robert Mangaliso Sobukwe Hospital (RMSH)

OUTCOMES

1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.

14.5.1. Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

PURPOSE

1. *Improve efficiencies and quality of care at Provincial Tertiary Hospital services.*
2. *Ensure compliance with the national core standards for effective health service delivery.*
3. *Implement effective referral systems by ensuring a close relationship between all levels of the health systems.*

SITUATION ANALYSIS

The Robert Mangaliso Sobukwe Hospital (RMSH) renders specialist and sub-specialist care to the Regional and District Hospitals in the eastern half of the province. Most of the care provided is at level 2 and 3 and requires the expertise of teams led by specialists and sub-specialists. The institution also serves as a platform for research and training of health workers and provides tertiary services for the Province.

The Obstetrics and Gynaecology unit was under extreme pressure due to the shortage of Senior Doctors. The absence of a Clinical Head of Unit put tremendous strain on the junior doctors. The limited supervision, support and guidance had a negative impact on the quality of care, thus threatening the outcomes on maternal and perinatal morbidity and mortality, making room for adverse events and potential medico legal litigation. Seventeen (17) maternal deaths were reported, which show an increase of eight (8) as compared to the previous financial year and is above the annual target of ≤ 14 . The reported cases were from Kuruman (8), Kimberley (5), Colesburg (1), Hopetown (1), Pampierstad (1) and Ritchie (1).

Chronic staff shortages in the speciality areas was a major contributing factor to the long waiting times for surgical operations. The increase of staffing for the theatres remains a key priority as adequate theatre Nurses and Anaesthetic Medical Officers are the pinch points at the facility. The opening of the second Orthopaedic Theatre dedicated to elective Orthopaedic surgeries was prioritised. As a short term remedial action the hospital has formed a collaboration with a private service provider to for the rendering of theatre services for one week in a month for the past 10 months. MediClinic also assisted in performing surgical marathons as part of their corporate social responsibility.

The filling of vacant funded posts, especially non-clinical posts, remained a challenge and negatively affected service delivery, e.g. infection control, efficient SCM and Human Resource Management. This shortage also put tremendous strain on the functionality of the hospital towards achieving its desired goals and causes staff burnout which further decreases capacity and staff satisfaction.

A total of eighty-one (81) exits were encountered through resignations, dismissal, retirement, ill-health and death.

Table 57 Service Terminations (RMSH)

Category	Type of Service Termination					Total
	Resignation	Dismissal	Retirement	Death	Ill Health	
Medical Officer	22	1	-	-	-	23
Operational Manager Speciality & General		-	2	-	-	2
Professional Nurse Speciality & General	15	-	14	2	-	31
Staff / Assistant nurse	6	-	6	-	1	13
Dietician	-	-	1	-	-	1
Radiographer	2	-	-	-	-	2
Artisan / Tradesman	1	-	1	-	-	2
Admin Officer	-	-	2	-	-	2
Housekeeper Supervisor / Cleaner	1	-	2	-	-	3
Porter	-	1	-	-	1	2
TOTAL						81

The institution is continuously coming up with creative measures to attract and retain critical specialist skills in the Province, such as Theatre Nurses and Anaesthetic Doctors (amongst others).

Table 58 Appointments made (RMSH)

Category	Number
Medical Specialist	1
Medical Specialist - Sessional	5
Medical Officer	17
Operational Manager - Nursing	5
Professional Nurses - Speciality & General	30
Staff/ Assistant Nurse	32
Dietician	2
Pharmacist	1
Physiotherapist	1
Occupational therapist	2
Radiographer	4
Social worker	2
Artisan / Tradesman	2
Clinical Technologist	1
Admin Clerk (transfer-in)	1
House keeper / cleaner	1
TOTAL	107

A comparison of key hospital indicators

Table 59 Comparison of key hospital indicators 2022/2023 and 2023/24

Data Element /Indicators	2022/23	2023/24
Hospital Bed Utilization Rate (BUR)	63.2%	81.3%
Hospital Average Length of Stay (ALOS)	9.1days	9.4 days
Maternal death in facility	9	17
Caesarean section rate	60.7%	57.7%
Live birth in facility	3 830	3 629
Still birth in facility	182	159
Death in facility 0 - 6 days	115	74
Death in facility 7 - 28 days	30	26
Expenditure Per Patient Day Equivalent (EPDE)	5 790	4 245

- Year on year there is an increase of 18% in the BUR, which is 6.3% above the National norm of 75%. The backlog of surgical cases, especially Orthopaedic, forces patients to remain longer in the facility awaiting to be operated. This created more complicated surgeries that requires longer recovery time.
- ALOS remained constant as compared to the previous financial year.
- The Caesarean section rate showed a decrease of 3% as compared to the previous financial year which is still above the norm of 35% for tertiary hospitals.

As part of improving quality healthcare services an ideal hospital assessment was carried out during the second quarter, the overall grading was unsatisfactory with an average score of 68%. The absence of governance structures, such as the Hospital Board, has contributed to this non-compliant status. A Quality Improvement Plan was developed as part of the response mechanism to improve the outcome.

Modernized, effective and efficient infrastructure is one of the factors that will contribute towards having an attractive health care system, especially in the academic platform. The hospital has over a number of years been faced with infrastructural challenges mainly due to the lack of continuous routine and backlog maintenance that often results in services being affected at times. It is important to have a funded infrastructure plan that adequately responds to, but is not limited to, the listed challenges such as leaking roofs, HVAC systems, back-up electricity, water supply and Health Technology. The provision of Infrastructure maintenance is one of the key pillars in the creation of a modern health infrastructure.

The most significant challenge faced by the hospital resulted from the fact that, in addition to its responsibility as a regional and tertiary hospital, it is the only hospital in the Sol Plaatje Municipal area. This means that all general hospital admissions from the city are reliant on RMSH and puts undue pressure on the Accident and Emergency “gateway clinic” and the “Emergency Centre”, often resulting in long waits to be seen and treated. Overcrowding was still experienced in the Accident and Emergency unit due to the lack of health services after 16h00 and during public holidays, where the hospital normally would end up with a mixture of Primary, District and Tertiary patients. Seventy-five percent (75%) of patients were self-referred, of which forty percent (40%) is regularly triaged as green. The average total number of patients seen by the Family Medicine unit is four thousand five hundred (4 500) per month. The influx of patients weighed heavily on the limited number of staff available as well as the increased possibility of adverse incidents occurring. Health services need to be capacitated to deliver the services. Furthermore, all critically ill patients are referred to RMSH as being the only closed ICU with specialists and having a total of twelve beds in the Province.

The lack of a Rehabilitation centre within the Province created an increase in the average length of stay, especially in Neurosurgery and Spinal cases.

The hospital had a budget of R1 307 486 000 and has spent ninety-three percent (93%) on the provision of quality health care and improved efficiencies, which translates to R1 249 376 579.

The transport of patients by Aero care should be minimized by an effective road transport system and by maximizing the usage of Extension for Community Healthcare Outcome (ECHO) and similar patient management systems.

The following equipment was procured and delivered:

- X-Ray Equipment Set Digital x5
- Table Theatre with Accessory
- Ventilator, Medical Transport Vyaire
- Med Beds ICU
- Fridge Medical With Glass
- Warmer, Medical Infant
- Scanner medical A-B with Pac
- Water Purification Unit
- Skin Graft Mesher
- Cystoscope
- Laminator Flow
- Incubators Transport
- Renoscope
- Saw Medical Sternum
- Warmer, Medical Blood Fluid
- Notebook Laptop
- Massager Deep Muscle
- Wave Machine Unit

The following are the infrastructure projects that were planned and are in progress:

- Transformer serving the main kitchen, Ward S1, HOD's Office building, Oncology and Renal Units were successfully replaced.
- HVAC for Block K, L and M.
- Stack pipes for Block A, K, L and M.
- Installation of new lifts.
- Revamping of the main kitchen. Practical handover of the newly renovated kitchen took place on 29 March 2024, although the snag list must still be sorted out.
- Two mega litre water storage.
- Upgrading of Sharon Court to be completed during the first quarter of the next financial year.

ACHIEVEMENTS

- Revamping of the main kitchen - Practical handover of the newly renovated kitchen on 29th March 2024.
- Transformer serving the kitchen, Ward S1, HOD's Offices, Oncology and Renal Units were successfully replaced.
- Replacement of the Reverse Osmosis (RO) unit, which is now fully functional.
- Donation in kind of R 7.6 Million received for rehabilitation services.
- Procurement of health technology equipment.
- The Dermatology and Ophthalmology disciplines hosted a successful annual Albino Awareness Week from 2nd - 6th October 2023. The purpose of the event was to enhance the self-esteem of people with Albinism, to enable and support parents to care properly for children with Albinism and to create socially acceptable conditions for people with Albinism.
- Successful implementation of the Continuous Professional Development (CPD) roll-out in the preparation for the CPD accreditation for Nursing. Partogram training was well implemented with 100% Midwives trained in RMSH. Weekly virtual training sessions attended and presented by the SANBS.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 60 Challenges & measures planned to overcome them: Tertiary Hospital – RMSH

CHALLENGES	CORRECTIVE ACTION
Aging health infrastructure (leaking roofs, HVAC, back-up electricity and water supply, Health Technology).	<ul style="list-style-type: none"> • Perform condition based assessment and develop as well as implement the costed Infrastructure Plan.
<ul style="list-style-type: none"> • Long waiting time for surgical operations due to limited theatre time. • Turnaround time of operations (general surgery and orthopaedics). 	<ul style="list-style-type: none"> • Appointment of theatre staff to increase theatre output and to ensure operationalization of additional 4 theatres. • Prioritization of cases according to the severity in order to reduce the long waiting time of theatre. • Partnership with private sector as an attempt to reduce the backlog.
Influx of patients leading to over-crowding of the Emergency unit waiting for beds.	<ul style="list-style-type: none"> • Strengthen the outreach program to support the districts.

CHALLENGES	CORRECTIVE ACTION
	<ul style="list-style-type: none"> Capacitate and strengthen District Health Services to provide the correct package of services, emphasis on operationalizing theatres to reduce waiting times. Health Promotions to provide health education by advising members of the community to make use of Primary Health Care facilities in their immediate communities as part of the referral pathway process including the inter-provincial referrals to allow the hospital to focus on tertiary services. Implement effective referral systems.
Chronic shortage of staff across all categories negatively impacting on achievement of objectives of the facility.	<ul style="list-style-type: none"> Fast track the advertising and filling of all vacant and funded posts. The Department should negotiate with Provincial Treasury for the filling of all vacant funded posts including non-clinical posts.
Increase in the risk of patient adverse incidents due to inadequate staffing numbers leading to potential medico legal litigations, staff burnout which further decreases capacity and staff satisfaction.	<ul style="list-style-type: none"> Appoint the appropriate number of staff with appropriate skill sets, especially senior critical clinical posts i.e. Obstetrics and Gynaecology, ICU and Internal Medicine as well as critical non-clinical posts. Conduct staff satisfaction survey and implement appropriate measures to improve staff morale which can decrease patient and staff complaints.
Safety of staff, patients and property remains compromised due to inadequate safety measures. This has an influence on the outcome of the Core Standard Evaluation.	<ul style="list-style-type: none"> Motivate for a review of the security systems and improve contract management. Installation of CCTV and biometrics system. Security checks at entrance to control visitors for sound access control.
Inability to make payments to creditors within 30 days due to limited cash flow, impacting on availability of essential medical supplies and consumables.	Cash flow distribution to be allocated in line with budget letter.
No dedicated budget for all Assistive devices, maintenance and repairs.	Matter discussed with Senior officials to allocate budget for assistive devices.

Table 61 Outcomes, outputs, output indicators, targets and actual achievements: Tertiary Hospital – RMSH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Patient experience of care in public health facilities improved	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate	69%	73%	80%	80%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> None. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Monitor and maintain the status quo. 				
Management of patient safety incidents improved to reduce new medico-legal cases	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	94%	100%	100%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> All thirty-five (33) (SAC)1 cases were reported within 24 hours. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Maintain the reporting of all (SAC)1 incidents within 24 hours. 				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	100%	100%	100%	100%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> All sixty-nine (62) Patient Safety Incident cases were reported and resolved/closed. 				
Maternal, neonatal, infant and child mortality reduced	Maternal death in facility	Number of maternal deaths in facility		9	≤14	17	-3
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> The main cause of maternal deaths is post-partum haemorrhage and multi organ failure. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Liaise with Health Promotion for community outreach to promote health education on the importance of ante natal clinic visits. 				
	Death in facility under 5 years	Number of death in facility under 5 years		78	≤135	156	-21
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Presence of congenital anomalies, incomplete basic immunization and limited parental knowledge, especially in teenage pregnancy. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve the community education through health promotion Adherence to Road to Health Booklet by parents/guardians and clinical staff. Collaboration with Social Development to improve psychosocial support to parents/guardians or children. 				
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate	3.1	1.8	3.8%	5.9%	-2.1%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Socio-economic factors, i.e. poverty, education, language barriers and unemployment. Non-exclusive breast feeding as a result of the above socio economic factors. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Liaise with Health Promotion to continue awareness and education in the community about danger signs. 				
			3.4	4.2	3.4%	11.3%	-7.9%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Low birth weight, compromised immune system and pre-existing illnesses. 				
	Sever acute malnutrition (SAM) death under 5 years	Child under 5 years severe acute malnutrition case fatality rate	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve community education through health promotion. 				
			31.3	19.8	8.5%	10.9%	-2.4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Compromised immune system and pre-existing illnesses. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Liaise with Health Promotion to continue awareness and education in the community about danger signs. The institution will strengthen the supplementation programme on discharge and liaise with the down referred facility to ensure continuum of supply of supplements. Strengthen partnership with the Department of Social Development. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 5

Table 62 Linking performance with budget: Programme 5 – Central Hospital Services

PROGRAMME 5: CENTRAL HOSPITAL SERVICES	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Provincial Tertiary Hospital Services	1 256 822	1 249 376	7 446	1 259 103	1 259 103	-
TOTALS	1 256 822	1 249 376	7 446	1 259 103	1 259 103	-

Central Hospital Services spent R1 249 376 billion or 94% of it allocated budget of R1 256 822 billion. The unspent funds amounting to R7 446 million relates to the Equitable Share funds that were committed but not spent before the end of the financial year. Roll-over of these funds were requested.

14.6. Programme 6 – Health Sciences and Training

PROGRAMME PURPOSE AND STRUCTURE

Develop a dedicated ethical educated workforce to acquire knowledge and principles in the provision of nursing, emergency medical care and other health professions, empowering them to translate their knowledge, skills and attitude to complement a comprehensive health care service in the Province.

SUB-PROGRAMMES

Sub-Programme 6.1 Health Sciences & Training (HST)

OUTCOMES

1. Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service.

14.6.1. Sub-Programme 6.1: Health Sciences & Training (HST)

PURPOSE

1. Continuous staff development through CPD points and WSP.
2. Academic and support staff development.
3. To invest in human capital in order to enhance healthcare service delivery through allocation of bursaries.
4. To identify and address scarce and critical skills in the public Health Sector through research and development.
5. To train and develop Emergency Medical Service personnel from the Northern Cape.

SITUATION ANALYSIS

HUMAN RESOURCE DEVELOPMENT (HRD)

The initial focus of Human Resource Development (HRD) was based on the need to strengthen governance through the establishment of a Training Committee (TC) for the Provincial Office Programmes, amongst other strategies. This was an essential intervention in order for Provincial Office Programmes could play a significant participatory role in the identification, analysis and consolidation of training needs for the Workplace Skills Plan (WSP). Even though the 2022/23 Workplace Skills Plan was approved in September 2023, the Department was not able to implement it as planned, due to the financial austerity measures that had to be put in place by Executive Management in an effort to manage the already highly pressurized financial status of the Department.

Against the said disconcerting scenario, HRD continued to facilitate forums to strengthen governance and oversight over skills development and training through the effort of training committees. As part of the turn-around strategy for improved outcomes going forward, the Provincial Office had already commenced with some of the key plans for the next financial year. The identification of training needs by all institutions was facilitated in the last quarter and were ultimately consolidated into a draft WSP for 2024/25, with the hope that the document will be approved and implemented in the first semester of the new financial year.

The Department continued to support the development of the unemployed youth through various programmes, including the Mandela Castro Medical Collaboration Programme (MCMCP), Covid-19 Brigades and HWSETA-funded learnership programmes. To further increase capacity in Emergency Medical Care (EMC), HRD, in collaboration with the University of Johannesburg and the EMS College, had facilitated the intake of ten (10) students (2 employees and 8 unemployed youth) for the Higher Certificate and three (3) students (2 employees and 1 unemployed youth) for the Diploma in EMC.

In July 2023, a group of twenty-six (26) MCMCP students obtained their Bachelor of Medicine and Bachelor of Surgery (MBChB) Degrees and they were conferred at a graduation ceremony hosted by the University of Cape Town (UCT). To date, the total number of Medical Doctors produced from this programme, since the first intake in the year 2000, is one hundred and fifty-four (154) out of a total intake of two hundred and fifteen (215). Of the remaining sixty-one (61) students, forty-six (46) dropped out, three (3) demised and twelve (12) remain students at various levels of medical studies (2 are at South African Universities and 10 are new students in Cuba). The Department also recruited ten (10) new unemployed youth from the Northern Cape to study medicine for six years in Cuba and this cohort left in December 2023. There were only four (4) medical students from old cohorts left in the programme who are in their final year of medical studies in different South African Universities. The twenty-two (22) Medical Officers that completed their internship programme in December 2023 were offered permanent appointment within health care facilities across the Province.

The Department applied for numerous training programmes that were advertised by HWSETA in their Expression of Interest Portal during the second quarter. The primary purpose of this application was to augment funding for training in the Department so as to enhance the continuous development of both employees and prospective employees. Of the nine (9) programmes for which was applied, only three (3) for the unemployed youth were approved by HWSETA. These are: The University Graduate Internship, TVET Work Experience and Occupational bursaries (Higher Certificate in EMC). Recruitment of eligible candidates has already commenced and finalization of the selection process will overlap into the new financial year.

The Department has collaborated with the Office of the Premier (OTP), Manufacturing, Engineering and Related Service Sector Education and Training Authority (merSETA), South Hill Trading and other provincial government Departments to initiate the implementation of numerous skills development projects. South Hill Trading had been appointed to oversee the overall management and administration of these projects, as funded by the merSETA. The Department was allocated R 6 171 700, 00 for these skills development programmes, to train and produce ten (10) Artisans and ten (10) Clinical Engineers and has been playing an active role in these projects by consistently participating in monthly meetings facilitated by the OTP. The Department envisages to benefit from this venture, particularly with the training of the unemployed youth in the above-mentioned technical programmes. This will play a significant role towards the improvement of infrastructure maintenance in our health facilities.

Numerous appointments of newly qualified health care professionals took place during the mid-year cycle of the Internship and Community Service Programme (ICSP). There were seventy-two (72) new placements of health professionals, of which fifty-three (53) were Professional Nurses.

A total of two hundred and ninety-five (295) posts were gazetted for the 2024 annual cycle (January – May). Two hundred and seventy-eight (278) were allocated through the National ICSP system, of which only Two Hundred and fifteen (215) applicants were accepted and resumed duty between January and February 2024 at various health care facilities across the province. However, twenty-seven (27) Professional Nurses and one (1) Medical Officer will resume their duties in the first quarter of 2024/25.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

The 2019 A-group (50 students) have completed their fourth year, second semester classes and are awaiting the writing of their final examinations. This group is expected to complete their studies by June 2024. The 2019 B-group (4 students) have completed their third year, second semester block and are also waiting to write their final examinations. This group is expected to promote to their fourth year of study in July 2024.

The College was busy with the Recognition of Prior Learning (RPL) process for internal candidates who did not meet the requirements for selection. There were internal candidates who met the requirements who will be considered for direct access to the programme, although the distribution was not even among the five Districts. The RPL process would only be applicable with subsequent intakes. Should there not be enough qualifying candidates, the Recruitment and Selection Committee had agreed to add with external candidates and replacement will be done with subsequent intakes.

The Lecturers were engaged with the content development on the Learning Management System (LMS) (Moodle), which is a blended learning and teaching platform combining both online and face to face learning and teaching modalities.

The College was also still in the process of developing the College Statute. The College had a site visit from the Council on Higher Education (CHE) on the 19th March 2024, which was the last visit prior to the commencement item on the evaluation of the online application by the CHE for both the Diploma in Nursing and the Higher Certificate in Auxiliary Nursing. Feedback is, however, still awaited.

COLLEGE OF EMERGENCY MEDICAL CARE (CEMC)

Since the periods for annual reporting and the academic year differs, at times reference is made to the 2023 and 2024 student intakes, respectively. It is imperative that the reader takes note that the Department's performance cycle starts in April and ends in March of the following year as compared to the academic calendar year, which is from January to December.

The College is one of six EMC Provincial Training Institutions that offered the Higher Certificate in Emergency Care programme in the country. This was made possible through a signed Memorandum of Agreement (MOA) between the Department of Health and the University of Johannesburg. The MOA presented a mentorship period wherein the Department, the College (CEMC) and its training staff would develop the following: 1. Their knowledge, 2. Policies, 3. Infrastructure and 4. Processes for the offering of quality Higher Education qualifications. The original mentorship period of 5-years had to be extended for another two plus one year (teach-out period). The reasons for the extension are simply that Department of Health have not provided the support and enabling factors that are essential for the online Department of Higher Education and Training (DHET) and Council on Higher Education (CHE) application process.

A total intake of thirty (30) students were recruited: ten (10) from the Department of Defence (DOD) and twenty (20) a combination of 18.1 and 18.2 learners. Most learners were from the Frances Baard District, despite efforts to recruit from the operational EMS staff, as the operational staff do not meet the entrance requirements, which are the Science, Technology, Engineering and Mathematics (STEM) subjects and physical fitness, as well as the Admission Points Score (APS) requirement which is a minimum of twenty-one (21). Two (2) students dropped-out for reasons of better career opportunities and the availability of stipends offered by the South African Police Services. From the remaining twenty-eight (28) learners, eighteen (18) students passed their final assessments in December and an additional student passed the supplementary assessment in January 2024. The pass rate equated to 68% which is 2% below the performance target. The college remains confident that the target would have been met, were it not for the challenges encountered and the limited support offered.

The supplementary process in January 2024 was followed by the recruitment and selection processes. Unlike the previous years, the college managed to successfully attract learners from high risk areas. Unfortunately, the DOD students were late with their registrations and this led to them being removed from the programme, which inadvertently means that there will be less than thirty (30) students in the 2024 Higher Certificate class.

One of the main challenges has been that the college team found themselves operating in constant crisis mode. Most of the challenges from 2022 accrued with those that arose in 2023. The inadequate budget of R6.2 million, non-suitable student accommodation, staff shortages, lack of lecturer development, improper learner/teaching management systems and infrastructural challenges prevented the College managements' online application with the DHET and the CHE.

Despite the above challenges though, the College team remains optimistic that the graduates of the programme will gain employment and ultimately improve the quality of services in the Province.

ACHIEVEMENTS

HUMAN RESOURCES DEVELOPMENT

- Recruitment of ten (10) unemployed youth onto the MCMCP Medical Programme.
- Awarded conditional approval for funding of five (5) developmental programmes by HWSETA.
- Appointment of twenty-two (22) bursary holders (Medical Officers) that have completed community service.
- Draft 2024/25 Workplace Skills Plan.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

- Three (3) academic staff members and one (1) student attended the South African Nursing Council Nurses Indaba on the 18th – 19th May 2023.
- Seven (7) academic staff members attended the College Principals and Academic Staff of South Africa forum meeting on the 1st – 2nd June 2023 in the Free State Province.
- The College Website has been created under Departmental facilities.
- Three Preceptors attended the Assessors and Moderators course and completed portfolios and will be registered as such with the South African Nursing Council.
- A response has been received from the Council on Higher Education (CHE) on the 27th July 2023, stating that the College has been allowed to recruit for an intake, Diploma in Nursing (R.171). The CHE will take the responsibility to inform SAQA to provide a registration certificate. The SAQA registration certificate was received in November 2023.
- The A-2018 (52) students have completed training on 30th June 2023 and were released for Community service. The distribution is as follows:

FB	Namakwa	Pixley	JTG	ZFM
3	13	10	16	10

- The B-2018 (27) students have also completed training on 31st March 2024 and were released for Community service. The distribution is as follows:

FB	Namakwa	Pixley	JTG	ZFM
9	1	2	11	4

- Conducted the Badging Ceremony on the 6th October 2023.
- The Advanced Diploma in Midwifery curriculum was submitted to the South African Nursing Council on the 15th November 2023 for evaluation and the evaluation fee has already been paid.
- A successful Graduation Ceremony was held on 30th November 2023 for sixty-five (65) students from different categories. The breakdown is as follows:

Four year Diploma (R.425)	Two year Diploma (R.683)	Diploma in Midwifery (R.254)
52	12	1

- Seventy-eight (78) students (divided into three groups) were successfully placed for Intellectual Disability at the Free State Psychiatric Complex between November 2023 and February 2024.

COLLEGE OF EMERGENCY MEDICAL CARE (CEMC)

- Through the provisions of the MOA with the DOD, five (5) students were chosen to attend the Diploma in Emergency Care programme in Pretoria. Three (3) of the 18.1 students successfully completed their first year of the Diploma offered by the DOD at the South African Military Health Services (SAMHS) campus in Pretoria.
- One (1) staff member successfully completed the American Heart Association Basic Life Support (AHA BLS) hosted by the National Department of Health in Johannesburg.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 63 Challenges & measures planned to overcome them: HST

CHALLENGES	CORRECTIVE ACTION
HUMAN RESOURCE DEVELOPMENT (HRD)	
Capacity constraints in the HRD unit.	Replace/fill vacant HRD positions with appropriate skilled personnel.
Delayed SCM and Finance processes impacting on timeous acquisition of travel logistics.	Create a separate Cost Centre for HRD, especially for MCMCP Programme.
Non-implementation of the WSP.	Timeous approval and implementation of the 2024/25 WSP.
HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)	
Insufficient College budget.	<ul style="list-style-type: none"> College budget to be reviewed to include developmental plans and new projects. A business case is being developed to highlight financial pressures. Ring fencing additional funds has become critical due to additional projects and processes being undertaken by the college. College to be included in all budget discussions. Utilisation of correct objective codes and allocated funds when paying suppliers.
Partially completed Student Accommodation not fully operationalised.	<ul style="list-style-type: none"> Plans to be put in place for: Human resource capacitation, planned maintenance, budget allocation, transport and municipal services. Funding proposals from the commissioning team regarding student stipends.
Inadequate preparation for new intake.	<ul style="list-style-type: none"> The source of funding for bursary to be indicated and allocations be made for prescribed books, electronic gadgets, stipend, transport. A bursary application form is being developed. Study leave conditions have to be outlined as to what will be offered and/or not offered to employees on study leave. A proposal is being developed towards payment of application, tuition, residence and registration fees.
Non-accreditation of Tshwaragano as an additional campus.	<ul style="list-style-type: none"> Appointment of staff for the new campus as required by the SANC before conducting a verification visit. Secondment/transfer of staff and flexi time appointments to be considered. Development of strategies for attraction and retention of staff.
COLLEGE OF EMERGENCY MEDICAL CARE (CEMC)	
Inadequate budget and over-reliance on HWSETA funding.	<ul style="list-style-type: none"> The department should look at the business case of the college and allocate an appropriate budget. Benchmark on the budget of other provincial Colleges.
Shortages of suitable staff.	<ul style="list-style-type: none"> The department should develop and maintain a retention strategy that includes EMS Advanced Life Support (ALS) and lecturers. Strategic Bursary allocations. Future lecturer recruitment should allow headhunting of experienced persons. Appointments should allow for practical assessments prior to interview.
Absence of Lecturer development and support.	<ul style="list-style-type: none"> Ring fence teaching and learning developmental programmes and WSP funding for lecturer development. Performance contract appointments.
Inadequate and limited IT, Learner management and teaching/learning systems.	<ul style="list-style-type: none"> Procurement of IT bandwidth that is adequate for administration and teaching/learning. Include EMS college within the Learner Management System (LMS) contract. Benchmark and procure system required by CHE and DHET.
Insufficient infrastructural and equipment support.	<ul style="list-style-type: none"> Allocate an accommodation block for EMS students. Building of necessary sporting facilities, e.g. swimming pool Expedite the phase 2a Nursing/EMS college. Grant funding for the procurement of training required equipment.

Table 64 Outcomes, outputs, output indicators, targets and actual achievements: HST

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	Basic nurse students completing training	Total number of basic nurse students completing training	35	33	81	79	-2
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Minimum requirements not met. 				
			IMPROVEMENT PLANS: <ul style="list-style-type: none"> Assist to complete clinical placement hours and provide practical books. Conduct final practical examinations. 				
	Bursary holders permanently appointed	Proportion of bursary holders permanently appointed	82%	85%	90%	92%	2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> More bursary holders completed their community service programme than was anticipated. 				
			IMPROVEMENT PLANS: <ul style="list-style-type: none"> None. 				
	Graduates who obtained higher certificate in Emergency Care	Percentage of graduates who obtained higher certificate in Emergency Care			70%	68%	-2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Two (2) students dropped-out for reasons of better career opportunities and the availability of stipends offered by the SAPS. No Lecturer development opportunities. Inadequate budget and lack of sporting infrastructure. 				
			IMPROVEMENT PLANS: <ul style="list-style-type: none"> Allocation of an appropriate budget. Expedite Phase 2 of the new college building, incl. Sporting facilities. Development of a Departmental recruitment and retention strategy that includes EMS Lecturers. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 6

Table 65 Linking performance with budget: Programme 6 – Health Sciences and Training (HST)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Nurse Training College	143 345	143 345	-	99 449	99 449	-
EMS Training	9 304	9 304	-	6 384	6 384	-
Bursaries	19 782	19 782	-	1 111	1 111	-
Primary Health Care Training	-	-	-	-	-	-
Training Other	148 107	148 107	-	65 080	65 080	-
TOTALS	320 538	320 538	-	172 024	172 024	-

Health Science and Training spent R320 538 million or 100% of its allocated budget.

14.7. Programme 7 – Health Care Support Services (HCSS)

PROGRAMME PURPOSE AND STRUCTURE

To render health care support services and specialised forensic medical and medico-legal services to meet the objectives of the Department.

SUB-PROGRAMMES

Sub-Programme 7.1	Forensic Medical Services (FMS)
Sub-Programme 7.2	Pharmaceuticals
Sub-Programme 7.3	Orthotic & Prosthetic (O&P)

OUTCOMES

1. Render health care support service through specialised forensic medical and medico-legal services.
2. Improve availability and access of medicine.
3. Re-integration of orthotic and prosthetic patients into society.

14.7.1. Sub-Programme 7.1: Forensic Medical Services (FMS)

PURPOSE

1. *Reduced turn-around time on completion of autopsies.*
2. *Improve turnaround time of submission of autopsy reports to stakeholders (SAPS).*

SITUATION ANALYSIS

The appointment of five Forensic Pathology Officers, namely at Upington (2), De Aar (1), Hartswater (1) and Springbok (1), has brought some stability to the ailing service. Calvinia and the Provincial Office are the only remaining facilities still operating with skeletal staff. The inability to fill administrative and management positions has negatively affected the proper functioning, planning and ultimately the performance of the unit.

Health Inspectors from Local Municipalities inspected the Kimberley and Calvinia Forensic Mortuaries as per routine to ensure compliance. The Inspection Reports detailed a number of major shortfalls and insufficiencies, which might lead to closure if not remedied. A submission was therefore compiled and approved to undertake maintenance and refurbishment work at the two facilities, including five smaller Holding Forensic Mortuaries, i.e. Hartswater, Douglas, Postmasburg, Victoria West and Prieska with an estimated budget of R3 000 000 from Infrastructure Maintenance.

A National Forensic Pathology Services Committee (NFPSC) has been appointed by the Minister, and are assigned with the responsibility to finalise the National Code of Guidelines for Forensic Pathology Services in South Africa, which is currently under review; to give attention to the national backlog of toxicology samples at Forensic Laboratories and to deal with the issue of unidentified/unclaimed bodies that are occupying storage space in Forensic mortuaries across the country. The Memorandum of Understanding that was entered into between the Department and SAPS in 2006 to give effect to the function shift at the time, is also under review.

Seven (7) Forensic vehicles were procured for the collection and transportation of bodies presumed to have died of unnatural causes. This will go a long way in ensuring that bodies are handled and transported with dignity using proper vehicles dedicated for such purpose.

The construction for the Frances Baard Forensic Mortuary in Kimberley has commenced as a 24-month turn-key approach project valued at R134 174 913. As per the National Code of Guidelines for Forensic Pathology Services in South Africa, the new mortuary will be classified as an M4 (a mortuary that performs up to 1000 cases per annum). The mortuary will be constructed and resourced to accommodate growth and disasters, with apt security features for chain and preservation of evidence.

The Clinical Forensic Sub-Programme provides a package of care to victims/survivors of Gender Based Violence on a zero budget. The HAST Directorate offers financial support to the Unit by procuring and supplying essential items such as sanitary towels, comfort packs and replacement clothing. The Forensic Unit makes provision for other needs such as traveling allowances, accommodation, cleaning material as well as salaries for two Forensic Nurses. Facilities are suffering under severe resource constraints, which is a threat to the continuum of care. Some buildings (i.e. Kuruman and Springbok) are in such a condition that it is viewed as dangerous to clients as well as members of the public.

The Sub-Programme could not conduct Clinical Forensic Trainings for all the Districts due to constant lack of resources. Continuous in service training of Health Professionals is essential to ensure an informed, educated and skilled force. The current status of the Unit can be addressed through prioritisation of GBV programmes, by dedicating a budget for the purpose. The Clinical Forensic Unit will function optimally when it is offered as an element of the Ideal Clinic Package.

Indicator Performance

Table 66 Indicator 1: Percentage of autopsies completed within 4 working days

REPORTING PERIOD	TARGET	% AUTOPSIES COMPLETED WITHIN 4 DAYS	DEVIATION	NUMBER OF CASES
Quarter 1	90%	85%	-5%	395/464
Quarter 2	90%	91%	1%	442/484
Quarter 3	90%	94%	4%	463/492
Quarter 4	90%	88%	-2%	397/449
ANNUAL	90%	90%	0%	1697/1889

Table 67 Indicator 2: Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)

REPORTING PERIOD	TARGET	% AUTOPSY REPORTS SUBMITTED TO SAPS	DEVIATION	NUMBER OF CASES
Quarter 1	80%	85%	5%	394/464
Quarter 2	80%	78%	-2%	378/484
Quarter 3	80%	76%	-4%	372/492
Quarter 4	80%	87%	7%	390/449
ANNUAL	80%	81%	1%	1534/1889

Statistics on Post-Mortems conducted

Table 68 Post-Mortems conducted

TYPE	Frances Baard	ZFM	Pixley Ka Seme	JT Gaetsewe	Namakwa	TOTAL
Murder	152	79	58	82	22	393
Accident	97	50	27	33	57	264
MVA	104	76	75	143	35	433
Suicide	105	44	26	39	18	232
Undetermined	16	9	3	35	1	64
Natural	102	167	108	7	45	429
Fetus	4	0	0	2	1	7
Decomposed	2	1	6	0	0	9
Anaesthetic	7	0	0	0	0	7
Bones	6	4	5	2	4	21
Other	16	5	0	5	4	30
TOTAL	611	435	308	348	187	1889

ACHIEVEMENTS

- The PEP programme supplied sanitary towels, comfort packs and tracksuits to Thuthuzela Care Centres and multiple partners, including civil society and Thuthuzela for victims of sexual assault.
- Clinical Forensic participated in the integrated Youth Programme in Pofadder. The training addressed gender based violence, PEP, PrEP and substance abuse.
- Lifeline provided trauma debriefing and containment services at five (5) Thuthuzela Care Centres, as well as at Robert Mangaliso Sobukwe Hospital.
- Five (5) Forensic Pathology Officers were appointed.
- A new jojo tank was donated by the NPA and was installed at Kimberley Thuthuzela Care Centre.
- IT equipment and internet connectivity (4-in-1 printers and scanners, computers, and internet connectivity) have been delivered to Springbok and Calvinia Forensic mortuaries.
- Two PEP & PrEP trainings were conducted with seventy-three (73) attendees in Kimberley and sixty (60) in Upington.
- Comfort packs were procured and distributed for sexual assault victims to all clinical Forensic facilities across the Province.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 69 Challenges & measures planned to overcome them: FMS

CHALLENGES	CORRECTIVE ACTION
Shortage of Forensic vehicles due to inadequate capital budget of R1.3 million to replace old fleet.	The Capital budget to be increased for the procurement of vehicles.
Delays in the filling of Management and Admin posts in the Provincial Office. All four posts in the Office are currently vacant and are relying on only one Acting Official, supported by two Interns.	Principals to approve the filling of vacant funded posts for stability and proper functioning of the Unit.
The infrastructure at the Kuruman and Springbok Thuthuzela Centres is decapitated; with Springbok being declared a health and safety risk by the Municipality. The Kimberley Centre is also in dire need of regular infrastructural maintenance.	The Clinical Forensic Unit needs a dedicated budget to ensure these victim empowerment facilities remains victim-friendly and safe to the public. The NPA sources funds in order to maintain the infrastructure of the Kimberley Thuthuzela Centre. A request to refurbish the Kimberley Centre has been sent to the Acting HOD for approval.
Thuthuzela Care Centres are unable to offer 24-hour services due to shortage of practising Forensic Nurses and non-existent budgets.	A dedicated budget for Clinical Forensic Services should be allocated for the creation of posts, skills development and training, as well as maintenance of all facilities.

Table 70 Outcomes, outputs, output indicators, targets and actual achievements: FMS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Render health care support service through specialized forensic medical and medico-legal services	Autopsies completed and issued to relevant stakeholders	Percentage of autopsies completed within 4 working days	87%	89%	90%	90%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> None. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> None. 				
		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	77%	83%	80%	81%	1%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Attributed to the appointment of a Specialist (Pathologist) in the last quarter, hence the significant increase in performance. An increased number of Medical Officers resulted in decreased workloads thereby increasing the turnaround time to perform post-mortems and produce post-mortem reports. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Recruitment and filling of vacant posts of Medical Officers in order to improve future performance. 				

14.7.2. Sub-Programme 7.2: Pharmaceuticals

PURPOSE

1. *Improve availability and accessibility of medicine.*
2. *Improve quality of service including clinical governance and patient safety.*

SITUATION ANALYSIS

The appointment of the eighty-six (86) qualified Post-Basic Pharmacist Assistants (PBPA) at certain healthcare facilities in the province started to bring positive changes in the pharmaceutical programme over the year. The responsibility of stock management at PHCs by these cadres assisted the Facility Managers; Health Area Managers and Pharmacists with the access and availability of medicine under some very challenging situations. By means of them identifying possible shortages and expiries of certain items before it occurs, this assisted immensely when they could rotate stock and inform the different levels of management of possible challenges that will be encountered if these situations are not addressed.

The overall average medicine availability for 2023/2024 was 85.5%, with critical essential medicines at the Provincial Medical Depot being out of stock in quarter 3 and the beginning of quarter 4. Pharmacists redistributed stock within and across the districts in order to mitigate the non-availability of supplies and thus minimized the out of stock situation; but where there was no stock, it posed challenges. An alternative medicine was recommended or a limited supply of medicine was provided to the patient as an interim measure until stock levels were adequately replenished. The patient was provided with a revised date to return to the facility to collect his/her medicine.

The renovations at the Provincial Medical Depot commenced in the third quarter which resulted in limitations with floor space to adequately store medicines, as operationally parts of the warehouse needed to close down to accommodate the renovation project. The districts were thus required to order and store extra stock for redistribution to facilities for the duration of the renovation project.

The reporting compliance on SVS varied during the past year, but generally there was an improvement in reporting on SVS as the users experienced less technical challenges with the mobile devices. The SVS Phase 2 e-ordering project commenced as a pilot project in the JTG and Pixley Ka Seme districts. The project is still underway and, according to reports received, positive progress is being made. The introduction of the Rx Solution stock management system, at sub district level and at some PHCs in the province, assisted improved stock levels and stock management of medicines.

Partnerships with the mines; farms and other external private providers continued in 2023/24 with optimal services being rendered to the communities. The functioning and efficiencies of partnerships with external stakeholders for the provision and supply of medicines, warrants the need for the review of existing SLAs and MOUs in the Department and currently this process is also still underway.

ACHIEVEMENTS

- Covid-19 paediatric vaccines were procured in quarter 2 for use at five (5) hospitals in the districts.
- The Provincial Antimicrobial Stewardship (PAMSC) Committee was established and held regular quarterly meetings throughout the year.
- The Provincial Pharmacy Therapeutics Committee (PPTC) and Pharmacy Management Forum (PMF) meetings were conducted consistently every quarter.
- The District Pharmacist for Frances Baard was appointed in quarter 4, which can only contribute positively to the management of pharmaceutical services within this district.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 71 Challenges & measures planned to overcome them: Pharmaceuticals

CHALLENGES	CORRECTIVE ACTION
The Warehouse Management System (WMS) was not functioning optimally as users experienced disruptions in services.	<ul style="list-style-type: none"> Develop the Warehouse Stock Management System or procure an alternative warehouse system. NDoH is in the process of developing a warehouse system for all the 9 provinces. Engage with the relevant stakeholders where there are technical process or system challenges.
Poor stock management practices, such as overstocking; understocking and the untimely ordering of stock by some facilities.	Monitor, engage, provide guidance and support to facilities in order to correct improper stock management practices.
Poor infrastructure; inadequate maintenance of pharmacies and delays with the procurement of equipment results in the non-compliance of healthcare facilities to Good Pharmacy Practice (GPP) and OHSC standards.	Engage and follow up at management level within the districts and with Provincial Infrastructure and SCM.
Shortage of pharmacy and non-clinical personnel (especially drivers) at facilities.	Train more pharmacist assistants and fill vacant funded posts.

Table 72 Outcomes, outputs, output indicators, targets and actual achievements: Pharmaceuticals

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Improve availability and access of medicine (Outcome as per reviewed Strategic Plan 2020-2025)	Availability of medicine in all health establishments	Percentage availability of medicine in all health establishments	86.4%	84.6%	90%	85.5%	-4.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Out of stock medicine at supplier, Provincial Medical Depot and at facility level.Limited cash flow allocation resulted in suppliers not delivering stock to the Provincial Medical Depot; leading to critical essential medicines being unavailable.Inconsistent reporting on SVS or Rx Solution from some facilities due to technical challenges, e.g. the synching of the captured information on a device, poor connectivity or load shedding resulted in the stock levels and medicine availability not being updated timeously.The unavailability of transport in the districts delayed the timeous distribution of stock and support to facilities.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Obtain adequate cash flow in order to ensure the continuous payment to suppliers.Conduct regular facility visits to support stock management processes and practices.Redistribute stock amongst facilities where there are out of stocks or use an alternative therapeutic medicine where required.Strengthen SVS and Rx reporting from facilities.Improve the availability of transport in the Districts in order to deliver medicine timeously to facilities.				

14.7.3. Sub-Programme 7.3: Orthotic & Prosthetic (O&P)

PURPOSE

1. To ensure all patients that are in need of orthoses & prosthesis are provided with such service.
2. To assess, prescribe, design, fit, monitor, provide therapy and educate regarding the use and care of appropriate orthosis / prosthesis.

SITUATION ANALYSIS

During the first, second and third quarters the O&P unit performed extraordinarily well, considering the deprived circumstances under which it had to operate. The unit faced many problems that hampered its success, such as: a lack of appropriate and sufficient stock. Transport was and remains one of the major setbacks as health facilities cannot be visited in order to render quality orthotic & prosthetic services efficiently. This also prevented the unit from conducting outreaches in the 4th quarter, resulting in ineffective service delivery. However, our team was personally invited by the Premier, Dr Zamani Saul, to promote the Department of Health and its teachings amongst the youth in the Northern Cape.

ACHIEVEMENTS

- A total of one hundred and sixty (160) outreaches to clinics attended.
- Despite the transport challenges experienced by the unit the number of patients that was seen far exceeded the set target.
- Although the machinery and tools available at the O&P centre is outdated, the unit was still able to mould and produce the required prosthetics timely and in an acceptable quality.
- Invitation from the OTP to a Career EXPO to make a presentation for interested learners in terms of Medical orthotics & prosthetics as a course of choice.
- Assistive devices could be issued to Therapists in the Districts.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 73 Challenges & measures planned to overcome them: O&P

CHALLENGES	CORRECTIVE ACTION
Only one centre for the Province.	<ul style="list-style-type: none"> • O&P services should be decentralized in other nodal areas in the districts. • Establish an O&P Centre in Dr Harry Surtie and the De Aar hospitals respectively.
Outdated machinery, equipment and tools which are not health standards and safety compliant.	<ul style="list-style-type: none"> • Refurbishment of the O&P centre. • Procurement of required machinery and equipment. • Installation of effective dust extraction system.
Struggling to get transport / vehicle from both RMSH and Provincial Transport lead to cancellation of outreach visits.	<ul style="list-style-type: none"> • Availability of a vehicle when needed. • Acquisition of dedicated and modified transportation to carry "tools of trade" when doing outreach services.
Lack of sufficient working space in the districts.	<ul style="list-style-type: none"> • Dedicated operational areas to be identified and created. • Engage with relevant District Managers and CEO's for possible assistance.
Shortage of staff.	Recruitment of speciality staff in all other categories, e.g. leatherworkers, surgical boot technicians, etc.

Table 74 Outcomes, outputs, output indicators, targets and actual achievements: O&P

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Re-integration of orthotic and prosthetic patients into society	Patients assessed and issued with assistive devices	Percentage of patients issued with assistive devices	40%	26%	60%	76.6%	16.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> A total of one hundred and sixty (160) outreaches were conducted to clinics. The unit managed to exceed the number of patients seen as per the set target. The unit was able to mould and produce the required prosthetics timeously and in an acceptable quality, despite the machinery and tools at the O&P centre is outdated. Assistive devices were issued to Therapists in the Districts. Despite the target being achieved, there are still challenges with obtaining vehicles to perform outreach services which creates unnecessary cancelations for patients waiting on the service. 				
			IMPROVEMENT PLANS: <ul style="list-style-type: none"> Vehicles to be made available / allocation of a dedicated vehicle for the Unit. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 7

Table 75 Linking performance with budget: Programme 7 – Health Care Support Services (HCSS)

PROGRAMME 7: HEALTHCARE SUPPORT SERVICES	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Laundry Services	29 503	29 503	-	23 391	23 391	-
Engineering	9 350	9 350	-	9 265	9 265	-
Forensic Services	49 135	43 400	5 735	36 464	36 464	-
Orthotic and Prosthetic Services	5 431	5 431	-	3 843	3 843	-
Medicine Trading Account	38 802	38 802	-	60 504	60 504	-
TOTALS	132 221	126 486	5 735	133 467	133 467	-

Health Care Support Services spent R126 486 million or 96% of it allocated budget of R132 221 million. The unspent funds amounting to R5 735 million relates to the Equitable Share funds that were committed but not spent before the end of the financial year. Rollover of these funds were requested.

14.8. Programme 8 – Health Facilities Management (HFM)

PROGRAMME PURPOSE
<i>Effective and efficient delivery of infrastructure and provision of technical support services to the Department.</i>
SUB-PROGRAMMES
Sub-Programme 8.1 Health Facilities Management (HFM)
OUTCOMES
1. Financing and delivery of infrastructure projects improved.

14.8.1. Sub-Programme 8.1: Health Facilities Management (HFM)

PURPOSE

1. *Effective and efficient delivery of infrastructure and provision of technical support services to the Department.*

SITUATION ANALYSIS

INFRASTRUCTURE PLANNING

The contractor for the of the new Frances Baard forensic Mortuary has been appointed and they are busy with site establishment. Phase 2 of the new Nursing College (Main campus) is out on tender; this project is implemented by the Department of Roads and Public Works.

The planning processes for Schmitsdrift clinic is completed and the project is currently on tender stage. Planning for the upgrading of Tshwaragano walkways, maternity and maternity theatre is underway and the project has been split into 2 phases, namely: Phase 1 being the Tshwaragano walkways and Gateway Clinic and Phase 2 being the Maternity ward. The project brief for maternity is still being awaited, but the DRPW is at the procurement stage for Gateway clinic.

The Kuruman Hospital Forensic Mortuary has reached completion and was handed over to the end-user. The clinical briefs for the mental health wards at Tshwaragano, Postmasburg, De Aar, Dr Harry Surtie, Springbok and Abraham Esau Hospitals were signed by the National Department of Health and the planning processes are ongoing. Tshwaragano and Postmasburg hospitals are in the design phase and are donor funded. The planning processes for Lerato Park Clinic has resumed and is expected to be completed by the end of the 2nd quarter of 2024/25. All of the above projects are being implemented by the Department of Roads and Public Works.

Planned Maintenance

A contractor for planned maintenance of water reticulation and HVAC systems at RMSH was appointed and is on site. The Department has instructed the DPRW to appoint service providers for maintenance of: HVAC, Standby Generators and Firefighting Equipment in all districts until the end of the 4th Quarter. The maintenance of the HVAC at RMSH and the upgrading of this facility (Wards K, L and M) is ongoing. The contractor for the replacement of transformers and capacitors at RMSH is on site and this is expected to reach completion at end of the 2nd Quarter in 2024/25.

INFRASTRUCTURE DELIVERY

Bankhara Bodulong Clinic: The project started in September 2017 and was estimated for completion within 12 months. It has reached practical completion at the end of the 4th quarter.

Boegoeberg Clinic: The project has reached practical completion at the end of May 2023 and was handed over to the Department of Health by the implementing agent. The procurement of outstanding Health Technology was completed in the 4th quarter.

Kuruman Forensic Mortuary: The project started in 2018 and has reached practical completion by the end of August 2024. This was a Departmental project (not executed through an implementing agent).

Glenred Clinic: The project started in March 2018 and is currently on hold due to a contractual dispute between the IDT and the Contractor. There are ongoing negotiations between the IDT, the Contractor and the Department in order to resolve the dispute and reach a settlement amicably. The project was expected to resume in the 2nd quarter of 2024/25, but in March 2024 an agreement was reached between the contractor, IDT and the Department to settle with the Contractor for the termination of its existing contract.

Heuningvlei Clinic: The project started in 2015 but ended up being 60 months behind schedule. The first contract was terminated due to slow delivery by the Contractor, which was aggravated by delayed payments. The project has since reached practical completion in November 2022 and the Contractor is currently busy with snags that were identified as outstanding work in order to reach works completion. The procurement of Health Technology is also busy being finalized.

Nursing College Student Accommodation: The sectional practical completion was reached on two of the Accommodation blocks. The remaining blocks have reached practical completion by the 4th quarter, however this has been negatively affected by the cable theft at the Northern Cape Mental Health Hospital complex.

ACHIEVEMENTS

- Nursing and EMS main campus contract at tender stage.
- Sectional Practical Completion of the Nursing College Accommodation (Blocks C and D).
- Practical Completion of Boegoeberg Clinic.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 76 Challenges & measures planned to overcome them: HFM

CHALLENGES	CORRECTIVE ACTION
Delays in procurement by Implementing Agents.	DOH must meet with DRPWI on a regular basis and receive feedback on the delays in appointing service providers for the implementation of projects.
Sow delivery for the procurement of Health Technology for Facilities.	Meeting with SCM to speed up the process.
Service term contracts for Maintenance.	The Department must appoint service providers on three-year contract to ensure proper and effective maintenance of equipment in due time.

Table 77 Outcomes, outputs, output indicators, targets and actual achievements: HFM

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2021/22	AUDITED ACTUAL 2022/23	PLANNED ANNUAL TARGET 2023/24	ACTUAL ACHIEVEMENT 2023/24	DEVIATION 2023/24
Financing and Delivery of infrastructure projects improved	Health facilities with completed capital infrastructure projects	Percentage of health facilities with completed capital infrastructure project		75% (3/4)	100% (3/3)	33% (1/3)	67% (2/3)
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Delayed appointment of contractors by the DRPW. Slow performance of contractors and non-payment by the Department. Delayed procurement processes by SCM. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Regular meetings with the DRPW in order to receive feedback on the delays in the appointment of service providers for the implementation of projects. Ongoing engagements with SCM in order to speed up procurement processes and timeous payment of contractors. Appointment of service providers on a three-year contract basis to ensure proper and effective maintenance of equipment in due time. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 8

Table 78 Linking performance with budget: Programme 8 – Health Facilities Management (HFM)

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
District Hospital Services	168 168	168 168	-	372 661	290 457	82 204
Provincial Hospital Services	284 717	284 717	-	116 752	116 752	-
TOTALS	452 885	452 885	-	489 413	407 209	82 204

Health Facilities Management spent R452 885 or 100 % of its allocated budget of R452 885 million for 2023/24 financial year.

15. TRANSFER PAYMENTS

15.1. Transfer payments to public entities

No transfer payments were made to public entities.

Table 79 Transfer payments made to public entities

Name of public entity	Key outputs of the public entity	Amount transferred to the public entity R'000	Amount spent by the public entity R'000	Achievements of the public entity
-	-	-	-	-

15.2. Transfer payments to all organisations other than public entities

Table 80 Transfer payments made to all organisations other than public entities

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the dept. comply with s38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by the entity	Reason for the funds unspent by the entity
Households	Employees	Leave Gratuity	Yes	12 122	12 122	Not Applicable
Households	Employees	Injury on Duty	Yes	120	120	Not Applicable
Households	Private Firms	Claims against the state	Yes	76 423	76 423	Not Applicable
Households	University	Bursary non-employee	Yes	5 374	5 374	Not Applicable
Household	Employees	Donation	Yes	1 568	1 568	Not Applicable

15.3. Transfer payments budgeted for, but no payments made

Not applicable.

Table 81 Transfer payments budgeted for, but no transfer payments made

Name of transferee	Type of organisation	Purpose for which the funds were used	Amount budgeted for R'000	Amount transferred R'000	Reasons why funds were not transferred
-	-	-	-	-	-

16. CONDITIONAL GRANTS

16.1. Conditional grants and earmarked funds paid

The Department did not make any Conditional Grant payments to any external entities for the period under review.

16.2. Conditional grants and earmarked funds received

16.2.1. District Health Programme Grant (Health)

Table 82 Conditional grants & earmarked funds received: HIV, Malaria & Community Outreach Grant

DEPARTMENT TRANSFERRING THE GRANT	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To enable the health sector to develop and implement an effective response to support the implementation of the National Strategic Plan on Malaria Elimination-2023. To enable the health sector to prevent cervical cancer by making available HPV vaccinations for grade five school girls in all public and special schools. Progressive integration of Human Papillomavirus (HPV) into the integrated School Health Programme (ISP). To ensure provision of quality community outreach services through WBPHCOT's by ensuring Community Health Workers (CHW's) receive remuneration, tools of trade and training in line with their scope of work.
Expected Outputs of the grant	<ul style="list-style-type: none"> Number of malaria-endemic municipalities with 95% or more indoor residual spray (IRS) coverage. Percentage confirmed cases notified within 24 hours of diagnosis in endemic areas. Percentage of confirmed cases investigated and classified within 72 hours in endemic areas. Percentage of identified health facilities with recommended treatment in stock. Percentage of identified health workers trained on malaria elimination. Percentage of population reached through malaria information education and communication (IEC) on malaria prevention and early health-seeking behaviour interventions. Percentage of vacant funded malaria positions filled as outlined in the Business Plan. Number of malaria camps refurbished and/or constructed. 80% of grade five school girls aged 9 years and above vaccinated for HPV first dose. 80% of schools with grade five girls reached by the HPV vaccination team with first dose. 80% of grade five school girls aged 9 years and above vaccinated for HPV second dose. 80% of schools with grade five girls reached by the HPV vaccination team with second dose. Number of Community Health Workers receiving stipends. Number of Community Health Workers trained. Number of HIV clients lost to follow traced. Number of TB clients lost to follow traced.
Actual Outputs Achieved	Yes.
Amount per amended DORA (R'000)	707 137
Amount Received (R'000)	707 137
Reasons if amount as per DORA was not received	100 % received
Amount Spent by the Department (R'000)	707 137
Reasons for funds unspent by the entity	The Department has spent 100% of the allocated funds in line with the approved Business Plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and Quarterly Reviews.

16.2.2. Health Facility Revitalisation Grant

Table 83 Conditional grants & earmarked funds received: Health Facility Revitalisation Grant

DEPARTMENT TRANSFERRING THE GRANT	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organisational development systems and quality assurance. To enhance capacity to deliver health infrastructure.
Expected Outputs of the grant	<ul style="list-style-type: none"> Number of new facilities completed. Number of facilities maintained. Number of facilities upgraded and renovated. Number of facilities commissioned.
Actual Outputs Achieved	Yes.
Amount per amended DORA (R'000)	436 555
Amount Received (R'000)	436 555
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	436 555
Reasons for funds unspent by the entity	The Department has spent 100% of the allocated funds in line with the approved business plan
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly reviews

16.2.3. National Health Insurance Grant

Table 84 Conditional grants & earmarked funds received: National Health Insurance Grant

DEPARTMENT TRANSFERRING THE GRANT	National Department of Health
Purpose of the grant	To expand the healthcare service benefit through the strategic purchasing of services from healthcare providers.
Expected Outputs of the grant	<ul style="list-style-type: none"> Number of health professionals contracted (total by discipline). Percentage increase in the number of clients of all ages seen at ambulatory (non-inpatient) services for mental health conditions. Percentage reduction in the backlog of forensic mental evaluations. Number of patients seen per types of cancer. Percentage reduction in oncology treatment waiting times including radiation oncology.
Actual Outputs Achieved	Yes.
Amount per amended DORA (R'000)	436 555
Amount Received (R'000)	436 555
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	436 555
Reasons for funds unspent by the entity	The Department has spent 100% of the allocated funds in line with the approved business plan
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly reviews

16.2.4. National Tertiary Services Grant

Table 85 Conditional grants & earmarked funds received: National Tertiary Services Grant

DEPARTMENT TRANSFERRING THE GRANT	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> Ensure provision of tertiary health services for all South African citizens (Including documented foreign nationals). Compensate tertiary facilities for the additional costs associated with the provision of these services.
Expected Outputs of the grant	<ul style="list-style-type: none"> Number of inpatients separation. Number of day patient separation. Number of outpatient first attendance. Number of outpatient follow up attendance. Number of inpatient days. Average length of stay by facility. Bed utilisation rate by facility (all levels of care).
Actual Outputs Achieved	Yes.
Amount per amended DORA (R'000)	408 681
Amount Received (R'000)	408 681
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	408 681
Reasons for funds unspent by the entity	The Department has spent 100% of the allocated funds in line with the approved business plan.
Reasons for the deviations on performance	-
Measures taken to improve performance	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly reviews.

16.2.5. Statutory Human Resources, Training and Development Grant (Health)

Table 86 Conditional grants & earmarked funds received: Statutory Human Resources, Training and Development Grant (Health)

DEPARTMENT TRANSFERRING THE GRANT	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To appoint statutory positions in health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance. Support Provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.
Expected Outputs of the grant	<ul style="list-style-type: none"> Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources. Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources. Number and percentage of specialists posts funded from this grant (per discipline) and other funding sources. Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline). Number of posts needed per funded categories: <ul style="list-style-type: none"> To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform: specialists, registrars, medical officers, clinical associates, post graduates, clinical supervisors/trainer per category in nursing, emergency medical services (EMS) and allied health and pharmacy and grant administration staff.
Actual Outputs Achieved	Yes.
Amount per amended DORA (R'000)	149 030
Amount Received (R'000)	149 030
Reasons if amount as per DORA not received	100 % received
Reasons for the deviations on performance	149 030
Measures taken to improve performance	The Department has spent 100% of the allocated funds in line with the approved business plan.
Amount Spent by the Department (R'000)	-
Reasons for funds unspent by the entity	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly reviews

16.2.6. Social Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Table 87 Conditional grants & earmarked funds received: Social Extended Public Works Programme (EPWP) Incentive Grant for Provinces

DEPARTMENT TRANSFERRING THE GRANT	National Department of Health
Purpose of the grant	The programme involves creating work opportunities for unemployed persons allowing them to participate economically and contribute to the development of their communities and the country as a whole.
Expected Outputs of the grant	<ul style="list-style-type: none"> • Creating employment: Provide work opportunities. • Enhancing social Protection: Provide income support. • Reaching its target group: Poor and unemployed people.
Actual Outputs Achieved	Yes
Amount per amended DORA (R'000)	4 733
Amount Received (R'000)	4 733
Reasons if amount as per DORA not received	100 % received
Amount Spent by the Department (R'000)	4 733
Reasons for the deviations on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.
Measures taken to improve performance	-
Reasons for funds unspent by the entity	-
Monitoring Mechanism by the receiving Department	Monthly and quarterly reviews

17. DONOR FUNDS

17.1. Donor funds received

Table 88 Donor funds received

NAME OF DONOR	National Skills Fund Growth and Development Strategy
Full amount of the funding (R'000)	R4 020
Period of commitment	Two years
Purpose of the funding	Donation (cash)
Expected outputs	A number of employed persons.
Actual outputs achieved	Officials were trained.
Funding received in cash or in kind	Cash
Amount received (R'000)	R4 239 (R219)
Amount spent by the Department (R'000)	R1 101
Reason for the funds unspent	R3 138
Monitoring mechanism by the donor	Bi-annual reports

18. CAPITAL INVESTMENT

18.1. Capital investment, maintenance and asset management plan

Table 89 Capital investment, maintenance & asset management plan

Infrastructure Projects	2023/24			2022/23		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	217 400	189 861	27 539	170 522	229 943	(59 421)
Existing infrastructure assets	248 223	213 871	34 352	274 420	56 971	217 449
-Upgrades and additions	93 944	164 846	(70 902)	107 000	9160	97 840
-Rehabilitation, renovations and refurbishments	42 345	1 841	40 504	8 000	3 419	4 581
-Maintenance and repairs	111 934	47 184	64 750	159 420	44 392	115 028
Infrastructure transfer	-	-	-	-	16	(16)
Current	-	-	-	-	16	(16)
Capital	-	-	-	-	-	-
Infrastructure Leases	-	26 398	(26 398)	-	25 597	(25 597)
Non-Infrastructure	16	6	(10)	-	-	-
Current	353 689	77 457	-	159 420	70 005	-
Capital	111 934	358 626	-	285 522	242 522	-
TOTAL	481 423	436 084	45 339	444 942	312 527	158 012



PART C

GOVERNANCE

Part C: Governance

19. INTRODUCTION

Effective governance encourages better decision making and the effective, efficient use of resources by strengthening the Managements' accountability towards the utilisation of government's limited resources. Governance is necessary to ensure that adequate checks and balances are in place to minimise mismanagement of funds and corruption and also to improve efficiencies in service delivery by ensuring that effective implementation of decisions and interventions are taken, which will ultimately assist in the attainment of better outcomes. This area promotes oversight structures and encourages leadership in the Department to be actively involved in decision making and respond to recommendations and findings from all stakeholders.

The Department, like any other organisation, faces a variety of internal and external risks, for example, operational, financial and reputational risks. Therefore, it is essential for the NCDOH to proactively identify, assess, manage and report on risks to enhance its organisational performance. Risk management is also central to good governance in the Department.

20. RISK MANAGEMENT

The Department developed a Risk Management Strategy, a Risk Management Policy, Risk Management Implementation Plan and both Operational and Strategic Risk Registers that are linked to the Department's objectives. The Department has a Risk & Ethics Management Committee (REMC), but has failed to have meetings due to the non-attendance of members, which has resulted in the Chairperson of the Committee to resign. Furthermore, risk champions for most of the programmes were appointed in writing by the Accounting Officer. The Risk Management Unit will undertake to finalise the appointments of the risk champions from outstanding programmes.

Risk Management Governing Documents/Frameworks

The status of the relevant governance documents is that the Risk Tolerance & Appetite SOP is in draft and could not be presented to the Policy Committee due to the non-availability of members.

POLICY DOCUMENT	STATUS	PLANNED DATE TO REVIEW & APPROVE
Risk Management Policy	Approved	September 2023
Risk Management Strategy	Approved	September 2022
Risk Management Implementation Plan	Approved	July 2023
Risk & Ethics Management Committee Charter	Approved	September 2022
Risk Tolerance & Appetite SOP	Draft	July 2022

Risk Assessments/Reviews

The Risk Management Unit reviewed the previous Risk Registers of various units within the Provincial Office as well as at the Robert Sobukwe Mangaliso and the Mental Health Hospitals. During this process, the previous Risk Registers were reviewed and aligned with the reports from both internal and external auditors.

The Risk Management Unit rolled out its risk assessments within the five (5) Districts. The assessments kicked off in the JTG district on 14th - 18th August 2023, in which eight (8) facilities were assessed and Risk Registers for these facilities were compiled. Unfortunately, due to the national cost containment, this process was halted; no further assessments took place within the districts.

Emerging risks were reported to the Unit by means of emerging risk templates and were identified during the reviews and reported to Management and the Audit committee.

Risk Monitoring

The assistance of the Internal Control Unit was requested to improve on monitoring the progress of risks. The Risk Management Unit reports on a quarterly basis to the Audit Committee, and therefore plays an advisory role and monitors the effectiveness of risk management within the Department.

Challenges

Several requests were made to the following eleven (11) units in order to review their existing risk registers: SCM, Financial Accounting, Fleet Management, EMS, Salary Management, Change Management, PMDS, HRD, Quality Assurance, Nursing Services and Facilities Management. This was to no avail as they have not been compliant; this in turn hampered the finalisation and consolidation of the Master Risk Register.

Monitoring & Evaluation plays an important role in the risk management process. However, this process has been the Unit's biggest challenge. Managers are reluctant to report on the implementation of mitigating their risks.

Improvement Plans

It is the Risk Management Unit's desire to continue with the improvement of Risk Management in the Department by continuously implementing its Risk Management Strategy and Implementation Plan to achieve its objectives and to instil a positive risk culture within the Department. All employees should make efforts to embed risk management into their day-to-day activities to ensure that risks are not only managed on paper but implementation thereof yields results for the Department.

21. FRAUD AND CORRUPTION

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

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

22. MINIMISING CONFLICT OF INTEREST

In all procurement thresholds, as detailed in the National Practice Note 2 of 2005, reviewed in 2008/2009, are areas of transactions that potential conflict of interest can occur. In this context, the Department has therefore instructed the following measures:

- As requested in terms of National Treasury notes, all transactions between R0 and R1 000 000 the service providers bidding through quotation are expected to submit a declaration, herein referred to as "SBD 4 Form" to confirm whether owners of the companies are government employees or not.
- In light of the Department's approved Policy on Supply Chain Management, in terms of Clause 20, all SCM officials sign a code of conduct received from National Treasury requiring declaration of interest as well as disclosing any gifts received.
- With respect to bids/tenders, both committees at Evaluation and Adjudication level, all members sign a declaration of interest to attest to the best knowledge of their conscience as individuals in that they do not have conflict of interest with respect to the bids serving before them.

Additional to the above, transactions that were concluded in light of threshold values below R1 000 000, the following measure has been instituted:

Compliance requirements relative to this transaction threshold value

The following compliance requirements must be adhered to:

1. National Treasury Instruction Note 2 of 2021/22 - Applicable sections in terms of this authority:
1 (a) Section 3.1 & 3.1.1 to 3.2.5 (about quotations)
2. National Treasury Instruction Note 3 of 2021/22 - Applicable sections in terms of this authority:
1 (b) Section 7 Treatment and Disclosures and Declarations (application of the SBD 4 form for all procurement irrespective of value).

Through the above-indicated Practice Notes from National Treasury, the Department is able to address potential conflict of interest and ensures that necessary compliance is adhered to in each transaction requisitioned by various end users.

23. CODE OF CONDUCT

The Code of Conduct sets the standard of behaviour that is required in the workplace and is accordingly in place to ensure that all employee's conduct themselves in a professional manner during working hours. It acts as a guideline as to what is expected from employees from an ethical point of view, both in their individual conduct and in their relationship with others. This simply means that any deviation from the set rules may attract consequence management in the form of disciplinary action.

It is incumbent that all new entrants into the Public Service are inducted on the code of conduct, so as to ensure that they understand the expectation from the employer. In essence, the code of conduct provides a guideline on how professionalism can be enhanced and that ultimate professionalism is achieved within the Public Service.

The Department has set in place methods to ensure full implementation of the Code of Conduct, which include the development of control measures that serve as a formal guide to all employees. The Fraud and Prevention and Ethics Policies ensures the regulation systems functionality. Training of employees takes place through the policy capacity building sessions. Annual awareness platforms are created by the overseeing bodies, such as the lifestyle audits and e-disclosure by all relevant employees. The Department further developed the Policy on Whistle-blowing, which encourages all employees to report incidents they believe to be in conflict with the Code of Conduct.

Any failure to adhere to the Code of Conduct may result in disciplinary steps being instituted. These disciplinary steps may take the form of an informal or formal approach, and may in a certain instance result in dismissal from the public service.

24. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

The Department currently only has only five operational Occupational Health and Safety Committees, namely at the Robert Mangaliso Sobukwe Hospital, the Mental Health Hospital and the Namakwa District has three Committees in its Sub-Districts. The establishment of Occupational Health and Safety Committees throughout the Province remains a hurdle in the Department, however, the department envisages to have fully functional Occupational Health and Safety Committees and will prioritise the establishment thereof in the 2023/2024 financial year.

Occupational Health and Safety training has taken place, although there has been a lack in the implementation of the training.

The Health Care Waste Management contract is not permanent and is currently only on a month-to-month basis. This negatively impact on the Department as it creates non-competitive service charges and a lack of long term planning and poses a risk to employees, patients and the health environment.

Another issue that cannot be overlooked is the reality of climate change as this has a possible negative impact on employees and patients if buildings are too hot to be occupied. Higher temperatures may also lead to a need for service delivery for health conditions related to extreme heat.

25. PORTFOLIO COMMITTEES

The table below provides the observations of the Portfolio Committee (PC) and the Department's recommendations:

Table 90 Portfolio Committee observations and Department's recommendations

PC Observations	The Department must	Department's Recommendations
High volume of Irregular expenditure due to contravention of Supply Chain Management processes.	Investigation on Irregular , Unauthorized, Wasteful and Fruitless expenditure, including consequence management that was instituted.	<ul style="list-style-type: none"> The department have implemented Irregular Expenditure Framework on accounting for such expenditure between the department and implementing agents. Reviewed and enforced the SCM checklist and conducted quarterly refresher sessions on compliance. Commenced with the investigation of irregular expenditure through the Loss Control Committee which is already appointed by the Accounting Officer.
The Audit Recovery Plan does not yield positive results.	Updated report on the Audit Action Plan. Ensure that the internal control environment is fit for this purpose by designing and implementing an effective system	<ul style="list-style-type: none"> The department updated its Audit Action Plan to include all issues raised by Auditor-General in 2022/23 Management and Audit Report.

PC Observations	The Department must	Department's Recommendations
	for monitoring the Audit Action Plan.	

26. SCOPA RESOLUTIONS

Below follows the Standing Committee on Public Accounts (SCOPA) Resolutions of the Department of Health based on the Annual Report 2022/23 that was tabled in the House on Tuesday, 5th December 2023.

26.1. Introduction and Background

The Standing Committee on Public Accounts received and considered the Annual Report, including the Auditor-General's report of the Department of Health for the year ending 31st March 2023.

The Department's audit outcome remained stagnant as a qualified audit opinion. The audit on the Annual Financial Statements regressed yielding new material misstatements. The acting Accounting Officer and acting Chief Financial Officer did not effectively design or redesign processes to strengthen the control environment during the financial year. Weaknesses in internal controls, particularly the record management systems, significantly contributed to the audit outcome, due to new and repeat findings identified. The department struggled to retrieve information on time as agreed which included information to clear prior year findings.

Disclaimers on three programmes were recorded on performance information where adequate systems in place to effectively record, collate, and report performance information lacked. Reported performance information is not supported by reliable information as it was identified that the underlying records had material differences that management could not explain. The department's processes could not produce reliable information to support reported achievements in the annual performance report.

26.2. Process

A hearing was conducted on Tuesday, 21st November 2023, during which the Committee heard evidence from the Department of Health on issues raised in the Annual Report by the Auditor-General for the year under review. The Auditor-General issued a qualified audit opinion on the financial statements of the Department of Health.

26.3. Committee Observations

Table 91 SCOPA Resolutions

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES / NO)
3.1	Piloting of a focused intervention strategy.	Considering the repetitive audit findings and the state of the Department of Health, it was resolved that that the Standing Committee on Public Accounts and the Portfolio Committee on Health and Social Development will be piloting a focused intervention strategy to ensure that the Department of Health improves on both service delivery and audit outcomes.	The Portfolio Committee on Health together with the Department developed a Service Level Agreement (SLA). The SLA captured the key goals and deliverables that were to be measured on a quarterly basis and was part of the quarterly reports send to Provincial Legislature.	Yes
3.2	Weaknesses in Records Management.	Weaknesses in internal controls on the Annual Financial Statements and Performance Information, in especially the record management systems were identified due to new and repeat findings and the lack of supporting documents to clear findings of the previous financial year.	As part of the intervention strategy to submit quality Annual Financial Statements (AFS) and improving on reporting, the Department has prepared and submitted Interim AFS to Provincial Treasury (Accounting Services) for review. In addition to the review process Internal Audit has committed to review the AFS on a monthly basis. Performance information and a Quality Improvement Plan (QIP) was developed and shared with the Auditor General's Office (AGO). The QIP was monitored on a quarterly basis by Office of the Premier and the dashboard was shared with the AGO.	Yes

RESOLUTION NO.	SUBJECT	DETAILS	RESPONSE BY THE DEPARTMENT	RESOLVED (YES / NO)
3.3	Implementation of the Audit Action Plan.	The audit action plan to address all findings and resolutions by the internal audit unit, external auditors, and various other oversight structures is not effectively implemented.	The Department's Audit Action plan was approved by the Accounting Office, however, due to capacity constraints, especially in the area of SCM, there has been slow progress. The Accounting Officer has since assigned the Acting Chief Director responsible for Risk Management to provide support towards the implementation of the Audit Action Plan.	No
3.4	Lack of control measures in Finance.	Preventative controls to prevent, detect and investigate unauthorised, irregular, fruitless, and wasteful expenditure lacked, resulting in material findings on laws and regulations and no consequence management taking place.	The Department started with the investigation of irregular expenditure (IR) and the next phase will be the application of condonement of IR. Fruitless and wasteful expenditure is mainly incurred from interest on overdue accounts, this is a legacy matter as it is largely dependent on the availability of cash flow/working capital. The growing nature of accruals and contingent liabilities (medico-legal) played a significant role on the Fruitless and wasteful expenditure. The Department has submitted budget bids to Treasury to align the appropriation to the demands of the Department without any success. The same will be submitted in the 2024/25 financial year.	No
3.5	Creditor's payment turnaround time (30 days).	The late creditor's payment which increased from 135 days in the previous financial year to 146 days in the current financial year, higher than the norm of 30 days.	The situation has not improved due to cash flow constraints, however, there has been considered efforts to ensure that small service providers are not affected.	No
3.6	High vacancy rate for senior positions.	The instability at the Department due to vacancies at senior positions is a very grave concern.	The Department's Organisational Structure was approved in January 2024. The first phase of the implementation process is aimed at strengthening management structures by filling all Senior Management vacancies. Some of the critical Senior Management posts have been submitted to Treasury and the OTP in March 2024 for concurrence in line with the DPSA requirements and is awaiting approval. Once granted, the recruitment process will unfold.	No
3.7	Debtor's payment turnaround time (90 days).	The debtors' collection period is at 131 days compared to the norm of 90 days which may impact on the financial viability of the Department.	These largely relates to the Departmental revenue generated from patient debts. Patient debt collection remains a challenge mainly due to shortage of staff, a poor collection system, medical aid rejections and RAF repudiations.	No
3.8	Accrual net adjusted deficit.	An accrual net adjusted deficit of R740 194 000 was realised during the year under review.	The accruals were qualified in the 2022/23 financial year; thus the figure will be restated in the 2023/2024 financial year to reflect fair presentation.	No

In light of the above findings, the Committee therefore recommends that the Department must:

- Prepare regular, accurate and complete financial and performance reports that are backed with reliable information and always be subjected to three levels of review prior to submission for auditing. Quarterly progress must be forwarded to the Committee.
- Review and implement the Audit Action Plan to ensure that recommendations of the internal audit unit, external audit auditors, and oversight structures are implemented entirely. Furthermore, ensure that the Internal Audit Unit monitor

and assess the Audit Action Plan addressing especially Supply Chain Management processes. Quarterly progress must be forwarded to the Committee.

- Ensure that the Loss Control Committee comes into operation to establish and administer departmental policies and procedures to strengthen consequence management. And further ensure that the Internal Audit Unit quarterly submit a Consequence Management Progress report to the Committee that monitors adequate implementation of appropriate consequence management against transgressing officials that permitted unauthorised, irregular, and/or fruitless and wasteful expenditure. Quarterly progress must be forwarded to the Committee.
- Strengthen internal controls to ensure that all payments are made within 30 days. A payment tracking report system must be submitted monthly to ensure that it is paid within 30 days. Quarterly progress must be forwarded to the Committee.
- Together with Provincial Treasury and the Office of the Premier, ensure that the key senior positions at the Department are filled in the next 12 months.
- Monitor and implement the plan of the revenue collection strategy to ensure optimal debtors' collection. Progress must be forwarded to the Committee on a quarterly basis.
- Provide a report on how the current or short-term obligations will be covered should there be a shortfall due at any specific time.

27. PRIOR MODIFICATIONS TO AUDIT REPORTS

Table 92 Prior modifications to the Audit Reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
Compensation of Employees I was unable to obtain sufficient appropriate audit evidence for basic salary included under compensation of employees, as the department did not implement proper record keeping to ensure that complete, relevant and accurate information is accessible and available to support basic salaries in the financial statements in the prior year. I was unable to confirm the basic salary amount by alternative means. Consequently, I was unable to determine whether any adjustment to basic salary stated at R1 967 234 000 in note 4.1 to the financial statements was necessary. My opinion on the current year financial statements is modified because of the possible effect of this matter on the comparability of the basic salary included under compensation of employees for the current period.	2012 and beyond	<ul style="list-style-type: none"> • Compliance personnel to conduct audit on new appointments quarterly at respective districts in order to ensure that SP files has all the relevant required information. • Registry officials of respective districts to ensure efficient system is in place to trace, retrieve and safekeeping file timeously. • All new appointments (fixed and abnormal appointments) to be audited against the correct pay points and correct to the correct facility.
Movable tangible capital assets I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets, due to the status of the accounting records and non-submission of information to support these assets. I could not confirm these assets by alternative means. Consequently, I could not determine whether any adjustments were necessary to movable tangible capital assets stated at R1 689 701 000 (2022: R1 608 866 000) and minor assets stated at R88 859 000 (2022: R285 71 1 000) in note 27 to the financial statements.	2012 and beyond	<ul style="list-style-type: none"> • The department's process of developing an asset register is at an advance stage. • All assets have been captured on LOGIS and a procedure to update the register is currently in place. • The department has revaluated all assets in the asset register. • The department will be migrating to an electronic system to count and verify assets.
Accruals and payables not recognised The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised in accordance with Chapter 9, General departmental assets and liabilities in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current year, as it was impracticable to do so. I was unable to obtain sufficient appropriate audit evidence for the restatement of the corresponding figure for accruals and payables not recognised, relating to goods and services. The restatement was made to rectify a prior year misstatement, but the restatement could not	2012 and beyond	<ul style="list-style-type: none"> • The department has significantly improved utilisation of LOGIS system. • A reporting mechanism where district offices provide a report on monthly basis on the state of accruals is been utilised and progressing well. • Centralisation and reconciliation of certain key account has been introduced for sound financial management and monitoring of key accounts.

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
<p>be substantiated by supporting audit evidence. In addition, I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised in the prior year as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I could not determine whether any adjustment was necessary to the accruals and payables not recognised stated at R688 312 000 and R468 280 000 respectively in note 20 to the financial statements.</p>		
<p>Capital commitments Not all capital commitments relating to buildings and other fixed structures were recorded as required by Chapter 14, Provisions and contingents in the MCS. I was unable to determine the full extent of the understatement of capital commitments relating to buildings and other fixed structures as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence for capital commitments relating to buildings and other fixed structures disclosed in note 19 to the financial statements, as the department did not have adequate systems to maintain records. I was unable to confirm the disclosure by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the capital commitments relating to buildings and other fixed structures stated at RI 32 831 000 as disclosed in note 19 to the financial statements.</p>	2023	<ul style="list-style-type: none"> • Monthly and quarterly reconciliations of Capital Commitments are performed. • Training to SCM officials on the impact of undisclosed commitments was held. • Monitor the completeness of commitments on a monthly basis. • Develop reporting template for Infrastructure Commitments, and maintain a filing system of supporting documentation. • Perform monthly reconciliation of Infrastructure Capital Commitments. • Furnish the Accounting Officer with a report on non-compliance with regards to the completeness of commitments with recommendation.
<p>Irregular expenditure The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention of supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I could not determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.</p>	2012 and beyond	<ul style="list-style-type: none"> • Finance unit is identifying irregular expenditure transactions by using checklist and reports on monthly basis.
<p>Contingent liabilities The department did not have adequate systems in place to account for claims against the department included in contingent liabilities in accordance with Chapter 14, Provisions and Contingents in the MCS as the best estimate of expenditure required to settle the obligations was not calculated for claims against the department in terms of the set methodology. I could not determine the full extent of the misstatement of claims against the department included in contingent liabilities as disclosed in note 18.1, as it was impractical to do so. Contingent liabilities were not accounted for as required by Chapter 14, Provisions and Contingents in the MCS in the current and prior year. The department did not have adequate systems of internal control for the recording of all transactions and events as some of the transactions that did not meet the definitions of contingent liabilities were included. Consequently, contingent liabilities disclosed in note 18.1 to the financial statements was overstated for the current and prior year. I could not determine the full extent of the overstatement of the contingent liabilities as it was impractical to do so.</p>	2022 and beyond	<ul style="list-style-type: none"> • Case register is maintained and submitted to Finance by Legal Services Directorate. • Misclassification were addressed. • SOP was developed to comply with Chapter 14 of Modified Cash Standard (MCS) which speaks to cases that did not meet the definition of Contingent Liabilities

28. INTERNAL CONTROL UNIT

The purpose of the Internal Control Unit is to conduct quality improvement oversight support visits for the creation of an overall Internal Control, Risk and Compliance Strategy to ensure that the Department can identify, assess, respond to and monitor risks associated with its operations.

The persistent negative audit outcomes over the past years have necessitated the Department to develop and implement interventions targeted at improving financial and non-financial management, internal controls and audit outcomes of the Department. The 2022/23 Audit Report identified a number of internal control deficiencies, risks and various matters on the audit of compliance with legislations, where most of the audit findings related to weaknesses in the internal control environment.

The internal control measures focused on leadership, governance, finances and performance and revealed a number of areas which requires intervention and corrective measures. This will ensure systems re-engineering, control changes or additions, data validity tests, variance reports, training and staff awareness that will fulfil the planned service delivery priorities.

The main goal is to manage and control irregular expenses and to obtain an unqualified audit opinion for the period under review. This can be achieved by:

- Implementation of the Risk Management Strategy.
- Overseeing the establishment and facilitation of governance structures.
- Managing and maintaining financial control systems.
- Developing, managing, coordinating and implementing fraud prevention policies and systems.
- Providing integrity management services.

The Department has been able to fully prevent and disclose cases of irregular expenditure. All lease contracts have been analysed and irregular expenditure categorised, namely:

- Irregular expenditure resulting from awarding of tenders by implementing agents.
- Irregular expenditure resulting from expired contracts that are extended on a month-to-month basis.
- Irregular expenditure resulting from violation of the Departmental SCM Policy.

The scope of the project covers all matters raised by the internal / external audit, regarding the existing internal control environment which involves all officials of the Department, project owners and champions who have been identified. The project sponsor should consider the establishment of a Project Steering Committee, which is an internal governance structure that will monitor progress and exercise a monitoring and oversight role.

This report serves to provide challenges and progress made on the work conducted, where mixed methods of assurance were applied throughout all facilities to address some of the AG's findings. The methods covered the following:

- Follow-ups on consultative meetings on previous strategic engagements with management and personnel staff took place to provide direction and guidance to some of the audit findings in relation to financial and non-financial performance reporting, as well as any risk that negatively impacted on the Departmental audit outcomes.
- Provided support to programmes and sub-programmes in developing audit outcome mitigating strategies, such as policy development, controls and effective monitoring systems.
- Monitoring the Department's future audit processes, including the internal controls activities.
- Ensuring the readiness and adequacy of the Department's financial and non-financial performance processes and documentation.

Fleet Administration

- Vehicles were sent for repairs and have been standing at the merchant for three to four years, although payment has already been made.
- Some vehicles have exceeded 500 000 km and their performance therefore becomes inefficient.
- Logbooks are not properly maintained and completed as prescribed by Departmental prescripts.
- Patient transport remains a serious challenge.

Transfer Payments HIV & AIDS – Assurance JTG

As part of the ongoing strategy of bringing health services to communities, a follow-up audit meeting with the management team at the John Taolo Gaetsewe (JTG) District office on the 14th November 2023. The meeting was designed to support the District and improve the audit outcome of the Department and plans to address matters raised in respect of Transfer Payments (HIV&AIDS) through assuring the completeness and adequacy of the JTG Audit Action Plan during the 2022/23 financial year. This meeting also focused on collaborative efforts on the key performance areas relating to compliance with the laws and regulations under the Provincial Office and JTG. The objective of the meeting was also to provide the management of JTG with an opinion on the effectiveness of internal controls governing transfer payments and to receive an update on the strides made to deal with some of these issues or audit exceptions confronting the district so as to ensure that the Department can identify,

assess, respond and monitor risks associated with its operations. The Boikobo NGO was appointed by the Department to render the payment of stipends to Health Facility Assistants (HFA's).

Feedback will focus on key issues that impacted negatively on the audit finding and to reflect on remedial actions developed to address some of the challenges. The Unit performed a review of the following audits in the second quarter:

Human Resource Management (Recruitment & Selection)

- Transfer Payments (HIV & AIDS) - Assurance.
- Conditional Grant (Infrastructure Grant) - Assurance.
- Follow-up Audit: Completeness and adequacy of the Audit Action Plan.
- Planned or unplanned visits for monitoring and evaluation of NGO's are not being conducted.
- No verification by the District to ensure the liability for the payment period in which Boikobo NGO has been contracted as a user client, DHS should give advice in the case of the SOP (Total contract value amount and payments for the valid payment period).
- No Proof of submission of monthly and/or quarterly reports by the NGO.
- Unemployment Insurance Fund (UIF) and reduction strategy - current trends CHW's and HFA's.
- Brief overview of the overall Audit Opinion regarding CHW's - it was noted with concern that there is no signed off contracts for at least twenty-one (21) CHW's and HFA's.
- A daily attendance register of HFA's is not signed or properly maintained.
- Copies of signed contracts of one hundred and twenty-eight (128) HFA's not kept at facility level.
- Stipend control form not signed off by the relevant authority.
- No proper record keeping - out of eight hundred and fifty-five (855) CHW's allocated under the district office, three hundred and twenty (324) did not sign their contracts.
- NGO's are not playing a monitoring role as required by their contract with the Department.
- The contract will be for three years (starting in 2022/23 and expiring in 2024/25).
- Clinic Committees in various facilities are not functional, i.e. Manne Dipico Hospital.

Support of Infrastructure (Lease Contracts, Mortuary, Gardening Services and Health Technology)

- Facilitation of the maintenance programme through the implementation of water tanks through the NHI Grant project is still a problem to other districts, hence the state of buildings in most districts are dilapidating because they are still owned by Trust Committees or Local Committees/Municipalities, whose members have demised on and only one signatory to date is still alive.
- The Internal Control Unit performed assurance reviews on the leasing of clinic premises, and has successfully completed Vosburg Clinic. The Unit is currently busy with Marydale, Salt Lake Clinics, Williston CHC, Fraserburg CHC, Loeriesfontein CHC, Brandvlei CHC, Carnarvon CHC, Nama Khoi in Springbok, Nakanas in Namakwa, Kheis in ZFM, EMS Storage in Upington, etc. and the Department is currently in the process of facilitating the signing of reviewed lease contracts of all privately owned buildings rented by the Department.
- The oversight work conducted by the Internal Control Unit is designed to support Management and the Audit Committee with special focus on the adequacy and effectiveness of risk, control and governance processes towards enhanced service delivery.

The 2022/23 Audit Findings were centred on the following issues:

- The Department might not be able to hold the property owners or landlords liable for their contractual obligations should anything happen to the buildings.
- The Department incurred expenditure in contravention of the Supply Chain Management (SCM) requirements. This was not included in the irregular expenditure disclosed in Note 24 to the financial statement. The Auditor General was unable to determine the full extent of the understatement for the current, as well as previous years, as it was impracticable to do so.
- A site inspection was performed at various facilities, which showed that most buildings required urgent maintenance work, specifically on plumbing and electrical work. This has already been pointed out in the report of the Health Inspector, as cited by the landlord.
- Most Clinics require renovations and restructuring due to inadequate filing space.
- Tools of trade are still a challenge at most facilities, e.g. day to day maintenance, photo copy machines, printers, etc.
- No backup generators, water pumps, JOJO tanks and boreholes are damaged or not functional in most of our facilities.
- Most Mortuaries at facility level are not in a good state / conditions or not working at all. (Vosburg).
- A local resident at Nababeep CHC claimed ownership of the building and the Department has been paying rent since 2013.
- There are no permanent Groundsmen and General Workers at most facilities and the EPWP and HFA's are required to perform those duties, i.e. at Hanover, Britstown, Vosburg, etc.
- Disability toilets do not function in most instances due to continued leaks.
- Fire extinguishers were due for service to most clinics.
- There is no internet connection at most facilities.

Improvement Plan

- Review the service package of Clinics in line with the Ideal concept, considering the current services being offered and the service delivery demand.
- Develop a Business Case for interdepartmental service delivery agreement to be signed and be effective in the new financial year.
- Develop and implement Standard Operating Procedure on the identification, recording and reporting of irregular expenditure.
- Enforce compliance through verification of the SLA and the use of a checklist, reviewing of policies and procedures, SOP'S and reporting requirements by holding monthly progress meetings.
- Regularise contracts on procurement where supply chain processes were not followed or tenders have expired.
- Implement corrective measures as advised by the Executive Authority.
- Procurement of retrievable filing cabinets in all facilities.
- Ensure that patients information is captured completely and accurately during patient admission.
- Daily reconciling of the billing system and the classification of patient should be done in line with the relevant support documentation.
- Dedicate officials responsible for filing, movement of files and maintaining the register for all incoming and outgoing files.
- Training should be provided to staff to ensure proper understanding of the revenue processes.
- Address the current shortage of staff, especially supervisory level.
- Improve co-ordination and communication.
- Weekly checking and reconciliation before depositing money collected on time.
- Monies should be banked on a daily basis as prescribed by the Revenue Management Policy, Paragraph 3.3.2.
- The Accounting Officer must take effective and appropriate steps to collect all monies due to the department.
- The Accounting Officer must sensitize CEO's, Hospital Boards and other stakeholders, who plays a role on revenue maximization, about the importance of revenue and its impact on the Provincial cash inflows.
- Management must be held accountable for the running of the facilities, including the collection of revenue.
- Fact finding analysis for revenue chain processes must be performed in all facilities.
- Strengthen revenue collection systems at Community Health Centres (CHC's), as these facilities are continuing to provide hospital services.
- Invest in all the Patient Administration and Billing system modules that will result in maximisation of revenue collected (e.g. modules on Patient Verification System and Electronic Data Interchange).
- Training to be provided to clerks on regular basis.
- Action plans to be monitored to address audit findings and recommendations.

29. INTERNAL AUDIT AND AUDIT COMMITTEES

The internal audit service has been performed by the Internal Audit Service of the Northern Cape Provincial Treasury. The function was set up under section 38(1)(a)(ii) and 76(4)(e) of the PFMA as a shared function for the Northern Cape Provincial Administration, and in terms of paragraph 3.2.3. of the Treasury Regulations. The unit fulfils an independent assurance function.

The internal audit unit follows a risk-based audit approach in providing management and the Audit Committee with assurance on the adequacy and effectiveness of governance, risk management, and internal control processes. The internal audit is guided by an internal audit charter, approved by the Audit Committee and performs its functions as provided in the PFMA and the internal audit charter.

The internal audit unit compiles a rolling three-year risk-based plan and prepares an annual plan after taking consideration of the risks facing the department, strategic objectives, the department's mandate, audit issues and inputs by management. The Audit Committee approves the internal audit plan for implementation.

The internal audit reviews performed for the financial year under review, were all in line with the approved annual audit plan and are detailed in the Audit Committee annual report.

Internal audit findings were communicated timely and management implemented measures to mitigate the risks. Significant matters identified during the year were reported to the Audit Committee.

Internal Audit quality review outcome

Internal Audit underwent the mandatory 5-year quality review assessment during the 2022-23 financial year and maintained the general conformance outcome.

Clean audit drive

Internal Audit aligned its processes to meet the vision of the Office of the Premier's Operation Clean Audit drive. Internal audit reviewed the completeness and adequacy of the AGSA audit action plan and furthermore conducted follow up audits to monitored the implementation thereof.

Audit Committee Members

A new Audit Committee was appointed with effect from 1st December 2023. Two members were re-elected and the member listed below was appointed:

- Mr K Maja

Attendance of Audit Committee Meetings by Audit Committee Members

Table 93 Audit Committee Meeting Attendance

Name	Qualification	Internal / External Member	If Internal, position in the department	Date Appointed	Date Resigned	No. of Meetings Attended
R Mnisi	<ul style="list-style-type: none"> • LLB • Post Graduate Certificate in Compliance management 	External	-	01/12/2017 31/11/2023	-	4 out of 4
S Calitz	<ul style="list-style-type: none"> • Registered Government Auditor (RGA) • Certified Government Audit Professional (GAP) • Certified Fraud Examiner (CFE) • Advanced Certificate Forensic Examination • National Diploma Government Auditing 	External	-	01/12/2020 31/11/2023	-	4 out of 4
D Padayachy	<ul style="list-style-type: none"> • BSC Degree, Executive Development Programme • Post Graduate HDE Information Technology Management • Leadership in the Connection Economy Certificate • Capability Maturity Model - People and Capability Maturity Model Integration for Development and Information Technology Management for Government and Software and Project Management Certificate 	External	-	01/12/2020 31/11/2023	-	4 out of 4

Name	Qualification	Internal / External Member	If Internal, position in the department	Date Appointed	Date Resigned	No. of Meetings Attended
W Molelekwa	<ul style="list-style-type: none"> National Diploma: Cost & Management Accounting Btech: Cost & Management Accounting Btech: Internal Auditing Bachelor of Law: Financial Planning Bachelor of Laws: (LLB) Master of Laws (LLM) 	Internal	-	01/12/2020 31/11/2023	-	4 out of 4
O Gaoraelwe	<ul style="list-style-type: none"> Bachelor of law, Conflict Management Project Management Certificate in environmental law 	Internal	-	01/12/2020 31/11/2023	-	0 out of 4
K Maja	<ul style="list-style-type: none"> MBL B. Compt (Hons) B. Com (Accounting) CIA IIA 	External		01/12/2023 31/11/2026	-	0 out of 1

30. AUDIT COMMITTEE REPORT

30.1 Audit Committee Report

The Audit Committee has adopted formal terms of reference, as its Audit Committee Charter. The Audit Committee has discharged its responsibilities in terms of its charter as contained therein, in line with the requirements of section 38(1)(a) of the PFMA and Treasury Regulation 3.1.13.

30.2 Effectiveness of Internal Controls

The Audit Committee is satisfied as to the effectiveness of the internal audit function during the year and that the internal audit activity has to a large extent addressed the risks pertinent to the Department. Our review of the findings of the internal audit work, which was based on the risk assessments conducted in the Department revealed certain weaknesses, which were then raised with the Department.

The following internal audit work was completed during the year under review:

- Annual financial statements
- AGSA audit action plan follow up - December 2023
- AGSA audit action plan follow up - November 2023
- Annual performance report
- Asset management - follow up
- AGSA audit action plan - adequacy & completeness
- Health facility revitalization grant
- Information & communication technology
- Forensic medical services
- Human resource management - follow up
- Interim Financial Statements
- Records management
- Risk, fraud & ethics management
- Supply chain management
- Transfer payments

The following were areas of concern:

- Generally, a weak control environment
- Many vacancies in executive management
- Low quality of draft annual financial statements and draft annual performance report
- Slow implementation of internal audit findings and external audit findings

30.3 In-year Monitoring and Monthly/Quarterly Reporting

The department has reported monthly and quarterly to the Treasury as is required by the PFMA.

30.4 Evaluation of the Financial Statements

The Audit Committee has:

- Reviewed and discussed the audited Annual Financial Statements prepared by the department with the AGSA and the Accounting Officer for inclusion in the Annual Report;
- Reviewed the AGSA Audit Report;
- Reviewed the AGSA's Management Report and management's responses thereto;
- Reviewed the Department's compliance with legal and regulatory provisions;
- Reviewed significant adjustments resulting from the audit and
- Reviewed the outcome of the evaluation of the AFS

30.5 Auditor General's Report

The Audit Committee concurs and accepts the conclusion of the Auditor General Report on the annual financial statements, and is of the opinion that the audited financial statements be accepted and read together with the report of the Auditor-General. The Auditor-General also reported on material irregularities and potential losses under investigation. The Audit Committee requested the Auditor-General to provide progress quarterly and to ensure the Audit Committee role in oversight over this process is acknowledged Auditor-General guidance.

30.6 Report of the Accounting Officer and Executive Authority

On a quarterly basis the Audit Committee writes a report to the Executive Authority and Head of Department which highlights the issues that needs attention or improvement within the Department's performance. The Audit Committee met with the Accounting Officer in the Audit Committee meetings.

30.7 Conclusion

The Audit Committee wishes to express its appreciation to the management of the department, AGSA and internal audit for the co-operation and information they have provided to fulfil our mandate and enable us to compile this report.



Mr K Maja

Chairperson of the Audit Committee
Department of Health

31st July 2024

31. **B-BBEE COMPLIANCE PERFORMANCE INFORMATION**

This section deals with the reporting by organs of state and public entities in terms of section 13(g)(1) of the broad-based black economic empowerment act 53 of 2003 as amended by act 46 of 2013.

Table 94 Compliance of B-BBEE requirements

Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 – 8) with regards to the following:		
Criteria	Response (Yes/No)	Discussion
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law.	N/A	-
Developing and implementing a preferential procurement policy.	Yes	The Department has developed a Policy, which will fully respond to the PPPFA.
Determining qualification criteria for the sale of state-owned enterprises.	N/A	-
Developing criteria for entering into partnerships with the private sector.	N/A	-
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment.	N/A	-



PART D

HUMAN RESOURCE MANAGEMENT

Part D: Human Resource Management

32. INTRODUCTION

32.1. Status of human resources in the Department

The purpose of the Human Resource Administration Directorate is to render an efficient human resource administration function, which includes the management of the recruitment, selection, appointment, life cycle events, compensation and conditions of service of employees. There has been changes to the Public Service Regulations as well as the Directive on the Professionalisation of the Public Service in October 2023, which the Directorate must implement and align with our Departmental Human Resource Administration Policies.

32.2. Human resource priorities for the year under review and the impact of these

Implementation of the approved Human Resource Plan for the Medium Term Expenditure Framework. The alignment of the approved organisational structure to PERSAL has to take place as per the approved implementation plan. The filling of replacement health professional, administrative and support personnel has been prioritised by the Department, although it is still done at a slow pace due to the timelines and standard operation procedures of the Provincial Treasury and Office of the Premier.

32.3. Workforce planning and key strategies to attract and recruit a skilled and capable workforce

The Human Resource for Health Strategy 2030 outlines the current health workforce needed to improve health service within our Province. The department identified the estimated health workforce needed for primary healthcare services in the nursing professions (specialists), medical professions (specialists) and clinical psychology. The needs are based in the context of primary health care re-engineering and the district health model for the department. The human resource plan makes provision for the health category needs and personnel costs in a primary health care and community healthcare centre. The department is also dedicated in educating nursing professions, emergency medical professions and other health care professionals to acquire the knowledge and skills to complement the healthcare service in the Province. The appointment of health professional funded posts on the establishment for medical professions, nursing professions and other health care professions complements the current healthcare workforce in response to the service delivery needs in the Province.

32.4. Employee performance management

The main purpose of employee performance management is to provide an efficient and effective system to manage, monitor and improve the performance of employees within the Department, as a measure towards rendering quality health care services. As prescribed by the Northern Cape Provincial Government EPMDS Policy (2022), each employee enters into an Annual Performance Agreement with the Department, which was due by 31st May 2023. Subsequent to this, performance was monitored regularly and documented through the system accordingly. Continuous in-service training is provided to employees so as to enhance their understanding on employee performance management, as well as their role in ensuring compliance to the EPMDS Policy. All employees who had been found to perform satisfactorily in the previous performance cycle (2022/23) were identified through performance review and moderation processes. Performance rewards in the form of a pay progression, i.e. 1.5% of employee's salary notch, was implemented for those found eligible, and payments were effected by December 2023. Out of a total Departmental establishment of six thousand, seven hundred and eighty-six (6786) employees in 2022/23, four thousand, eight hundred and one (4801) were found to be eligible for pay progression.

32.5. Employee wellness programmes

The Provincial Employee Health and Wellness (EHW) unit is now staffed with a Manager, Assistant Manager, Clinical Psychologist, and Administrative Clerk. The unit oversees the implementation of four critical pillars: SHERQ, HIV/Aids, TB and STI, Wellness and Health, and productivity Management in alignment with the DPSA EHW Framework. One significant ongoing challenge is the lack of Employee Wellness Centres across the province. Presently, there are only four established Wellness Clinics, namely at: Robert Mangaliso Sobukwe Hospital, Dr. Harry Surtie Hospital, the JTG District, and the Mental Health Hospital. These centres are in dire need of equipment and trained Occupational Health Professionals. Furthermore, the formation of OHS committees remains a hurdle, because, despite extensive training, there has been no practical implementation. There are currently four operational Occupational Health and Safety Committees, namely at: The Mental Health Specialised Hospital and three Sub-Districts in the Namakwa Health District. The Department envisages to have fully functional Occupational Health and Safety Committees and will prioritise the establishment thereof in the next financial year.

32.6. Achievements, challenges and future human resource plans / goals

The approval of the organisational structure and Human Resource Plan has an impact on the on the priorities and goals of the Department. The implementation of the organisational structure will take place in phases as the mapping of the organisational structure to PERSAL must be prioritised. The alignment will take place through the correct placing of employees and creation of new components and upward component linkages must take place on PERSAL. The Human Resource Plan needs to be reviewed as per the recommendation by the Office of the Premier, due to the approval of the organisational structure.

33. HUMAN RESOURCES OVERSIGHT STATISTICS

33.1. Personnel related expenditure

33.1.1 Personnel expenditure by programme

Table 95 Personnel expenditure by programme for the period 1 April 2023 to 31 March 2024

Programme	Total expenditure R'000	Personnel expenditure R'000	Training expenditure R'000	Professional and special services expenditure R'000	Personnel expenditure as a % of total expenditure	Average personnel cost per employee R'000	Employment incl. Periodical - & abnormal appointments
Administration	R281 750,00	R124 789,00	R0,00	R0,00	44,3%	R444,00	281,00
District Health Services	R2 670 442,00	R1 524 813,00	R0,00	R0,00	57,1%	R261,00	5 845,91
Emergency Medical Services	R435 907,00	R218 844,00	R0,00	R0,00	50,2%	R299,00	732,00
Provincial Hospital Services	R449 491,00	R305 543,00	R0,00	R0,00	68,0%	R378,00	809,00
Central Hospital Services	R1 018 733,00	R621 019,00	R0,00	R0,00	61,0%	R535,00	1 160,00
Health Sciences and Training	R145 489,00	R108 366,00	R0,00	R0,00	74,5%	R444,00	244,00
Health Care Support Services	R23 309,00	R72 579,00	R0,00	R0,00	311,4%	R388,00	187,00
Health Facilities Management	R290 490,00	R9 763,00	R0,00	R0,00	3,4%	R574,00	17,00
TOTAL (BAS)	R5 315 611,00	R2 985 716,00	R0,00	R0,00	56,2%	R322,00	9 275,91

33.1.2 Personnel Costs by salary band

Table 96 Personnel costs by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	Personnel expenditure R'000	% of total personnel cost	Number of employees	Average personnel cost per employee R'000	Total personnel cost for Department including goods and services R'000
Lower skilled (levels 1-2)	-	-	-	-	-
Skilled (levels 3-5)	R805 524,00	26,60%	3 173	R253 868,00	R3 033 107,00
Highly skilled production (levels 6-8)	R592 307,00	19,50%	1 530	R387 129,00	R3 033 107,00
Highly skilled supervision (levels 9-12)	R1 101 050,00	36,30%	1 345	R818 625,00	R3 033 107,00
Senior and top management (levels 13-16)	R27 449,00	0,90%	25	R1 097 960,00	R3 033 107,00
TOTAL	R2 526 330,00	15.61%	6 073	R2 557 582,00	R3 033 107,00

33.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme

Table 97 Salaries, overtime, home owners allowance & medical aid by programme for the period 1 April 2023 to 31 March 2024

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid		Total personnel cost
	Amount R'000	Salaries as a % of personnel costs	Amount R'000	Overtime as a % of personnel costs	Amount R'000	HOA as a % of personnel costs	Amount R'000	Medical aid as a % of personnel costs	
Administration	R104 104,00	81,30%	R722,00	0,60%	R3 153,00	2,50%	R6 553,00	5,10%	R127 973,00
District Health Services	R1 257 850,00	81,40%	R58 589,00	3,80%	R37 809,00	2,40%	R62 714,00	4,10%	R1 546 077,00
Emergency Medical Services	R159 605,00	71,40%	R14 017,00	6,30%	R10 275,00	4,60%	R17 919,00	8,00%	R223 609,00
Provincial Hospital Services	R229 597,00	73,50%	R24 453,00	7,80%	R10 162,00	3,30%	R19 287,00	6,20%	R312 174,00
Central Hospital Services	R475 392,00	72,30%	R91 867,00	14,00%	R12 911,00	2,00%	R24 318,00	3,70%	R657 621,00
Health Sciences And Training	R62 391,00	77,00%	R12 362,00	15,30%	R745,00	0,90%	R1 481,00	1,80%	R81 003,00
Health Care Support Services	R54 454,00	73,30%	R5 118,00	6,90%	R2 243,00	3,00%	R5 212,00	7,00%	R74 265,00
Health Facilities Management	R8 672,00	83,50%	R0,00	0,00%	R133,00	1,30%	R301,00	2,90%	R10 385,00
TOTAL	R2 352 065,00	77,50%	R207 128,00	6,80%	R77 431,00	2,60%	R137 785,00	4,50%	R3 033 107,00

33.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band

Table 98 Salaries, overtime, home owners allowance & medical aid by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	Salaries		Overtime		Home Owners Allowance		Medical Aid		Total personnel cost
	Amount R'000	Salaries as a % of personnel costs	Amount R'000	Overtime as a % of personnel costs	Amount R'000	HOA as a % of personnel costs	Amount R'000	Medical aid as a % of personnel costs	
Lower skilled (levels 1-2)	-	-	-	-	-	-	-	-	-
Skilled (levels 3-5)	R576 549,00	71,30%	R25 904,00	3,20%	R45 143,00	5,60%	R75 563,00	9,30%	R808 877,00
Highly skilled production (levels 6-8)	R462 995,00	77,70%	R15 904,00	2,70%	R18 940,00	3,20%	R36 240,00	6,10%	R595 995,00
Highly skilled supervision (levels 9-12)	R852 388,00	76,90%	R113 881,00	10,30%	R13 092,00	1,20%	R25 823,00	2,30%	R1 108 457,00
Senior and Top management (levels 13-16)	R24 449,00	85,90%	R0,00	0,00%	R256,00	0,90%	R158,00	0,60%	R28 470,00
TOTAL	R1 916 381,00		R155 689,00		R77 431,00		R137 784,00		R2 541 799,00

33.2. Employment and Vacancies

33.2.1 Employment and vacancies by programme

Table 99 Employment & vacancies by programme as on 31 March 2024

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy rate	Number of employees additional to the establishment
Administration	320	247	22,80	16
District Health Services	4149	3369	18,80	264
Emergency Medical Services	852	731	14,20	4
Provincial Hospital Services	930	808	13,10	51
Central Hospital Services	1 439	1 131	21,40	61
Health Sciences and Training	224	199	11,20	122
Health Care Support Services	227	185	18,50	2
Health Facilities Management	22	17	22,70	3
TOTAL	8 163	6 687	18,10	523

33.2.2 Employment and vacancies by salary band

Table 100 Employment & vacancies by salary band as on 31 March 2024

Salary Band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of Employees Additional to the Establishment
Lower Skilled (levels 1-2)	-	-	-	-
Skilled (levels 3-5)	3 860	3 173	17,80	4
Highly Skilled Production (levels 6-8)	1 865	1 530	18,00	10
Highly Skilled Supervision (levels 9-12)	1 780	1 345	24,50	4
Senior Management (levels 13-16)	44	25	43,20	1
TOTAL	7 549	6 073	18,10	19

33.2.3 Employment and vacancies by critical occupations

Table 101 Employment & vacancies by critical occupation as on 31 March 2024

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administrative related, permanent	190	149	22	12
All artisans in the building metal machinery etc., permanent	19	14	26	0
Ambulance and related workers, permanent	818	703	14	2
Archivists curators and related professionals, permanent	1	1	0	0
Artisan project and related superintendents, permanent	10	5	50	2
Auxiliary and related workers, permanent	52	30	42	0
Building and other property caretakers, permanent	1	0	100	0
Bus and heavy vehicle drivers, permanent	29	23	21	0
Cleaners in offices workshops hospitals etc., permanent	759	583	23	3
Client inform clerks (switchboard receptionist inform. clerks), permanent	25	19	24	0
Community development workers, permanent	3	3	0	0
Computer programmers., permanent	1	1	0	0
Dental practitioners, permanent	46	41	11	13
Dental specialists, permanent	2	1	50	1
Dental technicians, permanent	1	1	0	0
Dental therapy, permanent	29	26	10	0
Dieticians and nutritionists, permanent	73	61	16	15
Dieticians and nutritionists, temporary	1	1	0	0
Emergency services related, permanent	4	2	50	0
Engineering sciences related, permanent	4	3	25	3
Engineers and related professionals, permanent	6	4	33	0
Environmental health, permanent	36	32	11	22
Financial and related professionals, permanent	15	14	7	0
Financial clerks and credit controllers, permanent	114	87	24	0
Food services aids and waiters, permanent	67	49	27	0
Food services workers, permanent	2	2	0	0
General legal administration & rel. Professionals, permanent	3	3	0	0

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Head of department/chief executive officer, permanent	1	1	0	0
Health sciences related, permanent	12	6	50	0
Household and laundry workers, permanent	140	97	31	0
Housekeepers laundry and related workers, permanent	7	6	14	0
Human resources & OD & related professionals, permanent	1	0	100	0
Human resources clerks, permanent	10	8	20	0
Human resources related, permanent	2	2	0	0
Information technology related, permanent	8	8	0	7
Leather workers, permanent	2	0	100	0
Legal related, permanent	7	5	29	0
Library mail and related clerks, permanent	3	2	33	0
Light vehicle drivers, permanent	32	23	28	0
Material-recording and transport clerks, permanent	2	0	100	0
Medical practitioners, permanent	541	474	12	183
Medical practitioners, temporary	1	1	0	0
Medical research and related professionals, permanent	1	1	0	0
Medical specialists, permanent	63	38	40	1
Medical specialists, temporary	2	2	0	0
Medical technicians/technologists, permanent	8	8	0	0
Messengers porters and deliverers, permanent	88	66	25	0
Motor vehicle drivers, permanent	9	7	22	1
Nursing assistants, permanent	922	807	13	22
Occupational therapy, permanent	66	46	30	20
Optometrists and opticians, permanent	2	2	0	0
Oral hygiene, permanent	2	2	0	0
Other admin & related clerks and organisers, permanent	948	792	17	43
Other administrative policy and related officers, permanent	22	17	23	0
Other information technology personnel., permanent	10	5	50	0
Other occupations, permanent	8	4	50	0
Pharmaceutical assistants, permanent	170	152	11	0
Pharmacists, permanent	164	148	10	43
Pharmacologists pathologists & related professionals, permanent	47	42	11	0
Physiotherapy, permanent	68	60	12	27
Printing and related machine operators, permanent	2	2	0	0
Professional nurse, permanent	1867	1517	19	58
Psychologists and vocational counsellors, permanent	24	14	42	2
Radiography, permanent	103	83	19	10
Secretaries & other keyboard operating clerks, permanent	3	3	0	0
Security guards, permanent	72	68	6	0
Senior managers, permanent	30	13	57	1
Shoemakers, permanent	1	0	100	0
Social work and related professionals, permanent	45	42	7	0
Speech therapy and audiology, permanent	35	28	20	14
Speech therapy and audiology, temporary	1	1	0	0
Staff nurses and pupil nurses, permanent	281	213	24	18
Supplementary diagnostic radiographers, permanent	1	1	0	0
Trade labourers, permanent	17	12	29	0
Trade/industry advisers & other related profession, permanent	1	0	100	0
TOTAL	8163	6687	18,10	523

33.3. Filling of SMS Posts

33.3.1 SMS post information (31 March 2024)

Table 102 SMS post information as on 31 March 2024

SMS Level	Total number of SMS funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General / Head of Department	-	-	-	-	-
Salary Level 16	2	2	100%	0	0%
Salary Level 15	1	0	0%	1	100%
Salary Level 14	5	2	40%	3	60%
Salary Level 13	30	23	77%	7	23%
TOTAL	38	27	73.68%	11	28.94%

33.3.2 SMS post information (30 September 2023)

Table 103 SMS post information as on 30 September 2023

SMS Level	Total number of funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General / Head of Department	-	-	-	-	-
Salary Level 16	2	2	100%	0	0%
Salary Level 15	1	0	0%	1	100%
Salary Level 14	5	2	40%	3	60%
Salary Level 13	30	24	80%	6	20%
TOTAL	38	28	73.68%	10	26.31%

33.3.3 Advertising and filling of SMS posts

During the period under review no posts were advertised and filled due to the Moratorium on the filling of posts.

Table 104 Advertising & filling of SMS posts for the period 1 April 2023 to 31 March 2024

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General / Head of Department	-	-	-
Salary Level 16	-	-	-
Salary Level 15	-	-	-
Salary Level 14	-	-	-
Salary Level 13	-	-	-
TOTAL	-	-	-

33.3.4 Non-compliance with the filling of funded vacant SMS posts

Table 105 Reasons for not having complied with the filling of funded vacant SMS – Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2023 to 31 March 2024

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 12 months
The Provincial and National changes with regard to the filling of administrative, support and senior managerial posts, where standard operating procedures were put in place by the Provincial Treasury and Office of the Premier, prevented the Department from receiving approval for the advertising and filling of Senior Management posts. The approval for advertising and filling has been sought and the outcome of the submission is being awaited.	-

33.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for the filling SMS posts

Table 106 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2023 to 31 March 2024

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 6 months
None	-

33.4. Job Evaluation

33.4.1 Job evaluation by salary band

Due to the absence of a web-enabled job evaluation system that was managed by the Department of Public Service and Administration, as well as the absence of an approved Organisational Structure, the Department was unable to perform the Job Evaluation process.

Table 107 Job evaluation by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts Downgraded	
				Number	% of Posts Evaluated	Number	% of Posts Evaluated
Lower skilled (levels 1-2)	0	0	0	0	0	0	0
Skilled (levels 3-5)	3860	0	0	0	0	0	0
Highly skilled Production (levels 6-8)	1865	0	0	0	0	0	0
Highly skilled Supervision (levels 9-12)	1780	0	0	0	0	0	0
Senior Management Service Band A	34	0	0	0	0	0	0
Senior Management Service Band B	8	0	0	0	0	0	0
Senior Management Service Band C	1	0	0	0	0	0	0
Senior Management Service Band D	1	0	0	0	0	0	0
TOTAL	7549	0	0	0	0	0	0

33.4.2 Upgrading of positions due to posts being upgraded

Table 108 Profile of employees whose positions were upgraded due to posts being upgraded for the period 1 April 2023 to 31 March 2024

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

33.4.3 Employees with salary levels higher than those determined by job evaluation by occupation

Table 109 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2023 to 31 March 2024

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
-	-	-	-	-
Total number of employees whose salaries exceeded the level determined by job evaluation				-
Percentage of total employed				-

33.4.4 Employees with salary levels higher than those determined by job evaluation

Table 110 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2023 to 31 March 2024

Total number of Employees whose salaries exceeded the grades determined by job evaluation.	None
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33.5. Employment Changes

33.5.1 Annual turnover rates by salary band

Table 111 Annual turnover rates by salary band for the period 1 April 2023 to 31 March 2024

Salary band	Number of employees at beginning of period - 1 April 2023	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower Skilled (levels 1-2)	3212	146	102	3.2
Skilled (levels 3-5)	1493	107	93	6.2
Highly Skilled Production (levels 6-8)	1	0	0	0.0
Highly Skilled Supervision (levels 9-12)	1368	58	101	7.4
Senior Management Service Band A	24	0	1	4.2
Senior Management Service Band B	1	0	0	0.0
Senior Management Service Band C	0	0	0	0.0
Senior Management Service Band D	2	0	0	0.0
Contracts	523	318	328	62.7
TOTAL	6624	629	625	9.4

33.5.2 Annual turnover rates by critical occupation

Table 112 Annual turnover rates by critical occupation for the period 1 April 2023 to 31 March 2024

Critical occupation	Number of employees at beginning of period – 1 April 2023	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Administrative related permanent	149	2	6	4
All artisans in the building metal machinery etc. Permanent	5	10	1	20
Ambulance and related workers permanent	684	37	33	5
Archivists curators and related professionals permanent	1	0	0	0
Artisan project and related superintendents permanent	0	4	0	0
Auxiliary and related workers permanent	31	0	1	3
Bus and heavy vehicle drivers permanent	22	1	0	0
Cleaners in offices workshops hospitals etc. Permanent	597	13	19	3
Client inform clerks (switchboard receptionist info clerks) permanent	21	0	1	5
Community development workers permanent	3	0	0	0
Computer programmers. Permanent	1	0	0	0
Dental practitioners permanent	38	15	12	32
Dental specialists permanent	0	1	0	0
Dental technicians permanent	1	0	0	0
Dental therapy permanent	24	3	0	0
Dieticians and nutritionists permanent	63	15	16	25
Dieticians and nutritionists temporary	1	0	0	0
Emergency services related permanent	2	0	0	0
Engineering sciences related permanent	1	3	1	100
Engineers and related professionals permanent	7	0	3	43
Environmental health permanent	24	15	9	38
Financial and related professionals permanent	14	0	0	0
Financial clerks and credit controllers permanent	90	0	1	1
Food services aids and waiters permanent	49	5	3	6
Food services workers permanent	2	0	0	0
General legal administration & rel. Professionals permanent	3	0	0	0
Health sciences related permanent	6	0	0	0
Household and laundry workers permanent	90	2	4	4
Housekeepers laundry and related workers permanent	8	0	2	25
Human resources clerks permanent	8	0	0	0
Human resources related permanent	2	0	0	0
Information technology related permanent	8	0	0	0
Legal related permanent	5	0	0	0
Library mail and related clerks permanent	2	0	0	0
Light vehicle drivers permanent	25	0	2	8
Medical practitioners permanent	461	147	131	28
Medical practitioners temporary	1	0	0	0
Medical research and related professionals permanent	1	0	0	0
Medical specialists permanent	36	1	0	0
Medical specialists temporary	2	0	0	0
Medical technicians/technologists permanent	8	1	0	0
Messengers porters and deliverers permanent	70	0	3	4
Motor vehicle drivers permanent	7	0	0	0
Nursing assistants permanent	791	47	59	8
Occupational therapy permanent	49	23	26	53
Optometrists and opticians permanent	2	0	0	0
Oral hygiene permanent	2	0	0	0
Other administrative & related clerks and organisers permanent	794	19	16	2
Other administrative policy and related officers permanent	20	0	3	15
Other information technology personnel. Permanent	5	0	0	0
Other occupations permanent	4	0	0	0
Pharmaceutical assistants permanent	152	3	3	2
Pharmacists permanent	154	37	43	28
Pharmacologists pathologists & related professionals permanent	40	5	3	8
Physicists permanent	1	0	1	100
Physiotherapy permanent	58	31	29	50
Printing and related machine operators permanent	2	0	0	0
Professional nurse permanent	1509	133	143	10
Psychologists and vocational counsellors permanent	16	3	5	31
Radiography permanent	84	16	16	19
Secretaries & other keyboard operating clerks permanent	3	0	0	0
Security guards permanent	68	0	0	0
Senior managers permanent	13	0	0	0
Social work and related professionals permanent	36	7	0	0
Speech therapy and audiology permanent	27	16	14	52
Speech therapy and audiology temporary	1	0	0	0
Staff nurses and pupil nurses permanent	207	13	15	7

Critical occupation	Number of employees at beginning of period – 1 April 2023	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Supplementary diagnostic radiographers permanent	1	0	0	0
Trade labourers permanent	12	1	1	8
TOTAL	6624	629	625	747

33.5.3 Reasons why staff left the Department

Table 113 Reasons why staff left the Department for the period 1 April 2023 to 31 March 2024

Termination Type	Number	% of Total Resignations	% of Total Employment
Death, Permanent	26	4,20%	0,40%
Resignation, Permanent	184	29,40%	2,80%
Expiry of contract, Permanent	318	50,90%	4,80%
Discharged due to ill health, Permanent	4	0,60%	0,10%
Dismissal - misconduct, Permanent	5	0,80%	0,10%
Retirement, Permanent	87	13,90%	1,30%
Other, Permanent	1	0,20%	0,00%
TOTAL	625	100,00%	9,30%
Total number of employees who left as a % of total employment	-	-	-

33.5.4 Promotions by critical occupation

Table 114 Promotions by critical occupation for the period 1 April 2023 to 31 March 2024

Critical Occupation	Employees 1 April 2023	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
Administrative related	149	1	0,70%	109	73,20%
All artisans in the building metal machinery etc.	5	0	0,00%	4	80,00%
Ambulance and related workers	684	2	0,30%	507	74,10%
Archivists curators and related professionals	1	0	0,00%	1	100,00%
Auxiliary and related workers	31	0	0,00%	19	61,30%
Bus and heavy vehicle drivers	22	0	0,00%	10	45,50%
Cleaners in offices workshops hospitals etc.	597	0	0,00%	500	83,80%
Client inform clerks (switchboard receptionist info clerks)	21	0	0,00%	19	90,50%
Community development workers	3	0	0,00%	0	0,00%
Computer programmers.	1	0	0,00%	1	100,00%
Dental practitioners	38	0	0,00%	17	44,70%
Dental technicians	1	0	0,00%	1	100,00%
Dental therapy	24	0	0,00%	22	91,70%
Dieticians and nutritionists	64	1	1,60%	40	62,50%
Emergency services related	2	0	0,00%	2	100,00%
Engineering sciences related	1	0	0,00%	0	0,00%
Engineers and related professionals	7	0	0,00%	3	42,90%
Environmental health	24	0	0,00%	8	33,30%
Financial and related professionals	14	0	0,00%	4	28,60%
Financial clerks and credit controllers	90	0	0,00%	81	90,00%
Food services aids and waiters	49	0	0,00%	42	85,70%
Food services workers	2	0	0,00%	2	100,00%
General legal administration & rel. Professionals	3	0	0,00%	1	33,30%
Health sciences related	6	0	0,00%	2	33,30%
Household and laundry workers	90	1	1,10%	77	85,60%
Housekeepers laundry and related workers	8	0	0,00%	7	87,50%
Human resources clerks	8	0	0,00%	8	100,00%
Human resources related	2	0	0,00%	0	0,00%
Information technology related	8	0	0,00%	1	12,50%
Legal related	5	0	0,00%	2	40,00%
Library mail and related clerks	2	0	0,00%	2	100,00%
Light vehicle drivers	25	0	0,00%	18	72,00%
Medical practitioners	462	2	0,40%	114	24,70%
Medical research and related professionals	1	0	0,00%	1	100,00%
Medical specialists	38	0	0,00%	28	73,70%
Medical technicians/technologists	8	0	0,00%	4	50,00%
Messengers porters and deliverers	70	0	0,00%	65	92,90%
Motor vehicle drivers	7	0	0,00%	3	42,90%

Critical Occupation	Employees 1 April 2023	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
Nursing assistants	791	0	0,00%	179	22,60%
Occupational therapy	49	1	2,00%	18	36,70%
Optometrists and opticians	2	0	0,00%	1	50,00%
Oral hygiene	2	0	0,00%	2	100,00%
Other administrative & related clerks and organisers	794	2	0,30%	711	89,50%
Other administrative policy and related officers	20	0	0,00%	14	70,00%
Other information technology personnel.	5	0	0,00%	5	100,00%
Other occupations	4	0	0,00%	2	50,00%
Pharmaceutical assistants	152	0	0,00%	53	34,90%
Pharmacists	154	0	0,00%	65	42,20%
Pharmacologists pathologists & related professionals	40	0	0,00%	11	27,50%
Physicists	1	0	0,00%	0	0,00%
Physiotherapy	58	1	1,70%	26	44,80%
Printing and related machine operators	2	0	0,00%	0	0,00%
Professional nurse	1 509	17	1,10%	229	15,20%
Psychologists and vocational counsellors	16	0	0,00%	8	50,00%
Radiography	84	0	0,00%	54	64,30%
Secretaries & other keyboard operating clerks	3	0	0,00%	3	100,00%
Security guards	68	0	0,00%	67	98,50%
Senior managers	13	0	0,00%	0	0,00%
Social work and related professionals	36	0	0,00%	10	27,80%
Speech therapy and audiology	28	0	0,00%	11	39,30%
Staff nurses and pupil nurses	207	0	0,00%	52	25,10%
Supplementary diagnostic radiographers	1	0	0,00%	1	100,00%
Trade labourers	12	0	0,00%	8	66,70%
TOTAL	6 624	28	0,40%	3 255	49,10%

33.5.5 Promotions by salary band

Table 115 Promotions by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	Employees 1 April 2023	Promotions to another salary level	Salary bands promotions as a % of a Salary level	Progressions to another notch within a salary level	Notch Progression as a % of employees by salary bands
Skilled (Levels 3-5), Permanent	3 212	2	0,10%	2 069	64,40%
Highly Skilled Production (Levels 6-8), Permanent	1 493	2	0,10%	603	40,40%
Highly Skilled Production (Levels 6-8), Temporary	1	0	0,00%	1	100,00%
Highly Skilled Supervision (Levels 9-12), Permanent	1 364	23	1,70%	487	35,70%
Highly Skilled Supervision (Levels 9-12), Temporary	4	0	0,00%	2	50,00%
Senior Management (Levels >= 13), Permanent	26	0	0,00%	0	0,00%
Other, Permanent	1	0	0,00%	0	0,00%
Contract (Levels 3-5), Permanent	81	0	0,00%	76	93,80%
Contract (Levels 6-8), Permanent	154	0	0,00%	1	0,60%
Contract (Levels 9-12), Permanent	286	0	0,00%	16	5,60%
Contract (Levels >= 13), Permanent	2	1	50,00%	0	0,00%
TOTAL	6 624	28	0,40%	3 255	49,10%

33.6. Employment Equity

33.6.1 Total number of employees per occupational categories

Table 116 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2024

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	8	2	0	0	3	1	0	1	15
Professionals	193	95	39	100	165	158	28	167	945
Technicians and associate professionals	284	89	1	10	831	737	10	169	2131
Clerks	175	92	0	2	422	207	2	11	911
Service and sales workers	297	249	5	16	793	415	0	26	1801
Craft and related trade workers	6	8	0	2	2	1	0	0	19
Plant and machine operators and assemblers	25	23	0	0	4	3	0	0	55
Elementary occupations	205	104	0	0	309	191	0	1	810
TOTAL	1193	662	45	130	2529	1713	40	375	6687
Employees with a disability	5	5	0	1	4	1	0	0	16

33.6.2 Total number of employees per occupational bands

Table 117 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	2	0	0	0	0	0	0	0	2
Senior Management	12	5	0	1	4	2	0	2	26
Professionally qualified and experienced specialists and mid-management	257	114	42	104	446	438	32	214	1647
Skilled technical and academically qualified workers, junior management, supervisors, foremen	253	137	2	18	603	547	7	140	1707
Semi-skilled and discretionary decision making	669	406	1	7	1477	726	1	15	3302
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	1193	662	45	130	2530	1713	40	371	6684

33.6.3 Recruitment

Table 118 Recruitment for the period 1 April 2023 to 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management	35	16	8	22	47	39	11	52	230
Skilled technical and academically qualified workers, junior management, supervisors, foremen	34	14	0	3	82	63	1	51	248

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Semi-skilled and discretionary decision making	23	27	1	1	66	31	0	2	151
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	92	57	9	26	195	133	12	105	629
Employees with a disability	0	1	0	0	0	0	0	0	1

33.6.4 Promotions

Table 119 Promotions for the period 1 April 2023 to 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	0	0	0	0	1
Senior Management	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management	103	51	16	31	135	112	5	75	528
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	116	63	2	12	223	142	1	48	607
Semi-skilled and discretionary decision making	511	288	0	6	921	417	1	3	2147
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	731	402	18	49	1279	671	7	126	3283
Employees with a disability	3	4	0	1	4	1	0	0	3

33.6.5 Terminations

Table 120 Terminations for the period 1 April 2023 to 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	1	0	0	0	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management	38	24	16	22	59	53	11	45	268
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	25	19	0	1	70	55	2	54	226
Semi-skilled and discretionary decision making	25	11	0	0	55	37	0	2	130
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0
TOTAL	89	54	16	23	184	145	12	101	625
Employees with a disability	0	0	0	0	0	1	0	0	1

33.6.6 Disciplinary Action

Table 121 Disciplinary action for the period 1 April 2023 to 31 March 2024

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Absenteeism	6	3	0	0	6	1	0	0	16
Misused of state vehicle	2	0	0	0	2	0	0	0	4
Fraud	2	0	0	0	2	0	0	0	4
Dereliction of duties	2	0	0	0	1	0	0	0	3
Misrepresentation/dishonesty	2	0	0	0	0	0	0	0	2
Negligence	2	0	0	0	0	0	0	0	2
Theft	6	1	0	0	0	0	0	0	7
Threatening manager	2	0	0	0	0	0	0	0	2
Living post without permission	5	0	0	0	4	0	0	0	9
Non compliance	5	4	0	0	5	5	0	0	19
Refuse to perform duty	1	0	0	0	0	0	0	0	1
Intoxication working condition	1	0	0	0	1	0	0	0	2
TOTAL	36	8	0	0	21	6	0	0	71

33.6.7 Skills Development

Table 122 Skills development for the period 1 April 2023 to 31 March 2024

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	0	0	0	0	0	0	0	0	0
Professionals	103	41	39	35	268	134	13	58	691
Technicians and associate professionals	22	11	3	7	23	15	4	2	87
Clerks	13	8	0	0	33	18	0	2	74
Service and sales workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	0	0	0	0	0	0	0	0	0
Plant and machine operators and assemblers	0	0	0	0	0	0	0	0	0
Elementary occupations	4	6	0	2	7	4	0	1	24
Total	142	66	42	44	331	171	17	63	876
Employees with a disability									

33.7. Signing of Performance Agreements by SMS Members

33.7.1 Signing of Performance Agreements by SMS members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reasons for not complying within the prescribed timeframes and disciplinary steps taken are presented hereunder.

Table 123 Signing of Performance Agreements by SMS members as on 31 May 2023

SMS Level	Total number of funded SMS Posts	Total number of SMS Members	Total number of signed Performance Agreements	Signed performance agreements as % of Total number of SMS Members
Head of Department	-	-	-	-
Salary Level 16	-	-	-	-
Salary Level 15	1	1	0	0%
Salary Level 14	6	2	0	0%
Salary Level 13	23	23	19	76%
TOTAL	30	26	19	76%

33.7.2 Reasons for non-conclusion of Performance Agreements by SMS members

Table 124 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2024

Reasons
<ul style="list-style-type: none"> Non-compliance by SMS members.

33.7.3 Disciplinary steps taken against SMS officials for non-conclusion of Performance Agreements

Table 125 Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 March 2024

Reasons
<ul style="list-style-type: none"> A namelist of non-compliant SMS members was submitted to the Office of the Acting HOD for further actions accordingly.

33.8. Performance Rewards

To encourage good performance, the Department has granted the following performance rewards during the year under review.

The information reported in the table below is for the previous reporting period (2022/23). Performance rewards are paid in the year succeeding the reporting period, and this is in accordance with the NCPG EPMDS Policy, 2022. Accordingly, the performance rewards for the 2023/24 performance cycle will therefore only be implemented with effect from 01st July 2024.

33.8.1 Performance rewards by race, gender and disability

Table 126 Performance rewards by race, gender & disability for the period 1 April 2023 to 31 March 2024

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost R'000	Average cost per Employee
AFRICAN	1902	3701	51%	R8 409 246,00	R4 421,26,00
Male	694	1152	60%	R3 143 745,00	R4 530,00
Female	1208	2549	47%	R5 265 501,00	R4 359,00
ASIAN	24	90	27%	R777 174,00	R32 382,00
Male	17	51	33%	R608 238,00	R35 779,00
Female	7	39	18%	R168 936,00	R24 134,00
COLOURED	979	2400	41%	R8 791 878,00	R8 980,00
Male	372	663	56%	R3 212 094,00,00	R8 635,00
Female	607	1737	35%	R5 579 784,00	R9 192,00
WHITE	161	550	29%	R3 449 184,00	R21 424,00
Male	44	148	30%	R1 148 814,00	R26 109,00
Female	117	402	29%	R2 300 370,00	R19 661,00
TOTAL	3066	6741	45 %	R21 427 482,00	R4 865,74

33.8.2 Performance Rewards by salary band

Table 127 Performance Rewards by salary band for personnel below SMS for the period 1 April 2023 to 31 March 2024

Salary band	Beneficiary Profile			Cost		Total cost as a % of total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total cost R'000	Average cost per employee	
Lower skilled (levels 1-2)	0	0	0	R0,00	R0,00	
Skilled (levels 3-5)	2077	3340	62,19	R592 321,00	R2 851,81	40%
Highly skilled production (levels 6-8)	546	1760	31,02	R2 907 558,00	R5 325,20	20%
Highly skilled supervision (levels 9-12)	443	1641	27	R13 741,73	R6 087 588,00	40%
TOTAL	3066	6741	45,48	R3 513 620,73	R6 095 765,01	

33.8.3 Performance rewards by critical occupation

Table 128 Performance rewards by critical occupation for the period 1 April 2023 to 31 March 2024

Critical Occupation	Beneficiary profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total cost R'000	Average cost per employee
Social Workers	2	36	6%	R19 044,00	R9 522,00
Environmental Health Practitioners	2	24	8%	R15 927,00	R7 963,50
Orthotics & Prosthetics	2	2	100%	R16 425,00	R8 212,50
Psychologists	7	16	44%	R101 247,00	R14 463,86
Dietician	13	64	20%	R89 865,00	R6 912,69
Occupational Therapy	4	49	8%	R24 984,00	R6 246,00
Physiotherapy	12	58	21%	R78 147,00	R6 512,25
Radiography	22	84	26%	R166 332,00	R7 560,55
Speech Therapy	4	28	14%	R27 426,00	R6 856,50
Clinical Engineering	1	2	50%	R8 496,00	R8 496,00
Dentistry	3	38	8%	R34 191,00	R11 397,00
EMS Management	9	684	1%	R74 139,00	R8 237,67
Clinical Engineering	2	8	25%	R12 525,00	R6 262,50
Medical Officer	100	462	22%	R1 829 001,00	R18 290,01
Medical Specialist	13	38	34%	R292 668,00	R22 512,92
Legal Administrators	3	5	60%	R33 822,00	R11 274,00
Pharmacist	44	154	29%	R593 826,00	R13 496,05
Professional Nurse	98	1509	6%	R1 480 374,00	R15 105,86
Psychologists	7	16	44%	R101 247,00	R14 463,86
TOTAL	348	3277		R4 999 686,00	

33.8.4 Performance related rewards by salary band (SMS)

There were no beneficiaries of performance related rewards within the SMS level.

Table 129 Performance related rewards (cash bonus) by salary band for Senior Management System for the period 1 April 2023 to 31 March 2024

Salary Band	Beneficiary Profile			Cost		Total cost as a % of total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total cost R'000	Average cost per employee	
Band A	-	-	-	-	-	-
Band B	-	-	-	-	-	-
Band C	-	-	-	-	-	-
Band D	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

33.9. Foreign Workers

The tables below summarise the employment of foreign nationals in the Department.

33.9.1 Foreign Workers by salary band

Table 130 Foreign workers by salary band for the period 1 April 2023 to 31 March 2024

Salary Band	1 April 2023		31 March 2024		Change	
	Number	% of total	Number	% of total	Number	% Change
Lower skilled	1	2%	1	2%	0	0%
Highly skilled production (levels 6-8)	1	2%	1	2%	0	0%
Highly skilled supervision (levels 9-12)	50	96%	52	96%	2	100%
Contracts (levels 9-12)	0	0%	0	0%	0	0%
Contracts (levels 13-16)	0	0%	0	0%	0	0%
TOTAL	52	100%	54	100%	2	100%

33.9.2 Foreign Workers by Major Occupation

Table 131 Foreign workers by major occupation for the period 1 April 2023 to 31 March 2024

Major Occupation	1 April 2023		31 March 2024		Change	
	Number	% of total	Number	% of total	Number	% Change
Elementary occupations	0	0%	0	0%	0	0%
Professionals and managers	51	98%	53	98%	2	100%
Social natural technical and medical sciences & support	1	2%	1	2%	0	0%
Technicians and associated professionals	0	0%	0	0%	0	0%
TOTAL	52	100%	54	100%	2	100%

33.10. Leave Utilisation

33.10.1 Sick leave

Table 132 Sick leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total days	% Days with medical certification	Number of employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated cost R'000
Lower skilled (levels 1-2)	-	-	-	-	-	-
Skilled level (levels 3-5)	17 975	82,50%	2 362	49,20%	8	R17 099.00
Highly skilled production (levels 6-8)	9 690	82,10%	1 315	27,40%	7	R15 759.00
Highly skilled supervision (levels 9-12)	7 799	82,50%	1 115	23,20%	7	R23 079.00
Top and Senior management (levels 13-16)	143	88,10%	12	0,20%	12	R659.00
TOTAL	35 607	82,40%	4 804	100,00%	7	R56 596.00

33.10.2 Disability leave (temporary and permanent)

Table 133 Disability leave (temporary & permanent) for the period 1 January 2023 to 31 December 2023

Salary Band	Total days	% Days with medical certification	Number of employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated cost R'000
Lower skilled (levels 1-2)	-	-	-	-	-	-
Skilled level (levels 3-5)	2 320	100,00%	75	46,90%	31	R2 331.00
Highly skilled production (levels 6-8)	1 405	99,00%	46	28,80%	31	R2 162.00
Highly skilled supervision (levels 9-12)	1 338	100,00%	38	23,80%	35	R3 998.00
Senior management (levels 13-16)	3	100,00%	1	0,60%	3	R15.00
						R8 506.00
TOTAL	5 066	99,70%	160	100,00%	32	R8 506.00

33.10.3 Annual leave

Table 134 Annual leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total days taken	Number of employees using annual leave	Average per employee
Lower skilled (levels 1-2)	-	-	-
Skilled level (levels 3-5)	67 420.59	3 250	21
Highly skilled production (levels 6-8)	33 840.44	1 711	19
Highly skilled supervision (levels 9-12)	33 602.00	1 653	20
Senior management (levels 13-16)	695.00	25	28
TOTAL	135 558.03	6 639	20

33.10.4 Capped leave

Table 135 Capped leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total days of capped leave taken	Number of employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2024
Lower skilled (levels 1-2)	-	-	-	-
Skilled level (levels 3-5)	26.36	4	7	17
Highly skilled production (levels 6-8)	3.00	2	2	28
Highly skilled supervision (levels 9-12)	28.00	3	9	28
Senior management (levels 13-16)	0.00	0	0	46
TOTAL	57.36	9	6	25

33.10.5 Leave payouts

Table 136 Leave payouts for the period 1 January 2023 to 31 December 2023

Reason	Total amount R'000	Number of employees	Average per employee R'000
Leave pay-out for 2022/2023 due to non-utilisation of leave for the previous cycle	444	4	111.00
Capped leave pay-outs on termination of service for 2023/2024	2 391	39	61.38
Current leave pay out on termination of service 2023/2024	6 466	204	31.69
TOTAL	9 301	247	37.65

33.11. HIV/AIDS & Health Promotion Programmes

33.11.1 Reduction of the risk of occupational exposure

Table 137 Steps taken to reduce the risk of occupational exposure

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

33.11.2 Details of Health Promotion and HIV/AIDS programmes

Table 138 Details of Health Promotion and HIV/AIDS programmes

Question	Yes	No	Details (if yes)
1. Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.		No	-
2. Does the Department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	Yes		<ul style="list-style-type: none"> The Employee Health and Wellness Unit, in collaboration with the Health Promotion Unit, is dedicated to fostering a workplace environment that promotes the physical and mental well-being of all employees. Our comprehensive approach includes health education, preventive screenings, and wellness programs designed to empower individuals to take charge of their health and improve their quality of life.
3. Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	Yes		<ul style="list-style-type: none"> Psychosocial support is an integral part of employee welfare programmes. It encompasses a range of services offered to employees and their dependents to ensure their mental and emotional well-being.

Question	Yes	No	Details (if yes)
			<ul style="list-style-type: none"> Financial wellness training is another critical aspect of such programs. Facilitated by stakeholders, these training sessions aim to equip employees with the necessary skills and knowledge to manage their finances effectively.
4. Has the Department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.		No	-
5. Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		<ul style="list-style-type: none"> The workplace policy on HIV & AIDS, STI, and TB designed to promote a healthy and safe working environment for all employees. It emphasizes the importance of education and awareness programs to prevent the spread of these diseases. The policy ensures confidentiality and non-discrimination for employees living with these conditions and encourages regular medical check-ups for early detection and treatment.
6. Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		<ul style="list-style-type: none"> Educational sessions on HIV & AIDS are crucial in enhancing awareness and understanding of the disease, as well as the importance of early diagnosis and treatment. These sessions also address the issue of stigmatization, which often hinders individuals from seeking medical help or disclosing their status. Dissemination of Information, Education, and Communication (IEC) materials plays a significant role in spreading accurate information about HIV & AIDS. Providing medical treatment for employees living with HIV & AIDS is not only a moral responsibility but also a legal one in many jurisdictions. It ensures that employees receive the necessary care and support to manage their health condition while maintaining their productivity and quality of life at work.
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved	Yes		<ul style="list-style-type: none"> Influencing behaviour change and fostering openness are critical components in the fight against STDs and HIV infections. By promoting increased condom use through widespread distribution in all facilities, we can significantly reduce transmission rates. Furthermore, the uptick in testing and the freedom to discuss HIV & AIDS openly in the workplace are positive signs of progress towards stigmatization and better public health outcomes.
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		<ul style="list-style-type: none"> Monitoring conducted through the systematic collection of medical surveillance reports and GEMS Medical Report. These reports compiled and submitted to OTP every quarter, ensuring timely and accurate data provision. Additionally, Risk Assessments performed with a consistent regularity to maintain the highest standard of safety and compliance.

33.12. Labour Relations

33.12.1 Collective agreements

Table 139 Collective agreements for the period 1 April 2023 to 31 March 2024

Subject Matter	Date
Agreement of salaries	2023/2024

33.12.2 Misconduct and disciplinary hearings

Table 140 Misconduct & disciplinary hearings finalised for the period 1 April 2023 to 31 March 2024

Outcomes of disciplinary hearings	Number	% of Total
Correctional counselling	0	0%
Verbal warning	0	0%
Written warning	0	0%
Final written warning	25	68%
Suspended without pay	8	22%
Fine	0	0%
Demotion	0	0%
Dismissal	3	8%
Not guilty	0	0%
Case withdrawn	2	5%
TOTAL	38	103%

33.12.3 Types of misconduct addressed

Table 141 Types of misconduct addressed at disciplinary hearings for the period 1 April 2023 to 31 March 2024

Type of misconduct	Number	% of Total
None compliance with HPCSA	11	7%
Dishonesty	1	1%
Assault	5	3%
Insolence	6	4%
Negligence	9	5%
Intoxication	2	1%
Absenteeism	61	37%
Insubordination	1	1%
Abuse of government vehicle	5	3%
Threats	3	2%
Dereliction of duties	6	4%
Fraud	11	7%
Misrepresentation	3	2%
Damage of state vehicle	2	1%
Using state vehicle without permission	1	1%
Theft	9	5%
Leave post without permission	10	6%
Prejudicing the administration of the Department	1	1%
Financial embezzlement	3	2%
Instigated public	1	1%
None compliance with the determination of leave of absence	1	1%
None compliance with NCDOH policy of transport	1	1%
Closing of clinics	1	1%
Absent without permission	2	1%
Abuse of union power	1	1%
Contravention of RWOPS policy	1	1%
Sexual harassment	2	1%
Employee not reporting to allocated workplace	2	1%
Misuse of state money	1	1%
Employee refuse to perform duties	1	1%
Bullying	1	1%
Unauthorized claim	1	1%
Alleged failure to comply with instruction	1	1%
Referral of RAF cases to Lenmed	1	1%
ULP: Maladministration, possible corruption, unethical behaviour of senior.	1	1%
Refusal of lawful instruction	1	1%
TOTAL	170	110%

33.12.4 Grievances

Table 142 Grievances logged for the period 1 April 2023 to 31 March 2024

Grievances	Number	% of Total
Number of grievance resolved	125	75%
Number of grievances not resolved	42	25%
Total number of grievances logged	167	100%

33.12.5 Disputes

Table 143 Disputes logged with Councils for the period 1 April 2023 to 31 March 2024

Disputes	Number	% of Total
Number of disputes upheld	1	9%
Number of disputes dismissed	10	91%
Total number of disputes logged	11	100%

33.12.6 Strike actions

Table 144 Strike actions for the period 1 April 2023 to 31 March 2024

Total number of persons working days lost	0
Total costs working days lost	0
Amount recovered as a result of no work no pay (R'000)	0

33.12.7 Precautionary suspensions

Table 145 Precautionary suspensions for the period 1 April 2023 to 31 March 2024

Number of people suspended	17
Number of people whose suspension exceeded 30 days	3
Average number of days suspended	122
Cost of suspension (R'000)	R3 156 276.06

33.13. Skills Development

33.13.1 Training needs identified

Table 146 Training needs identified for the period 1 April 2023 to 31 March 2024

Occupational category	Gender	Number of employees as at 1 April 2023	Training needs identified at start of reporting period			
			Learnerships	Skills programmes & other short courses	Other forms of training	Total
Legislators, Senior Officials and Managers	Female	5	0	0	0	0
	Male	10	0	0	0	0
Professionals	Female	518	0	1562	0	1562
	Male	427	0	521	0	521
Technicians and Associate Professionals	Female	1747	0	177	0	177
	Male	384	0	59	0	59
Clerks	Female	642	36	0	0	36
	Male	269	11	0	0	11
Service and Sales Workers	Female	1234	0	0	0	0
	Male	567	0	0	0	0
Craft and Related Trade Workers	Female	3	0	0	0	0
	Male	16	0	0	0	0
Plant and Machine Operators and Assemblers	Female	7	0	0	0	0
	Male	48	0	0	0	0
Elementary Occupations	Female	501	0	12	0	12
	Male	309	0	12	0	12
Sub-Total	Female	4657	36	1751	0	1787
	Male	2030	11	592	0	603
TOTAL		6687	47	2343	0	2390

33.13.2 Training provided

Table 147 Training provided for the period 1 April 2023 to 31 March 2024

Occupational Category	Gender	Number. of employees as at 1 April 2023	Training provided within the reporting period			
			Learnerships	Skills programmes & other short courses	Other forms of training	Total
Legislators, Senior Officials and Managers	Female	5	0	0	0	0
	Male	10	0	0	0	0
Professionals	Female	518	0	473	0	473
	Male	427	0	218	0	218
Technicians and Associate Professionals	Female	1747	0	44	0	44
	Male	384	0	43	0	43
Clerks	Female	642	36	53	0	89
	Male	269	11	21	0	32
Service and Sales Workers	Female	1234	0	0	0	0
	Male	567	0	0	0	0
Craft and Related Trade Workers	Female	3	0	0	0	0
	Male	16	0	0	0	0
Plant and Machine Operators and Assemblers	Female	7	0	0	0	0
	Male	48	0	0	0	0
Elementary Occupations	Female	501	0	12	0	12
	Male	309	0	12	0	12
Sub-Total	Female	4657	36	582	0	618
	Male	2030	11	294	0	305
TOTAL		6687	47	876	0	923

33.14. Injury on duty

Table 148 Injury on duty for the period 1 April 2023 to 31 March 2024

Nature of injury on duty	Number	% of Total
Required basic medical attention only	25	80.7%
Temporary Total Disablement	6	19.3%
Permanent Disablement	0	0%
Fatal	0	0%
TOTAL	31	100%

33.15. Utilisation of consultants

The Department has not contracted any consultants for the 2023/2024 financial year.

33.15.1 Consultant appointments using appropriated funds

Table 149 Report on consultant appointments using appropriated funds for the period 1 April 2023 to 31 March 2024

Project title	Total number of consultants that worked on the project	Duration (work days)	Contract value in Rand
-	-	-	-
Total number of projects	Total individual consultants	Total duration (work days)	Total contract value in Rand
-	-	-	-

33.15.2 Consultant appointments using appropriated funds in terms of Historically Disadvantaged Individuals

Table 150 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2023 to 31 March 2024

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
-	-	-	-

33.15.3 Consultant appointments using Donor funds

Table 151 Report on consultant appointments using Donor funds for the period 1 April 2022 to 31 March 2023

Project title	Total number of consultants that worked on the project	Duration (work days)	Donor and contract value in Rand
-	-	-	-
Total number. Of projects	Total individual consultants	Total duration (work days)	Total contract value in Rand
-	-	-	-

33.15.4 Consultant appointments using Donor funds in terms of Historically Disadvantaged Individuals

Table 152 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDI) for the period 1 April 2023 to 31 March 2024

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
-	-	-	-

33.16. Severance Packages

33.16.1 Granting of employee initiated severance packages

The Department did not grant any employee initiated severance packages for the period under review.

Table 153 Granting of employee initiated severance packages for the period 1 April 2023 to 31 March 2024

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by Department
Lower skilled (levels 1-2)	-	-	-	-
Skilled level (levels 3-5)	-	-	-	-
Highly skilled production (levels 6-8)	-	-	-	-
Highly skilled supervision (levels 9-12)	-	-	-	-
Senior Management (levels 13-16)	-	-	-	-
TOTAL	-	-	-	-



PART E

PFMA

COMPLIANCE REPORT

Part E: PFMA Compliance Report

34. INFORMATION ON IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

34.1. Irregular Expenditure

34.1.1. Reconciliation of irregular expenditure

Table 154 Reconciliation of irregular expenditure

DESCRIPTION	2023/24 R'000	2022/23 R'000
Opening balance	11 971 862	9 370 626
Adjustment to opening balance	0	1 456 405
Opening balance as restated	11 971 862	10 827 031
Add: Irregular expenditure confirmed	2 213 522	1 144 831
Less: Irregular expenditure condoned	0	0
Less: Irregular expenditure not condoned and removed	0	0
Less: Irregular expenditure recoverable	0	0
Less: Irregular expenditure not recoverable and written off	0	0
CLOSING BALANCE	14 185 384	11 971 862

The department has appointed a Loss Control Committee in line with Irregular Expenditure Framework. This committee will be responsible for investigation to confirm irregular expenditure and make recommendations to the Accounting Officer. Office of the Premier appointed project manager who will be responsible for the investigation of prior years' irregular expenditure.

Table 155 Reconciling notes for irregular expenditure

DESCRIPTION	2023/24 R'000	2022/23 R'000
Irregular expenditure that was under assessment	0	0
Irregular expenditure that relates to 2022/23 and identified in 2023/24	0	1 456 405
Irregular expenditure for the current year	2 213 522	1 317 420
TOTAL	2 213 522	2 773 825

34.1.2. Details of irregular expenditure (under assessment, determination, and investigation)

Table 156 Details of irregular expenditure (under assessment, determination, and investigation)

DESCRIPTION	2023/24 R'000	2022/23 R'000
Irregular expenditure under assessment	0	0
Irregular expenditure under determination	0	0
Irregular expenditure under investigation	0	0
TOTAL	0	0

The Department has appointed a Loss Control Committee in line with Irregular Expenditure Framework. This committee will be responsible for investigation to confirm irregular expenditure and make recommendations to the Accounting Officer. The Office of the Premier appointed project manager who will be responsible for the investigation of prior years' irregular expenditure.

34.1.3. Details of irregular expenditure condoned

Table 157 Details of irregular expenditure condoned

DESCRIPTION	2023/24 R'000	2022/23 R'000
Irregular expenditure condoned	0	0
TOTAL	0	0

The Department has appointed a Loss Control Committee in line with Irregular Expenditure Framework. This committee will be responsible for investigation to confirm irregular expenditure and make recommendations to the Accounting Officer. The Office of

the Premier appointed project manager who will be responsible for the investigation of prior years' irregular expenditure. The outcome of these investigations with the process of condonation.

34.1.4. Details of irregular expenditure removed - (not condoned)

Table 158 Details of irregular expenditure removed (not condoned)

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Irregular expenditure NOT condoned and removed	0	0
TOTAL	0	0

The Department has appointed a Loss Control Committee in line with Irregular Expenditure Framework. This committee will be responsible for investigation to confirm irregular expenditure and make recommendations to the Accounting Officer. The Office of the Premier appointed project manager who will be responsible for the investigation of prior years' irregular expenditure. The outcome of these investigations with the process of condonation.

34.1.5. Details of irregular expenditure recoverable

Table 159 Details of irregular expenditure recoverable

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Irregular expenditure recoverable	0	0
TOTAL	0	0

The Department has appointed a Loss Control Committee in line with Irregular Expenditure Framework. This committee will be responsible for investigation to confirm irregular expenditure and make recommendations to the Accounting Officer. The Office of the Premier appointed project manager who will be responsible for the investigation of prior years' irregular expenditure. The outcome of these investigations with the process of condonation.

34.1.6. Details of irregular expenditure written off (irrecoverable)

Table 160 Details of irregular expenditure written off (irrecoverable)

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Irregular expenditure written off	0	0
TOTAL	0	0

The department has appointed a Loss Control Committee in line with Irregular Expenditure Framework. This committee will be responsible for investigation to confirm irregular expenditure and make recommendations to the Accounting Officer. The Office of the Premier appointed project manager who will be responsible for the investigation of prior years' irregular expenditure. The outcome of these investigations with the process of write off.

34.1.7. Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance)

Table 161 Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance)

DESCRIPTION
None.
TOTAL

The department is in a process of implementing the new Irregular Expenditure Framework.

34.1.8. Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

Table 162 Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Infrastructure projects through Department of Roads and Public Works	397 586	293 103
Infrastructure projects through Independent Development Trust (IDT)	4 249	34 840
TOTAL	401 835	327 943

The department disclosed the aforesaid irregular caused by Implementing agents.

34.1.9. Details of disciplinary or criminal steps taken as a result of irregular expenditure

Table 163 Details of disciplinary or criminal steps taken as a result of irregular expenditure

DISCIPLINARY STEPS TAKEN
No disciplinary or criminal steps taken as a result of irregular expenditure.

34.2. Fruitless and Wasteful Expenditure

34.2.1. Reconciliation of fruitless and wasteful expenditure

Table 164 Reconciliation of fruitless and wasteful expenditure

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Opening balance	109 020	93 246
Adjustment to opening balance	0	0
Opening balance as restated	109 020	93 246
Add: Fruitless and wasteful expenditure confirmed	21 584	15 774
Less: Fruitless and wasteful expenditure written off	0	0
Less: Fruitless and wasteful expenditure recoverable	0	0
CLOSING BALANCE	130 604	109 020

Fruitless and wasteful expenditure is in a process of being investigated by the Loss Control Committee.

Table 165 Reconciling Notes for fruitless & wasteful expenditure

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment	0	0
Fruitless and wasteful expenditure that relates to 2022/23 and identified in 2023/24	0	0
Fruitless and wasteful expenditure for the current year	21 584	15 774
TOTAL	21 584	15 774

34.2.2. Details of fruitless and wasteful expenditure (under assessment, determination, and investigation)

Table 166 Details of fruitless and wasteful expenditure (under assessment, determination, and investigation)

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Fruitless and wasteful expenditure under assessment	-	-
Fruitless and wasteful expenditure under determination	-	-
Fruitless and wasteful expenditure under investigation	21 584	15 774
TOTAL	21 584	15 774

Fruitless and wasteful expenditure is in a process of being investigated by the Loss Control Committee.

34.2.3. Details of fruitless and wasteful expenditure recoverable

Table 167 Details of fruitless and wasteful expenditure recoverable

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Fruitless and wasteful expenditure recoverable	0	0
TOTAL	0	0

No fruitless and wasteful expenditure recovered in the current and prior year.

34.2.4. Details of fruitless and wasteful expenditure not recoverable and written off

Table 168 Details of fruitless and wasteful expenditure not recoverable and written off

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Fruitless and wasteful expenditure written off	0	0
TOTAL	0	0

Fruitless and wasteful expenditure is in a process of being investigated by the Loss Control Committee.

34.2.5. Details of disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

Table 169 Details of disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

DISCIPLINARY STEPS TAKEN
No disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure.

34.3. Unauthorised Expenditure

34.3.1. Reconciliation of unauthorised expenditure

Table 170 Reconciliation of unauthorised expenditure

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Opening balance	406 926	406 926
Adjustment to opening balance	0	0
Opening balance as restated	0	0
Add: unauthorised expenditure confirmed	0	0
Less: unauthorised expenditure approved with funding	0	0
Less: unauthorised expenditure approved without funding	0	0
Less: unauthorised expenditure recoverable	0	0
Less: unauthorised not recovered and written off	0	0
CLOSING BALANCE	406 926	406 926

The department did not incur unauthorised expenditure in the current and prior year.

Table 171 Reconciling notes for unauthorised expenditure

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Unauthorised Expenditure that was under assessment	0	0
Unauthorised Expenditure that relates to 2022/23 and identified in 2023/24	0	0
Unauthorised Expenditure for the current year	0	0
TOTAL	0	0

The department did not incur unauthorised expenditure in the current and prior year.

34.3.2. Details of unauthorised expenditure (under assessment, determination, and investigation)

Table 172 Details of unauthorised expenditure (under assessment, determination, and investigation)

DESCRIPTION	2023/24	2022/23
	R'000	R'000
Unauthorised Expenditure under assessment	0	0
Unauthorised Expenditure under determination	0	0
Unauthorised Expenditure under investigation	0	0
TOTAL	0	0

34.4. Material Losses

Additional disclosure relating to material losses in terms of the PFMA Section 40(3)(b)(i) & (iii).

34.4.1. Details of material losses through criminal conduct

Table 173 Details of material losses through criminal conduct

Material losses through criminal conduct	2023/24	2022/23
	R'000	R'000
Theft	0	0
Other material losses	0	0
Less: Recoverable	0	0
Less: Not recoverable and written off	0	0
TOTAL	0	0

No material losses through criminal conduct were identified for the period under review.

34.4.2. Details of other material losses

Table 174 Details of other material losses

Nature of other material losses	2023/24	2022/23
	R'000	R'000
None.	0	0
TOTAL	0	0

No other material losses identified for the period under review.

34.4.3. Other material losses recoverable

Table 175 Other material losses recoverable

Nature of losses	2023/24	2022/23
	R'000	R'000
None.	0	0
TOTAL	0	0

No other material losses identified for the period under review.

34.4.4. Other material losses not recoverable and written off

Table 176 Other material losses not recoverable and written off

Nature of losses	2022/23	2021/22
	(R'000)	(R'000)
None.	0	0
TOTAL	0	0

No other material losses identified for the period under review.

35. INFORMATION ON LATE AND/OR NON-PAYMENT OF SUPPLIERS

Table 177 Late and/or non-payment of suppliers

DESCRIPTION	Number of Invoices	Consolidated Value (R'000)
Valid invoices received	4 015	835 772
Invoices paid within 30 days or agreed period	701	208 573
Invoices paid after 30 days or agreed period	300	51 218
Invoices older than 30 days or agreed period (unpaid and without dispute)	3 007	689 739
Invoices older than 30 days or agreed period (unpaid and in dispute)	-	-

The Department experienced major cash flow changes affecting its equitable share, thus number of invoices cannot be paid within 30 days after the receipt of invoice.

36. INFORMATION ON SUPPLY CHAIN MANAGEMENT

36.1. Procurement by other means

Table 178 Procurement by other means

Project description	Name of Supplier	Type of procurement by other means	Contract number	Value of contract R'000
Repair Generator	SZH Engineering and Projects	Deviation (Non availability of electricity at the facility)	HP-015442	55
Repair Generator	New Gen	Deviation (Non availability of electricity at the facility)	HP-015	617
Cleaning of Offices	Luxenberg Investment	Cleaning of James Exum Offices due to strike, Prevention of service disruptions	HP-015252	70
TOTAL				742

36.2. Contract variations and expansions

Table 179 Contract variations and expansions

Project description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value R'000	Value of previous contract expansion/s or variation/s (if applicable) R'000	Value of current contract expansion or variation R'000
New Nursing Accommodation	Ruwacon	Variations	DRPW020/2019	164 068	N/A	32 205
Boegoeberg Clinic	Best Enough Trading and Project 535	Variations	DRPW002/2021	5 954	N/A	1 176
TOTAL				170 022		33 381



PART F

FINANCIAL INFORMATION

Part F: Financial Information

37. REPORT OF THE AUDITOR-GENERAL

37.1. Report on the Audit of the Annual Financial Statements

37.1.1 Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 208 to 265, which comprise the appropriation statement, statement of financial position as at 31 March 2024, statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2024, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) prescribed by National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2023 (Dora).

37.1.2 Basis for qualified opinion

Moveable Tangible Capital Assets

3. I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets, due to the status of the accounting records and non-submission of information to support these assets. I could not confirm these assets by alternative means. Consequently, I could not determine whether any adjustments were necessary to movable tangible capital assets stated at R1 825 397 000 (2023: R1 689 700 000) and minor assets stated at R100 943 000 (2023: R88 859 000) in note 26 to the financial statements.

Accruals and payments not recognised

4. The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised in accordance with Chapter 9 of the MCS, General departmental assets and liabilities for the current and prior year. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised as it was impractical to do so. In addition, the prior period error disclosed in note 30 for accruals and payables was understated. I could not determine the full extent of the understatement of the prior period error note as it was impractical to do so.
5. I was unable to obtain sufficient and appropriate evidence for accruals included in accruals and payables not recognised, due to the status of accounting records and non-submission of information to support these accruals. I could not confirm these accruals by alternative means. Consequently, I could not determine whether any adjustments were necessary to accruals included in accruals and payables not recognised stated at R537 426 000 in note 19.1 to the financial statements.

Contingent liabilities

6. The department did not have adequate systems in place to account for claims against the department included in the contingent liabilities in accordance with Chapter 14 of the MCS Provisions and Contingents in the current and prior year, as the policies and procedures of the department did not adequately cover the qualitative and quantitative factors used to determine the best estimate of expenditure required to settle the obligations. In addition, the best estimate of expenditure required to settle the obligations was not correctly calculated for claims against the department. Consequently, contingent liabilities disclosed on note 17.1 to the annual financial statements were overstated in the current and prior year. I could not determine the full extent of the overstatement of contingent liabilities as it was impractical to do so.
7. I was unable to obtain sufficient appropriate evidence for intergovernmental payables and claims against the department included in contingent liabilities, due to the non-submission of information to support rate of used to calculate the best estimate and the register provided for audit materially disagreed with the amount disclosed on note 17.1 to the annual financial statements. I was unable to confirm the intergovernmental payables and claims against the department by alternative means. Consequently, I was unable to verify the intergovernmental payables and claims against the department stated at R592 812 000 as disclosed on note 17.1 of the annual financial statements.

8. Contingent liabilities were not accounted for as required by Chapter 14 of the MCS, Provisions and Contingents in the current year and prior year. The department did not have adequate systems of internal control for the recording of all transactions and events as some of the transactions that did not meet the definitions of contingent liabilities were included. Consequently, contingent liabilities disclosed in note 17.1 to the financial statements was overstated in the current and prior year. I could not determine the full extent of the overstatement of the contingent liabilities as it was impractical to do so. In addition, the prior period error disclosed in note 30 for contingent liabilities was overstated. I could not determine the full extent of the overstatement of the prior period error note as it was impractical to do so.

Prior Period Errors

9. The department did not disclose prior period errors in note 30 to the financial statements, as required by Chapter of 4 the MCS, Accounting Policies, Estimates and Errors. The nature of the correction for each financial statement item affected was not disclosed. In addition, I was unable to obtain sufficient appropriate audit evidence for the contingent liability included in the prior period error note, as the supporting information was not provided. I was unable to confirm these disclosures by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to prior period errors as disclosed on note 30 of the financial statements.

Irregular Expenditure

10. The irregular expenditure incurred during the current financial year under audit and related information on irregular expenditure was not included in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. Expenditure was incurred in contravention of the supply chain management requirements, resulting in irregular expenditure. I was unable to determine the full extent of the irregular expenditure that occurred during the financial year as it was impracticable to do so.
11. The department disclosed expenditure in the irregular expenditure disclosure note to the financial statements that does not meet the definition of irregular expenditure, as defined in section 1 of the PFMA. The payments did not contravene the requirements of section 8.2.1 of the Treasury Regulations, as payments have been authorised by the appropriate delegated official in the department. Consequently, irregular expenditure presented in note 23 to the financial statements is overstated by R237 068 858 (2023: R1 35 325 319). In addition, the prior period error disclosed in note 30 for irregular expenditure was overstated by R1 35 325 319.

Good and Services

12. Goods and services were materially misstated by R3 945 268 due to the cumulative effect of individually immaterial uncorrected misstatements in the following items:
- Laboratory services stated at R204 497 000 was understated by R3 115 868.
 - Transport provided as part of the departmental activities stated at R76 262 000 was overstated by R5 669 987.
 - Fleet services stated at R1 04 520 000 was overstated by R3 897 910.
 - Consumables stated at R85 911 000 was understated by R2 296 752.
 - Property payments stated at R391 641 000 was understated by R1 601 158.
 - Travel and subsistence stated at R47 673 000 was overstated by R1 391 149.

There was an impact on the surplus for the period and on the accumulated surplus.

In addition, I was unable to obtain sufficient appropriate audit evidence and to confirm the following items by alternative means:

- Inventories of R749 384 000 included in the balance of R2 195 808 000.
- Computer service of R48 239 000 included in the balance of R2 195 808 000.
- Transport provided as part of the departmental activities of R76 262 000 included in the balance of R2 195 808 000.
- Fleet services of R104 520 000 included in the balance of R2 195 808 000.
- Agency and support/outsourced services of R209 427 000 included in the balance of R2 195 808 000.
- Catering of R12 307 000 included in the balance of R2 195 808 000.
- Operating lease of R30 272 000 included in the balance of R2 195 808 000.
- Rental and hiring of R2 293 000 included in the balance of R2 195 808 000.
- Minor assets of R11 719 000 included in the balance of R2 195 808 000.

Consequently, I was unable to determine whether any further adjustment was necessary to goods and services.

37.1.3 Context for opinion

13. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor general for the audit of the financial statements section of my report.
14. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' International code of ethics for professional accountants (including International Independence Standards) (IESBA code) as well as other ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.
15. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

37.1.4 Emphasis of matters

16. I draw attention to the matters below. My opinion is not modified in respect of these matters.
17. I draw attention to note 31 in the financial statements, which deals with the possible effects of the future implications of continuing deterioration in operational results on the department's prospects, performance, and cash flows. Management have also described how they plan to deal with these events and circumstances.
18. As disclosed in note 28 to the financial statements, immovable tangible capital assets of R1 058 459 000 was still under investigation.

37.1.6 Other matters

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

Unaudited Supplementary Schedules

20. The supplementary information set out on pages 259 to 265 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

37.1.7 Responsibilities of the accounting officer for the financial statements

21. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by National Treasury and the requirements of the PFMA and Dora; and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
22. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations or has no realistic alternative but to do so.

37.1.8 Responsibilities of the auditor-general for the audit of the financial statements

23. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the ISAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
24. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report. This description, which is located at page 203 forms part of our auditor's report.

37.2. Report on the audit of the annual performance report

25. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for the selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.
26. I selected the following programmes presented in the annual performance report for the year ended 31 March 2024 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

PROGRAMME	PAGE NUMBERS	PURPOSE
District Health Services (DHS)	40 to 83	Comprehensive, integrated and sustainable health care services (preventative, promotive, curative and rehabilitative) based on the Re-engineered Primary Health Care (PHC) approach through the District Health Systems (DHS).
Provincial Hospital Services	89 to 103	Rendering of hospital services at a general and specialist level and provide a platform for the training of health workers and research.

27. I evaluated the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. When an annual performance report is prepared using these criteria, it provides useful and reliable information and insights to users on the department's planning and delivery on its mandate and objectives.
28. I performed procedures to test whether:
- the indicators used for planning and reporting on performance can be linked directly to the department's mandate and the achievement of its planned objectives.
 - all the indicators relevant for measuring the department's performance against its primary mandated and prioritised functions and planned objectives are included.
 - the indicators are well defined to ensure that they are easy to understand and can be applied consistently, as well as verifiable so that I can confirm the methods and processes to be used for measuring achievements.
 - the targets can be linked directly to the achievement of the indicators and are specific, time bound and measurable to ensure that it is easy to understand what should be delivered and by when, the required level of performance as well as how performance will be evaluated.
 - the indicators and targets reported on in the annual performance report are the same as those committed to in the approved initial or revised planning documents.
 - the reported performance information is presented in the annual performance report in the prescribed manner and is comparable and understandable.
 - there is adequate supporting evidence for the achievements reported and for the reasons provided for any over- or underachievement of targets.
29. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.
30. The material findings on the reported performance information for the selected programmes are as follows:

37.2.1 District Health Services (DHS)

Various indicators

31. Some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

INDICATOR	TARGET	REPORTED ACHIEVEMENT
HIV test positive around 18 months rate	≤1%	0.52%
HIV positive 15-24 years (Excl ANC) rate	≤3%	1.9%
ART adult remain in care rate (12 months)	95%	57%
ART adult viral load suppressed rate below 50 (12months)	95%	65.3%

Various indicators

32. I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

INDICATOR	TARGET	REPORTED ACHIEVEMENT
Child under 5 years diarrhoea case fatality rate	≤2.9%	2.1%
Child under 5 years severe acute malnutrition (SAM) case fatality rate	≤6%	5%

Infant PCR test positive around 6 months rate

33. An achievement of 0,7% was reported against a target of ≤1%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the underachievement on the target was more than reported.

Missing indicator

34. The department is responsible for progressively achieving Universal Health Coverage through National Health Insurance as a government priority as is specifically stated in the National Development Plan and Medium-Term Strategic Framework. However, an indicator to measure performance on this objective was not included in the approved planning documents. The accounting officer indicated that this was because the indicator did not form part of the standardised indicators in the current year. Consequently, the achievement of this objective was not planned or accounted for, which is likely to result in it not being delivered and effectively monitored. It further undermines transparency and accountability on the progress towards achievement of the National Development Plan and Medium-Term Strategic Framework.

Various indicators

35. Underachievements and overachievements were reported against the related planned targets together with the reasons for this. However, adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reported reasons.

INDICATOR	TARGET	REPORTED ACHIEVEMENT	REPORTED REASON
Patient experience of care satisfaction rate (DHS)	80%	79%	The perception of care from the patients over the services rendered during the survey was that they are dissatisfied in some instances.
Severity assessment code (SAC)1 incident reported within 24 hours rate (DHS)	100%	54%	<ul style="list-style-type: none"> Facility Managers are not verifying and signing off the (SAC)1 reports which are mainly captured and submitted by data capturers (who are non-clinical personnel). Poor understanding and implementation of the (SAC)1 Standard Operating Procedures and the guideline (by the data capturers not facility managers) A high number of facility managers reporting that they have never been trained. Incorrect categorization and reporting of (SAC)1 and other SAC incidents. Despite training being conducted, (SAC)1 cases are not reported within 24 hours. Facilities are not routinely verifying the number of reported incidents against the number closed incidents.
Patient Safety Incident (PSI) case closure rate (DHS)	100%	98%	<ul style="list-style-type: none"> Data Governance Structures (PSI Committees) mandated by the guideline are not established in facilities or in the sub-districts, where PSI's must be discussed. There is no verification of data by Facility Managers before submitting
Patient experience of care satisfaction rate (District hospitals)	80%	77%	<ul style="list-style-type: none"> District Quality Assurance Coordinators capture facility-based surveys at the District Office. Facility Managers are not using their DHIS credentials frequently and thus the profile keeps expiring due to non-utilisation. Facility Managers and Professional Nurses are using the same credentials of one profile to access the system and

INDICATOR	TARGET	REPORTED ACHIEVEMENT	REPORTED REASON
Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	8%	<p>this practice is against the guidelines that stipulates that credentials are not transferrable.</p> <ul style="list-style-type: none"> Facility Managers are not verifying and signing off the (SAC)1 reports which are mainly captured and submitted by data capturers (who are non-clinical personnel). Poor understanding and implementation of the (SAC)1 standard operating procedures and the guideline (by the data capturers not facility managers). A high number of facility managers reporting that they have never been trained Incorrect categorization and reporting of (SAC)1 and other SAC incidents. Despite training being conducted, (SAC)1 cases are not reported within 24-hours. Facilities are not routinely verifying the number of reported incidents against the number closed incidents.
Patient Safety Incident (PSI) case closure rate	100%	98%	<ul style="list-style-type: none"> Governance Structure (PSI Committee) are non-existent in the Districts, and should be a standard agenda item for the District Clinical Governance Committees, which is also not sitting. Verification of data is a serious challenge, which is worsened by the fact that PSI cases have to be closed by a governance structure as stipulated in the PSI Guideline.
All DS-TB client loss to follow up rate	≤9%	16.1%	<ul style="list-style-type: none"> The main contribution of high LTFU was from four (4) Districts, viz John Taolo Gaetsewe (20%), Pixley Ka Seme (18%), Frances Baard (17%) and ZF Mgcawu (16%). Poor adherence to treatment by patients due to stigma, poor socio-economic factors, i.e. poverty, unemployment resulting in patients unable to return to facilities on time, patient movement due to seasonal work between districts and facilities. Lack of proper tracing and tracking of defaulters by Community Health Care Workers, in some areas there's lack of CHW.
All DS-TB Client Treatment	80%	74.4%	High Lost to Follow up and not evaluated in John Taolo Gaetsewe (20%), Pixley Ka Seme and Frances Baard wit 18% and 17% respectively.
TB Rifampicin resistant/Multidrug - Resistant treatment success rate	60%	60.5%	Rx Success rate of DHS with (9/32) and WESH with 73% (19/26).
TB Pre-XDR loss to follow up rate	≤20%	22%	Some patients are refusing to continue with treatment and other citing distance to DR-TB site, including substance abuse.
Couple year protection rate	45%	57.5%	<ul style="list-style-type: none"> Impact from Family Planning trainings attended by Nurses resulted in improved performance. Improved data coordination from the private sector
Delivery 10-19 years in facility rate	≤16%	17.20%	<ul style="list-style-type: none"> Lack of implementation of ISHP Guidelines. Inadequate marketing of Adolescent and Youth services. Youth are reluctant to adhere to prevention of un planned pregnancies.
Antenatal 1st visit before 20 weeks rate	60%	57.2%	<ul style="list-style-type: none"> No immediate bookings, return dates for booking due to staff shortage. Mobile and satellite Clinics are not operational on a daily basis. Patients are visiting private Doctors and only report to the Clinic after 20 weeks. Suboptimal screening and testing of women of reproductive age.
Maternal mortality in facility ratio	110/100000	115.8/100000	<ul style="list-style-type: none"> No immediate bookings by mothers. Late presentation at facility for healthcare interventions. Delay in referrals to the next level of care. Poor implementation of guidelines. CHIC's not operating 24/7 due to staff shortage results in influx of patients in some facilities.
Infant PCR test positive under 6 months rate	≤1%	0.7%	<ul style="list-style-type: none"> Poor implementation of guidelines. PrEP and PEP not initiated during and after pregnancy. Mixed feeding. Non-suppression on ART Regimen 2.

INDICATOR	TARGET	REPORTED ACHIEVEMENT	REPORTED REASON
			<ul style="list-style-type: none"> Poor adherence to treatment by mothers.
Immunisation under 1 year coverage	70%	77.1%	<ul style="list-style-type: none"> Implementation of the "Every day is Immunization Day" Strategy. Establishment of mobile and satellite Clinics in some areas. Data coordination from private sector improved.
Measles 2nd dose 1 year coverage	70%	77.7%	<ul style="list-style-type: none"> Implementation of the "Every day is Immunization Day" Strategy. Establishment of mobile and satellite Clinics in some areas. Data coordination from private sector improved.
Child under 5 years pneumonia case fatality rate	≤2.7%	3.7%	<ul style="list-style-type: none"> Lack of essential equipment and high care units at facilities. Poor auditing of death under 5 years. Late presentation at facility for healthcare interventions. Delay in implementing immediate care and investigations. Lost to follow up on chronic medication.
Positivity rate for hypertension 18 - 44 years	2.5%	0.7%	Data is showing responsive public health intervention such as community awareness activities.
Positivity rate for diabetes 18 - 44 years	2%	0.5%	Data is showing responsive public health intervention such as community awareness activities.

Various indicators

36. Underachievements and overachievements were reported against targets without the reasons for this also being reported. The lack of transparency hinders informed decision-making.

INDICATOR	TARGET	REPORTED ACHIEVEMENT
HIV test positive around 18 months rate	≤1%	0.52%
TB Rifampicin resistant/Multidrug - Resistant lost to follow up rate	≤16%	16.5%
TB Pre-XDR Treatment Success rate	50%	51.9%
Death under 5 years against live birth rate	4.3%	1.8%
Live birth under 2500g in facility rate	19%	17.7%
Neonatal death in facility rate	14/1000	13.3/1000
Mother postnatal visit within 6 days rate	64%	65.5%
Child under 5 years diarrhoea case fatality rate	≤2.9%	2.1%
Child under 5 years severe acute malnutrition (SAM) case fatality rate	≤6%	5%

37.2.2 Provincial Health Services

Various indicators

37. Underachievements and overachievements were reported against the related planned targets together with the reasons for this. However, adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reported reasons.

INDICATOR	TARGET	REPORTED ACHIEVEMENT	REPORTED REASON
Patient experience of care satisfaction rate (Regional Hospital)	80%	76%	<ul style="list-style-type: none"> Patients not understanding the Triage system and the waiting times attached to a certain code. Absence of Triage Nurse leading to incorrect triaging. Staff shortages (clinical and administrative) impacts negatively on the timeous consultation of patients (excluding RED cases). Constant communication with patients regarding delays not done. Poor customer service orientation: Values and staff attitude, patient safety, cleanliness and waiting time.
Severity assessment code (SAC) 1 incident reported within 24 hours rate (Regional Hospital)	100%	25%	<ul style="list-style-type: none"> Not all cases were reported within the 24 hours timeframe. Sub-optimal implementation of guidelines leads to wrong classification of (SAC)I and other SAC incidents.
Patient Safety Incident (PSI) case closure rate (Regional Hospital)	100%	90.6%	<ul style="list-style-type: none"> Not all PSI cases reported were closed. Sub-optimal implementation of guidelines leads to wrong classification of PSI incidents.
Number of Death in facility under 5 Years	≤15	65	<ul style="list-style-type: none"> Pre-term birth complications, birth asphyxia, congenital anomalies and congenital syphilis. Late presentation to hospital of sick babies and children.

INDICATOR	TARGET	REPORTED ACHIEVEMENT	REPORTED REASON
			<ul style="list-style-type: none"> • Previous low birth weight with extreme lung immaturity. • Poor adherence to IMCI protocols at PHC level. • High prevalence of underlying health conditions in the population including malnutrition is a contributing factor. • The under 5 mortality rate includes patients who demised mainly in our Neonatal Intensive Care Unit (NICU) and Intensive Care Unit (ICU), we have an average of ±3 deaths monthly in NICU. • Surrounding areas have little to no access to 24-hour healthcare, inadequate resources and limited staff. • The influx of transfer in patients from the surrounding areas is one of the key contributing factors. • Delayed medical interventions. • Socioeconomic disparities impacting the overall health of children, and limited community awareness and education regarding child healthcare.
Child under 5 years diarrhoea case fatality rate	≤2%	0.88%	Continuous improved management of diarrhoea cases.
Child under 5 years pneumonia case fatality rate	≤1%	8.16%	<ul style="list-style-type: none"> • The influx of transfer-in patients from the surrounding areas is one of the key contributing factors, especially deep rural areas. • Late presentations for healthcare. • IMCI classification may also be an issue at facility level. • Late referrals from Primary Healthcare facilities.
Patient experience of care satisfaction rate (Specialised Hospital)	80%	71%	<ul style="list-style-type: none"> • Sporadic lack of and/or no cleaning materials in the hospital. • Long waiting times in OPD due to Doctors attending training.

Various indicators

38. Overachievements were reported against targets without the reasons for this also being reported. The lack of transparency hinders informed decision-making.

INDICATOR	TARGET	REPORTED ACHIEVEMENT
Number of Maternal Death in Facility	≤4	3
Child under 5 years severe acute malnutrition case fatality rate	14%	4.3%

37.2.3 Other matters

39. I draw attention to the matters below.

Achievement of planned targets

40. The annual performance report includes information on reported achievements against planned targets and provides explanations for over- or under-achievements. This information should be considered in the context of the material findings on the reported performance information.
41. The tables that follow provides information on the achievement of planned targets and lists the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets are included in the annual performance report on pages 40 to 83 (District Health Services) and pages 89 – 103 (Provincial Hospital Services).

District Health Services

Targets achieved: 49%
Budget spent: 100%

INDICATOR	TARGET	REPORTED ACHIEVEMENT
Patient experience of care satisfaction rate (District Health Services)	80%	79%
Severity assessment code (SAC)1 incident reported within 24 hours rate (District Health Services)	100%	54%

INDICATOR	TARGET	REPORTED ACHIEVEMENT
Patient Safety Incident (PSI) case closure rate (District Health Services)	100%	98%
Patient experience of care satisfaction rate (District Hospital Services)	80%	77%
Severity assessment code (SAC)1 incident reported within 24 hours rate (District Hospital Services)	100%	56%
Patient Safety Incident (PSI) case closure rate (District Hospital Services)	100%	98%
ART adult remain in care rate (12 months)	95%	57%
ART child remain in care rate (12 months)	95%	72.5%
ART Adult viral load suppressed rate — below 50 (12 months)	95%	65.3%
ART child viral load suppressed rate — below 50 (12 months)	95%	22.6%
All DS-TB Client LTF rate	≤9%	16.1%
All DS-TB Client Treatment Success rate	80%	74.4%
TB Pre-XDR loss to follow up rate	≤20%	22%
Delivery 10 to 19 years in facility rate	≤16%	17.2%
Antenatal 1st visit before 20 weeks rate	60%	57.2%
Maternal Mortality in facility ratio	110/100 000	115.8/100 000
Mother postnatal visit within 6 days rate	64%	65.5%
TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	≤16%	16.5%
Child under 5 years pneumonia case fatality rate	≤2.7%	3.7%

Provincial Health Services

Targets achieved: 45%
Budget spent: 100%

INDICATOR	TARGET	REPORTED ACHIEVEMENT
Patient experience of care satisfaction rate (Regional Hospital)	80%	76%
Severity assessment code (SAC)1 incident reported within 24 hours rate (Regional Hospital)	100%	25%
Patient Safety Incident (PSI) case closure rate (Regional Hospital)	100%	90.6%
Number of Death in facility under 5 years	≤15	58
Child under 5 years pneumonia case fatality rate	≤1%	8.16%
Patient experience of care satisfaction rate (Specialized Hospital)	80%	71%

Material misstatements

42. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for district health services and provincial hospital services. Management did not correct all of the misstatements and I reported material findings in this regard.

37.3. Report on compliance with legislation

43. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.
44. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.
45. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.
46. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

37.3.1 Annual financial statements

47. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1)(a) and (b) of the PFMA. Material misstatements of expenditure and disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

37.3.2 Expenditure management

48. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion the value as disclosed in note 23 of the financial statements does not reflect the full extent of the irregular expenditure incurred. The majority of the irregular expenditure disclosed in the financial statements was caused by contravention of supply chain management (SCM) requirements.
49. Effective steps were not taken to prevent fruitless and wasteful expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on overdue accounts.
50. Public money was spent without the approval of a properly delegated officer, as required by treasury regulation 8.2.1
51. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

37.3.3 Revenue Management

52. Effective and appropriate steps were not taken to collect all money due, as required by section 38 (1)(c)(i) of the PFMA.
53. Reasonable steps were not taken to recover debts before writing them off, as required by treasury regulation 11.4.1.

37.3.4 Asset management

54. Proper control systems were not in place at the department to ensure the safeguarding and maintenance of assets, as required by section 38(1)(d) of the PFMA.
55. Preventative mechanisms were not in place to eliminate theft, loss, wastage and misuse of assets, as required by treasury regulation 10.1.1 (a).

37.3.5 Utilisation of Conditional Grants

56. The Health Facilities Revitalisation Grant, District Health Programmes Grant, Human Resources and Training Grant and National Health Insurance Grant were not spent for the purposes stipulated in the Schedule concerned, as required by section 16(1) of the Division of Revenue Act (Act 5 of 2023).
57. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the Health Facility Revitalisation Grant and National Health Insurance Grant were evaluated, as required by section 12(5) of the Division of Revenue Act (Act 5 of 2023).

37.3.6 Strategic planning and performance management

58. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

37.3.7 Procurement and contract management

59. I was unable to obtain sufficient appropriate audit evidence that at least three written price quotations were obtained as required by treasury regulation 16A6.1 and paragraph 3.2.1 and 3.2.4(a) of Supply Chain Management (SCM) instruction note 2 of 2021/22 in a material number of instances.

60. I was unable to obtain sufficient appropriate audit evidence that quotations were accepted only from bidders who submitted a declaration on whether they are employed by the state or connected to any person employed by the state as required by treasury regulation 16A8.4 and Par 7.2 of National Treasury Instruction (NTI) 03 of 2021/22.
61. Some of the quotations were awarded to suppliers whose tax matters had not been declared by the South African Revenue Services to be in order as required by treasury regulation 16A9.1(d). Similar non-compliance was also reported in the prior year.
62. Goods and services of a transaction value above R1 000 000 were procured without inviting competitive bids as required by treasury regulation 16A6.1, paragraph 3.3.1 of NTI 02 of 2021/22, paragraph 4.1 of NTI 03 of 2021/22 and treasury regulation 16A6.4. Similar non-compliance was also reported in the prior year.
63. Contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 82.2. Similar non-compliance was also reported in the prior year.

37.3.8 Consequence management

64. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular and fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was because investigations into unauthorised, irregular and fruitless and wasteful expenditure were not performed.
65. Allegations of financial misconduct against the accounting officer were not investigated, as required by treasury regulation 4.1.3.
66. Investigations were not conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

37.4. Other information in the annual report

67. The accounting officer is responsible for the other information included in the annual report. The other information referred to does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported on in this auditor's report.
68. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.
69. My responsibility is to read this other information and, in doing so, consider whether it is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
70. The other information I obtained prior to the date of this auditor's report is the balances of unauthorised, irregular and fruitless and wasteful expenditure (UIFWE) and the general performance and governance information expected to be made available to us after 31 July 2024. If, based on the work I have performed on the other information that I obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact.
71. Particulars of unauthorised, irregular and fruitless and wasteful expenditure included in the annual report was materially inconsistent with audit evidence obtained during the audit of the historical registers of unauthorised, irregular and fruitless and wasteful expenditure were not kept and maintained as required by the PFMA compliance and reporting framework of 2022/23.
72. When I do receive and read the remaining other information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

37.5. Internal control deficiencies

73. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
74. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the material findings on the annual performance report and the material findings on compliance with legislation included in this report.
75. Management did not ensure that there is medical stationary in all facilities as in some facilities there are no comprehensive register and where there are registers, the registers at the facilities are not reviewed after they are completed.
76. Management did not ensure that there are adequate controls to ensure that patient files are stored in a manner that makes it easy to retrieve them resulting in information not being submitted for audit.
77. Management did not compile and implement the action plan on time, and this resulted in material findings recurring in the current financial year. The control environment was not reinforced to prevent material misstatements in the annual financial statements, performance reports and areas of legislation scoped for audit.
78. The accounting officer did not effectively review the financial statements and the annual performance report before submitting them for audit, thus numerous misstatements reported in this report were identified and corrected.
79. The department did not at all times retrieve information on time to submit for audit and at times could not provide reasonable alternate systems to the auditors. This was experienced in all areas of audit, annual financial statements, performance reports and compliance with laws and regulations.
80. Leadership did not ensure that the department complied with applicable legislation as material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material findings in areas of legislation scoped for audit.
81. Leadership did not ensure that the organisational structure was approved earlier in the year to promote effective human resources management to ensure that adequate and sufficiently skilled resources are in place.
82. There is instability at the department due to vacancies at senior management level and the acting appointments did not effectively implement processes to improve the audit outcomes.

37.6. Material Irregularities

83. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of material irregularities as previously reported in the auditor's report.

37.6.1 Status of previously reported material irregularities

Interest incurred on late payment – Mental Health

84. In December 2019, invoices were received from the implementing agent to be processed for payment by the department. These invoices were not paid within the prescribed 30-day period in contravention of treasury regulation 8.23. As a result, the department incurred interest on late payments. The department correctly disclosed the interest as fruitless and wasteful expenditure in note 25 to the 2020/21 financial statements. The interest paid amounting to RI 113 487,10 in this regard resulted in a material financial loss for the department, as no services or benefits were received.
85. The accounting officer was notified of the material irregularity on 23 May 2022 and invited to make a written submission on the actions taken and that will be taken to address the matter. The accounting officer failed to respond to the notification within the stipulated period.
86. I notified the accounting officer on 28 June 2024 of the following recommendations, which should have been implemented by 31 January 2025:
 - The fruitless and wasteful expenditure incurred in respect of the interest on late payments should be investigated, in accordance with the applicable instruction note(s) issued by the National Treasury dealing with fruitless and wasteful expenditure.

- The investigation should determine the reasons and circumstances that led to the interest being incurred for the purposes of developing and implementing an action plan to address the control weaknesses.
- Effective and appropriate disciplinary steps should be initiated without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA and in accordance with treasury regulation 9.1.3.4. 4.
- Appropriate action should be taken to ensure that the cash flow requirements of all projects, including the cash flow requirements of implementing agents, are included in the annual budget and adjustment budget of the department.

Evaluation criteria applied in medical waste award different from original bidding invitation

87. During the 2018/2019 audit, I identified that a three-year contract for medical waste collection for R4 278 000 per month was awarded in November 2018 to a supplier based on criteria applied in the evaluation process that were different from those included in the original bidding invitation and in contravention of treasury regulation 16A3.2(a). The non-compliance is likely to result in a material financial loss as the fixed monthly pricing awarded to the supplier differed significantly from the variable cost pricing included in the original bidding invitation.
88. The Accounting Officer (AO) was notified of the Material Irregularity (MI) on 18 July 2019. The AO responded by disagreeing that there was non-compliance with legislation in awarding the contract.
89. In the 2019/2020 audit, I referred the MI to the National Treasury (NT) on 06 October 2019 for investigation as provided by section 5(1A) of the PAA. On 13 March 2020, NT accepted the referral for investigation.
90. In the 2020/2021 audit, a memorandum of understanding for NT had not finalised whether they were to conduct the investigation or identified the most suitable institution for the investigation.
91. In the 2021/2022 audit, I followed up on the status of the investigation and was provided feedback on 29 June 2022 which indicated that the MI investigation was ongoing and was assigned to (HAWKS, Directorate for Priority Crime Investigation) DPCI.
92. The NT finalised their investigation in April 2022 and informed me that the outcome of the investigation was referred to the Directorate for Priority Crime Investigation (DPCI) to investigate the matter further and to take appropriate action in terms of their mandate and powers. I followed up with the DPCI in June 2024 and was informed that the investigation is ongoing and not yet completed.

Overpayment for Radiology services

93. The department entered into a contract for radiology services on 1 November 2013. The total expenditure relating to the contract and extension was R 17 428 920. Payments were made for radiology services even though the contract had a mathematical error that resulted in an overpayment, as effective internal controls were not in place for approving and processing payments, as required by treasury regulation 8.1.1. The overpayment is likely to result in a material financial loss, if not recovered from the supplier. The payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and payments also were made in respect of the fourth extension of the contract, which was effective from 1 October 2018 to 30 September 2019 (the contract was not signed).
94. Additionally, payments were made to a radiologist to perform mammograms, despite the hospital not having a mammogram machine. If these payments are not recovered from the supplier, It is likely that there will be a material financial loss. The payments occurred during the first contract extension, effective from 01 April 2014 to 31 March 2015 and the third contract extension, effective from 01 October 2015 to 30 September 2018.
95. The accounting officer was notified of the material irregularity on 17 July 2019.
96. The accounting officer instituted a full-scale investigation on 23 August 2019 based on the outcome of the preliminary investigation performed.
97. On 1 March 2020 the accounting officer was moved to the Office of the Premier (OTP) and an acting accounting officer was appointed. This meant that the acting accounting officer was not aware of this material irregularity. The lockdown measures implemented in response to covid19 caused additional delays in this process of completing the previous investigation that was started. On 21 August 2020, the acting accounting officer informed the AGSA of the reasons for delay and the proposed course of action to re-appoint an investigation team to complete the investigation. The internal investigation that was instituted by the accounting officer was concluded on 23 October 2020; the following actions took place:
 - The case was referred to the DPCI on 20 January 2021 for criminal prosecution and possible recovery of loss.
 - No actions were taken against the officials as per the internal investigations. The officials involved in the process were requested to respond to the allegations of misconduct where the hospital manager responded that all payments went

through the office of the Chief Executive Officer (CEO). The CEO responsible failed to respond prior to taking retirement at the end of February 2021.

- In addition to the investigations by the DPCI, on 20 May 2021 the accounting officer wrote to the supplier requesting a proposal for a payback payment plan failing which further legal steps would be instituted.
- In addition to the above actions the AO sought legal opinion from the state attorney on the matter. The legal opinion was received on 03 March 2022, where the accounting officer was advised on how to deal with the matter, furthermore the AO was advised to act on the matter urgently due to the sensitivity of the matter.
- On 05 June 2023 a formal response was received from the AO where the following actions were indicated to have taken place:
 - A criminal case was opened in 2021 and the investigation is still ongoing.
 - The state attorney is in the process of tracing the defendant so that the defendant can be served with the summons.
- Made follow-up on the status of the criminal investigation and received a response from the DPCI on 27 July 2023. The response indicated that there was no prospect of a successful prosecution and that the matter was finalised.
- During the 2023/24 audit, I evaluated the appropriateness of the actions taken by the AO and have determined that reasonable steps were taken to resolve the material irregularity.
- On 09 July 2024, I issued a determination letter indicating that I had considered the representations made and the substantiating documents provided and concluded that appropriate actions have been taken to address the material irregularity and that:
 - The material irregularity is resolved, subject to the AO communicating with the AO of the OTP to take disciplinary actions against the official identified by the department's investigation to be responsible for the financial loss.
- On 17 July 2024, the AO officer submitted evidence that the above-mentioned official was no longer in the employment of the public sector, and therefore no actions could be taken against her.
- The actions taken by the accounting officer are deemed appropriate and have addressed the material irregularity and therefore the material irregularity has been resolved.

37.7. Other reports

98. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties. These reports did not form part of my opinion on the separate financial statements or my findings on the reported performance information or compliance with legislation.
99. The directorate for Priority Crime Investigations (Hawks) is investigating allegations of irregularities in the supply chain management processes applied by the department. These proceedings were in progress at the date of this report.

Auditor General

Kimberley

31 July 2024



37.8. Annexure to the Auditors Report

The annexure includes the following:

- The auditor-general's responsibility for the audit.
- The selected legislative requirements for compliance testing.

37.8.1 Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial Statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control.
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made.
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern.
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

37.8.2 Compliance with Legislation

Table 180 Selected legislative requirements

Legislation	Sections or regulations
Public Finance Management Act No.1 of 1999 (PFMA)	Section 1; 38(1)(b); 38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii); 38(1)(j); 39(1)(a); 39(2)(a); 40(1)(a); 40(1)(b); 40(1)(c)(i); 43(1); 43(4); 44(1); 45(b)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3; 5.1.1; 5.21; 5.2.3(a); 5.2.3(d); 5.3.14; 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1; 6.4.1(b); 7.2.1; 8.1.1; 8.21; 8.2.3; 8.4.1; 9.1.1; 9.1.4; 10.1.1; 10.1.2; 11.4.1; 11.42; 11.5.1; 12.5.1; 15.10.1.2(c); 16A3.2; 16A3.2(a); 16A6.1; 16A6.2(a); 16A6.2(b); 16A6.3(a); 16A6.3(b); 16A6.3(c); 16A 6.3(e); 16A6.4; 16A6.5; 16A6.6; 16A7.1; 16A7.3; 16A7.6; 16A7.7; 16A8.2(1); 16A8.2(2); 16A8.3; 16A8.4; 16A9.1(b)(ii); 16A 9.1(d); 16A 9.1(e); 16A9.1(f); 16A9.2; 16A9.2(a)(ii); 17.1.1; 18.2; 19.8.4
Construction Industry Development Board Act No.38 of 2000 (CIDB)	Section 18(1)
Construction Industry Development Board Regulations, 2004	Regulation 17; 25(7A)
Division of Revenue Act 5 of 2023	Section 11(6)(a); 12(5); 16(1); 16(3); 16(3)(a)(i); 16(30(a)(ii)(bb)
Second amendment National Treasury Instruction No.5 of 202/21	Paragraph 1
Erratum National Treasury Instruction No.5 of 202/21	Paragraph 2
National Health Act 61 of 2003	Section 13
National Treasury instruction No.5 of 2020/21	Paragraph 4.8; 4.9; 5.3
National Treasury Instruction No.1 of 2021/22	Paragraph 4.1
National Treasury Instruction No.4 of 2015/16	Paragraph 3.4
National Treasury SCM Instruction No.4A of 2016/17	Paragraph 6
National Treasury SCM Instruction No.11 of 2020/21	Paragraph 3.4(a); 3.4(b); 3.9
National Treasury SCM Instruction No.02 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a); 3.3.1
National Treasury SCM Instruction No.03 of 2021/22	Paragraph 4.1; 4.2(b); 4.3; 4.4(a); 4.17; 7.2; 7.6
Practice Note 11 of 2008/9	Paragraph 2.1; 3.1(b)
Practice Note 5 of 2009/10	Paragraph 3.3
Practice Note 7 of 2009/10	Paragraph 4.1.2
Preferential Procurement Policy Framework Act 5 of 2000	Section 1; 2.1(a); 2.1(f)
Preferential Procurement Regulation, 2017	Regulation 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; 6.1; 6.2; 6.3; 6.5; 6.6; 6.8; 7.1; 7.2; 7.3; 7.5; 7.6; 7.8; 8.2; 8.5; 9.1; 10.1; 10.2; 11.1; 11.2;
Preferential Procurement Regulation, 2022	Regulation 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)
State Information Technology Agency Act 88 of 1998	Section 7(3)

38. ANNUAL FINANCIAL STATEMENTS

The Annual Financial Statements are approved by the Accounting Officer and is set out under **ANNEXURE A** of this Annual Report.

Acknowledgements

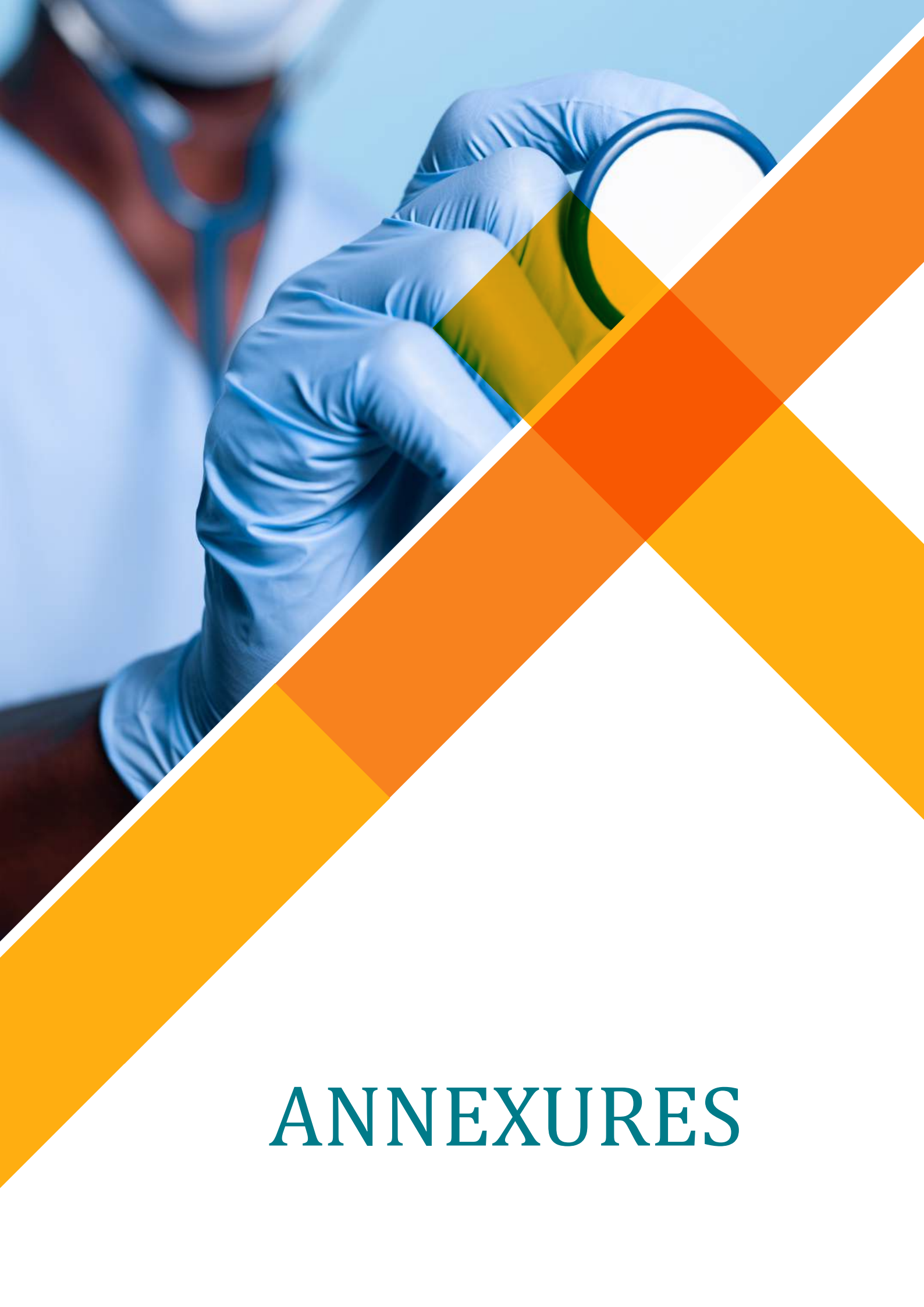
The development and completion of the Annual Report for the period under review was a collaborative effort between various dedicated officials, together with specific officials from the eight budget Programmes of the Northern Cape Department of Health.

The following individuals are expressly recognised in the compilation of this Annual Report:

Mr M Mocumi	- Acting Director: Policy & Planning Directorate
Mr A Tsholo	- Chief Financial Officer
Mr M Mothapo	- Acting Director: Financial Accounting
Ms W Mvundlela	- Acting Director: Budgets
Mr R Sichimwi	- Acting Assistant Director: Policy & Planning (Monitoring & Evaluation)
Ms K Moloi-Seekoei	- Senior Administrative Officer: Policy & Planning (Monitoring & Evaluation)
Ms L Mokhoke	- Senior Administrative Officer: Policy & Planning (Monitoring & Evaluation)
Ms L Smith	- Administrative Officer: Policy & Planning (Monitoring & Evaluation)

Bibliography

- Northern Cape Department of Health 5-Year Strategic Plan 2020/21 - 2024/25
- Northern Cape Department of Health Annual Performance Plan 2022/23
- Northern Cape Department of Health District Health Information System
- Northern Cape Department of Health Electronic Tuberculosis Register
- Northern Cape Department of Health Vulindlela
- Northern Cape Department of Health PERSAL



ANNEXURES

Annexures

ANNEXURE A: ANNUAL FINANCIAL STATEMENTS

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1. APPROPRIATION STATEMENTS

1.1 Appropriation Statement per programme

Table 181 Appropriation Statement per programme

APPROPRIATION PER PROGRAMME	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
PROGRAMME									
1. Administration	264 045	-	(679)	263 366	263 366	-	100%	280 058	279 990
2. District Health Services	2899 433	-	58 640	2 958 073	2 958 068	5	100%	2 833 039	2 784 553
3. Emergency Medical Services	468 379	-	37 470	505 849	505 849	-	100%	430 279	416 648
4. Provincial Hospital Services	520 663	-	(599)	520 064	520 064	-	100%	453 601	453 601
5. Central Hospital Services	1 297 582	-	(40 760)	1 256 822	1 249 376	7 446	99.4%	1 259 103	1 259 103
6. Health Care Support Service	333 588	-	(13 050)	320 538	320 538	-	100%	172 024	172 024
7. Health Care Support Service	144 284	-	(12 063)	132 221	126 486	5 735	95.7%	133 467	133 467
8. Health Facilities Management	481 844	-	(28 959)	452 885	452 885	-	100%	489 413	407 209
Subtotal	6 409 818	-	-	6 409 818	6 396 632	13 186	99.8%	6 050 984	5 906 595
						2023/24		2022/23	
						Final Budget	Actual Expenditure	Final Budget	Actual Expenditure
						R'000	R'000	R'000	R'000
TOTAL (brought forward)									
<i>Reconciliation with statement of financial performance</i>									
ADD									
Departmental receipts						-	-	-	-
NRF Receipts						-	-	-	-
Aid assistance						219	-	1 353	-
Actual amounts per statement of financial performance (Total revenue)						6 410 037	-	6 052 337	-
ADD									
Aid assistance						-	1 102	-	2 624
Prior year unauthorised expenditure approved without funding						-	-	-	-
Actual amounts per statement of financial performance (Total expenditure)						-	6 397 734	6 052 337	5 909 219

1.2 Appropriation Statement per economic classification

Table 182 Appropriation Statement per economic classification

APPROPRIATION PER ECONOMIC CLASSIFICATION	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
ECONOMIC CLASSIFICATION									
Current payments	6 017 948	(227 062)	-	5 790 886	5 790 466	4 20	100%	5 577 876	5 492 619
Compensation of employees	3 767 510	(177 698)	(16 420)	3 573 392	3 573 083	309	100%	3 410 157	3 410 157
Goods and services	2 250 438	(69 992)	16 420	2 196 866	2 195 800	1 066	100%	2 151 945	2 066 688
Interest and rent on land	-	20 628	-	20 628	21 583	(955)	104.6%	15 774	15 774
Transfers and subsidies	46 240	50 482	-	96 722	96 722	-	100%	72 898	72 898
Provinces and municipalities	14 045	(12 945)	-	1 100	1 100	-	100%	641	641
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	15	-	15	15	-	100%	38	38
Households	32 195	63 412	-	95 607	95 607	-	100%	72 219	72 219
Payments for capital assets	345 630	176 580	-	522 210	509 444	12 766	97.6%	400 210	341 078
Buildings and other fixed structures	128 209	228 339	-	356 548	356 548	-	100%	242 660	242 660
Machinery and equipment	217 421	(67 971)	-	149 450	136 684	12 766	86.5%	143 232	84 100
Intangible assets	-	16 212	-	16 212	16 212	-	100%	14 318	14 318
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	6 409 818	-	-	6 409 818	6 396 632	13 186	99.8%	6 050 984	5 906 595

1.3 Appropriation Statement for Programme 1 – Administration

Table 183 Appropriation Statement for Programme 1 - Administration

PROGRAMME 1: ADMINISTRATION	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
1. Office of the MEC	18 295	3 321	-	216 16	216 16	-	100%	14 678	14 678
2. Management	245 750	(3 321)	(679)	241750	241 750	-	100%	265 380	265 312
Total for sub programmes	264 045	-	(679)	263 366	263 366	-	100%	280 058	279 990
ECONOMIC CLASSIFICATION									
Current payments	257 249	(31 638)	(679)	224 932	224 932	(11)	100%	272 802	272 734
Compensation of employees	176 883	(28 477)	-	148 406	148 406	-	100%	140 591	140 591
Goods and services	80 366	(4 985)	(679)	74 702	74 702	-	100%	131 625	131 557
Interest and rent on land	-	1 824	-	1 824	1 824	-	100%	586	586
Transfers and subsidies	4 145	18 885	-	23 030	23 030	-	100%	1 816	1 816
Provinces and municipalities	-	189	-	189	189	-	100%	444	444
Households	4 145	18 696	-	22 841	22 841	-	100%	1 372	1 372
Payments for capital assets	2 651	12 753	-	15 404	15 393	11	99.9%	5 440	5 440
Buildings and other fixed structures	-	412	-	412	412	-	100%	407	407
Machinery and equipment	2 651	3 873	-	6 524	6 513	11	99.8%	4 063	4 063
Transport equipment	-	512	-	512	512	-	100%	970	970
Intangible assets	-	7 956	-	7 956	7 956	-	100%	-	-
Payments for financial assets	-	-	-	-	-	-	100%	-	-
Total	264 045	-	(679)	263 366	263 366	-	100%	280 058	279 990

1.4 Appropriation Statement for Programme 2 - District Health Services

Table 184 Appropriation Statement: Programme 2 – District Health Services

PROGRAMME 2: DISTRICT HEALTH SERVICES	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
District Management	197 302	135 580	42 689	375 571	375 571	-	100%	348 563	348 563
Community Health Clinics	652 231	(17 727)	-	634 504	634 504	-	100%	525 833	525 833
Community Health Centres	502 440	(51 265)	-	451 175	451 175	-	100%	397 205	397 205
Other Community Services	92 524	56 444	-	148 968	148 968	-	100%	37 653	37 653
HIV & Aids	666 548	(105 659)	-	560 889	560 889	-	100%	772 865	772 865
Nutrition	6 604	(3 633)	-	2 971	2 971	-	100%	4 504	4 504
District Hospitals	781 784	(13 740)	15 951	783 995	783 990	5	100%	746 416	697 930
Total for sub programmes	2 899 433	-	58 640	2 958 073	2 958 068	5	100%	2 833 039	2 784 553
ECONOMIC CLASSIFICATION									
Current payments	2 854 575	5 542	58 640	2 918 757	2 918 699	58	100%	2 714 303	2 714 303
Compensation of employees	1 776 975	(8 306)	42 689	1 811 358	1 811 358	-	100%	1 718 835	1 718 835
Goods and services	1 077 600	(1 746)	15 951	1 091 805	1 090 792	1 013	99.9%	985 669	985 669
Interest and rent on land	-	15 594	-	15 594	16 549	(955)	106.1%	9 799	9 799
Transfers and subsidies	20 463	(6 796)	-	13 667	13 667	-	100%	34 132	34 132
Provinces and municipalities	13 493	(13 437)	-	56	56	-	100%	169	169
Public corporations and private enterprises	-	15	-	15	15	-	100%	38	38
Households	6 970	6 626	-	13 596	13 596	-	100%	33 925	33 925
Payments for capital assets	24 395	1 254	-	25 649	25 702	(53)	100%	84 604	36 118
Buildings and other fixed structures	-	(81)	-	(81)	(81)	-	100%	1 029	1 029
Machinery and equipment ²	24 395	1 163	-	25 558	25 611	(53)	100%	69 257	20 771
Transport equipment	-	1 767	-	1 767	1 767	-	100%	2 557	2 557
Intangible assets	-	172	-	172	172	-	100%	14 318	14 318
Other machinery and equipment	24 395	(604)	-	23 791	23 844	(53)	100%	66 700	18 214
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	2 899 433	-	58 640	2 958 073	2 958 068	5	100%	2 833 039	2 784 553

1.5 Appropriation Statement for Programme 3 – Emergency Medical Services

Table 185 Appropriation Statement: Programme 3 – Emergency Medical Services

PROGRAMME:3: EMERGENCY MEDICAL SERVICES	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
Emergency transport	464 592	3 787	37 470	505 849	505 849	-	100%	430 279	416 648
Planned patient transport	3 787	(3 787)	-	-	-	-	-	-	-
Total for sub programmes	468 379	-	37 470	505 849	505 849	-	100%	430 279	416 648
ECONOMIC CLASSIFICATION									
Current payments	426 610	(25 742)	37 470	438 338	438 338	-	100%	401 335	398 350
Compensation of employees	288 037	(25 047)	-	262 990	262 990	-	100%	251 398	251 398
Goods and services	138 573	(1004)	37 470	175 039	175 039	-	100%	146 788	143 803
Interest and rent on land	-	309	-	309	309	-	100%	3 149	3 149
Transfers and subsidies	552	2 473	-	3 025	3 025	-	100%	318	318
Provinces and municipalities	552	2 473	-	3 025	3 025	-	100%	28	28
Households	-	2 177	-	2 177	2 177	-	100%	290	290
Payments for capital assets	41 217	23 269	-	64 486	64 486	-	-	28 626	17 980
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	41 217	15 270	-	56 487	56 487	-	100%	28 626	17 980
Transport equipment	-	49 944	-	49 944	49 944	-	100%	28 577	17 931
Intangible assets	-	7 999	-	7 999	7 999	-	100%	-	-
Other machinery and equipment	41 217	(34 674)	-	6 543	6 543	-	100%	49	49
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	468 379	-	37 470	505 849	505 849	-	100%	430 279	416 648

1.6 Appropriation Statement for Programme 4 – Provincial Hospital Services

Table 186 Appropriation Statement: Programme 4 – Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITALS	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
General (Regional) Hospitals	366 851	(10 542)	(559)	355 710	355 710	-	100%	312 087	312 087
Tuberculosis	38 700	(14 617)	-	24 083	24 083	-	100%	20 299	20 299
Psychiatric/Mental Hospitals	115 112	25 159	-	140 271	140 271	-	100%	121 215	121 215
Total for sub programmes	520 663	-	(559)	520 064	520 064	-	100%	453 601	453 601
ECONOMIC CLASSIFICATION									
Current payments	518 868	(5 450)	(559)	512 819	512 923	(104)	100%	451 644	451 644
Compensation of employees	364 175	340	-	364 515	364 515	-	100%	331 954	331 954
Goods and services	154 693	(8 120)	(559)	145 974	146 078	(104)	100%	117 471	117 471
Interest and rent on land	-	2 330	-	2 330	2 330	-	100%	2 219	2 219
Transfers and subsidies	1 546	4 136	-	5 682	5 682	-	100%	496	496
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	1 546	4 136	-	5 682	5 682	-	100%	496	496
Payments for capital assets	249	1 314	-	1 563	1 459	104	93.3%	1 461	1 461
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	249	1314	-	1 563	1 563	-	100%	1 461	1 461
Transport equipment	-	254	-	254	254	-	100%	-	-
Intangible assets	-	-	-	-	-	-	100%	-	-
Other machinery and equipment	249	1 060	-	1 309	1 309	104	100%	1 461	1 461
Payments for financial assets	-	-	-	-	-	-	100%	-	-
Total	520 663	-	(559)	520 064	520 064	-	100%	453 601	453 601

1.7 Appropriation Statement for Programme 5 – Tertiary Hospital Services

Table 187 Appropriation Statement: Programme 5 – Tertiary Hospital Services

PROGRAMME 5: PROVINCIAL TERTIARY HOSPITAL SERVICES	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
Provincial Tertiary Hospitals	1 297 582	-	(40 760)	1 256 822	1 249 376	7 446	99.4%	1 259 103	1 259 103
Total for sub programmes	1 297 582	-	(40 760)	1 256 822	1 249 376	7 446	99.4%	1 259 103	1 259 103
ECONOMIC CLASSIFICATION									
Current payments	1 233 680	(9 694)	(40 760)	1 183 226	1 182 730	496	100%	1 178 552	1 178 552
Compensation of employees	858 235	(70 976)	(40 760)	746 499	746 190	309	100%	748 782	748 782
Goods and services	375 445	60 726	-	436 171	435 984	187	100%	429 758	429 758
Interest and rent on land	-	556	-	556	556	-	100%	12	12
Transfers and subsidies	1 580	44 011	-	45 591	45 591	-	100%	35 665	35 665
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	1 580	44 011	-	45 591	45 591	-	100%	35 665	35 665
Payments for capital assets	62 322	(34 317)	-	28 005	20 868	6 950	75.2%	44 886	44 886
Buildings and other fixed structures	-	-	-	-	-	-	-	9 057	9 057
Machinery and equipment	62 322	(34 317)	-	28 005	21 055	6 950	75.2%	35 722	35 722
Transport equipment	-	104	-	104	104	-	100%	107	107
Intangible assets	-	-	-	-	-	-	-	-	-
Other machinery and equipment	62 322	(34 421)	-	27 901	20 951	6 950	75.1%	35 829	35 829
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 297 582	-	(40 760)	1 256 822	1 249 376	7 446	99.4%	1 259 103	1 259 103

1.8 Appropriation Statement: Programme 6 – Health Sciences and Training

Table 188 Appropriation Statement: Programme 6 – Health Sciences and Training

PROGRAMME 6: HEALTH SCIENCE AND TRAINING	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
Nursing Training College	88 404	67 991	(13 050)	143 345	143 345	-	100%	99 449	99 449
EMS Training College	6 621	2 683	-	9 304	9 304	-	100%	6 384	6 384
Bursaries	50 071	(30 289)	-	19 782	19 782	-	100%	1 111	1 111
Primary Health Care Training	2 154	(2 154)	-	-	-	-	-	-	-
Training others	186 338	(38 231)	-	148 107	148 107	-	100%	65 080	65 080
Total for sub programmes	333 588	-	(13 050)	320 538	320 538	-	100%	172 024	172 024
ECONOMIC CLASSIFICATION									
Current payments	312 331	9 275	(13 050)	308 556	308 556	-	100%	170 019	170 019
Compensation of employees	169 301	(15 749)	(13 050)	140 502	140 502	-	100%	126 235	126 235
Goods and services	143 030	25 009	-	168 039	168 039	-	100%	43 775	43 775
Interest and rent on land	-	15	-	15	15	-	100%	9	9
Transfers and subsidies	17 954	(13 287)	-	4 667	4 667	-	100%	194	194
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Households	17 954	(13 287)	-	4 667	4 667	-	100%	194	194
Payments for capital assets	3 303	4 012	-	7 315	7 315	-	100%	1 811	1 811
Buildings and other fixed structures	-	-	-	-	-	-	-	1 732	1 732
Machinery and equipment	3 303	4 012	-	7 315	7 315	-	100%	79	79
Transport equipment	1 500	(1500)	-	-	-	-	-	50	50
Intangible assets	-	-	-	-	-	-	-	-	-
Other machinery and equipment	1 803	5 512	-	7 315	7 315	-	100%	29	29
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	333 588	-	(13 050)	320 538	320 538	-	100%	172 024	172 024

1.9 Appropriation Statement: Programme 7 – Healthcare Support Services

Table 189 Appropriation Statement: Programme 7 – Healthcare Support Services

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
Laundry Services	9 487	20 016	-	29 503	29 503	-	100%	23 391	23 391
Engineering	21 765	(352)	(12 063)	9 350	9 350	-	100%	9 265	9 265
Forensic services	52 051	(2 916)	-	49 135	43 400	5 735	88.3%	36 464	36 464
Orthotic and Prosthetic Services	13 888	(8 457)	-	5 431	5 431	-	100%	3 843	3 843
Medicine Trading Account	47 093	(8 291)	-	38 802	38 802	-	100%	60 504	60 504
Total for sub programmes	144 284	-	(12 063)	132 221	126 486	5 735	95.7%	133 467	133 467
ECONOMIC CLASSIFICATION									
Current payments	139 572	(4 622)	(12 063)	122 887	122 887	-	100%	130 643	130 643
Compensation of employees	98 821	(6 104)	(5 299)	87 418	87 418	-	100%	80 125	80 125
Goods and services	40 751	1 482	(6 764)	35 469	35 469	-	100%	50 518	50 518
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	872	-	872	872	-	100%	277	277
Provinces and municipalities	-	7	-	7	7	-	100%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	-	865	-	865	865	-	100%	277	277
Payments for capital assets	4 712	3 750	-	8 462	2 727	5 735	32.2%	2 547	2 547
Buildings and other fixed structures	-	67	-	67	67	-	100%	151	151
Machinery and equipment	4 712	3 683	-	8 395	2 660	-	100%	2 396	2 396
Transport equipment	-	2 246	-	2 246	2 246	-	100%	1 123	1 123
Intangible assets	-	-	-	-	-	-	-	-	-
Other machinery and equipment	4 712	1 437	-	6 149	414	5 735	6.7%	1 273	1 273
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	144 284	-	(12 063)	132 486	126 486	5 735	95.7%	133 467	133 467

1.10 Appropriation Statement: Programme 8 – Health Facility Management

Table 190 Appropriation Statement: Programme 8 – Health Facility Management

PROGRAMME 8: HEALTH FACILITY MANAGEMENT	2023/24							2022/23	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
SUB PROGRAMME									
District Hospital Services	436 555	(239 428)	(28 959)	168 168	168 168	-	100%	372 661	290 457
Provincial Hospital Services	45 289	239 428	-	284 717	284 717	-	100%	116 752	116 752
Total for sub programmes	481 844	-	(28 959)	452 885	452 885	-	100%	489 413	407 209
ECONOMIC CLASSIFICATION									
Current payments	275 063	(164 733)	(28 959)	81 371	81 390	(19)	100%	258 578	176 374
Compensation of employees	35 083	(23 379)	-	11 704	11 704	-	100%	12 237	12 237
Goods and services	239 980	(141 354)	(28 959)	69 667	69 686	(19)	100%	246 341	164 137
Interest and rent on land	-	-	-	-	-	-	100%	-	-
Transfers and subsidies	-	188	-	188	188	-	100%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	-	188	-	188	188	-	100%	-	-
Payments for capital assets	206 781	164 545	-	371 326	371 307	19	99.9%	230 835	230 835
Buildings and other fixed structures	128 209	227 941	-	356 150	356 150	-	100%	230 284	230 284
Machinery and equipment	78 572	(63 481)	-	15 091	15 072	19	99.9%	551	551
Transport equipment	-	-	-	-	-	-	100%	-	-
Intangible assets	-	85	-	85	85	-	100%	-	-
Other machinery and equipment	78 5762	(63 481)	-	15 091	15 072	19	99%	551	551
-	-	-	-	-	-	-	-	-	-
Total	481 844	-	(28 959)	452 885	452 885	-	100%	489 413	407 209

2. NOTES TO THE APPROPRIATION STATEMENTS

2.1 Details of transfers and subsidies as per Appropriation Act (after virement)

The details of these transactions can be viewed in the Note on Transfers and Subsidies, and Annexure 1A to 1C of the Annual Financial Statements.

2.2 Details of specifically and exclusively appropriated amounts voted (after virement)

The details of these transactions can be viewed in the Note on Annual Appropriation to the Annual Financial Statements.

2.3 Details on payments for financial assets

The details of these transactions can be viewed in the Note on Payments for financial assets to the Annual Financial Statements.

2.4 Explanations of material variances from amounts voted (after virement)

2.4.1 Material Variances per programme

Table 191 Material variances from amounts voted (after virement): Per programme

PROGRAMME	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
Administration	263 366	263 366	-	0.0%
District Health Services	2 958 073	2 958 068	5	0.0%
Emergency Medical Services	505 849	505 849	-	0.0%
Provincial Hospital Services	520 064	520 064	-	0.0%
Central Hospital Services	1 256 822	1 249 376	7 446	0.6%
Health Sciences and Training	320 538	320 538	-	0.0%
Health Care Support Services	132 221	126 486	5 735	4.3%
Health Facilities Management	452 885	452 855	-	0.0%
Total	6 409 818	6 396 632	13 186	0.2%

The unspent funds relate to the Equitable Share funds that were committed but not spent before the end of the financial year. Roll-over of these funds were requested.

2.4.2 Material Variances per economic classification

Table 192 Material variances from amounts voted (after virement): Per economic classification

Economic classification	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
Current payments	5 790 886	5 790 466	420	0.0%
Compensation of employees	3 573 392	3 573 083	309	0.0%
Goods and services	2 196 866	2 195 800	1 066	0.0%
Interest and rent on land	20 628	21 583	(955)	(4.6%)
Transfers and subsidies	96 722	96 722	-	0.0%
Provinces and municipalities	1 100	1 100	-	0.0%
Departmental agencies and accounts	-	-	-	0.0%
Higher education institutions	-	-	-	0.0%
Public corporations and private enterprises	15	15	-	0.0%
Foreign governments and international organisations	-	-	-	0.0%
Non-profit institutions	-	-	-	0.0%
Households	95 607	95 607	-	0.0%
Payments for capital assets	522 210	509 444	12 766	2.4%
Buildings and other fixed structures	356 548	356 548	-	0.0%
Machinery and equipment	149 450	136 684	12 766	8.5%
Heritage assets	-	-	-	0.0%
Specialised military assets	-	-	-	0.0%
Biological assets	-	-	-	0.0%
Land and subsoil assets	-	-	-	0.0%
Intangible assets	16 212	16 212	-	0.0%
Payments for financial assets	-	-	-	0.0%
Total	6 409 818	6 396 632	13 186	0.2%

No material differences noted, as they are below the trivial threshold of 10 per-cent.

2.4.3 Material Variances per conditional grant

Table 193 Material variances from amounts voted (after Virement): Per conditional grant

Conditional Grant	Final Budget	Actual Expenditure	Variance	Variance as a percentage of Final Budget
	R'000	R'000	R'000	%
National Tertiary Services Grant	408 681	408 681	0	0%
District Health Programme Grant	707 137	707 137	0	0%
National Health Insurance	91 479	91 479	0	0%
Health Facility Revitalisation Grant	436 555	436 555	0	0%
Social EPWP Incentive Grant	4 733	4 733	0	0%
Human Resources, Training and Dev Grant	149 030	149 030	0	0%
Total	1 797 615	1 797 615		

3. STATEMENTS OF FINANCIAL PERFORMANCE

Table 194 Statement of financial performance for the year ended 31st March 2024

STATEMENT OF FINANCIAL PERFORMANCE	Note	2023/24	2022/23
		R'000	R'000
REVENUE			
Annual appropriation	1	6 409 818	6 050 984
Departmental revenue	2	-	-
Aid assistance	3	219	1 353
TOTAL REVENUE		6 410 037	6 052 337
EXPENDITURE			
Current expenditure		5 791 573	5 495 271
Compensation of employees	4	3 573 079	3 410 154
Goods and services	5	2 195 808	2 066 719
Interest and rent on land	6	21 584	15 774
Aid assistance	3	1 102	2 624
Transfers and subsidies		96 723	72 897
Transfers and subsidies	7	96 723	72 897
Expenditure for capital assets		509 438	341 051
Tangible assets	8	493 228	326 733
Intangible assets	8	16 210	14 318
Unauthorised expenditure approved without funding			
Payments for financial assets		-	-
TOTAL EXPENDITURE		6 397 734	5 909 219
SURPLUS/(DEFICIT) FOR THE YEAR		12 303	143 118
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		13 186	144 389
Annual appropriation		13 186	13 021
Conditional grants		-	131 368
Aid assistance	3	(883)	(1 271)
SURPLUS/(DEFICIT) FOR THE YEAR		12 303	143 118

4. STATEMENTS OF FINANCIAL POSITION

Table 195 Statement of financial position for the year ended 31st March 2024

STATEMENT OF FINANCIAL POSITION	Note	2023/24	2022/23
		R'000	R'000
ASSETS			
Current assets		3 262	5 638
Prepayments and advances	9	-	2 897
Receivables	10	3 262	2 741
Non-current assets		37 190	33 137
Receivables	10	37 190	33 137
TOTAL ASSETS		40 452	38 775
LIABILITIES			
Current liabilities			
Voted funds to be surrendered to the Revenue Fund	11	13 162	144 389
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	12	1 608	5 963
Bank overdraft	13	422 529	282 787
Payables	14	6 943	8 543
Aid assistance unutilised	3	3 136	4 019
Non-current liabilities		-	-
TOTAL LIABILITIES		447 378	445 701
NET ASSETS		(406 926)	(406 926)
Represented by:			
Unauthorised expenditure		(406 926)	(406 926)
TOTAL		(406 926)	(406 926)

5. STATEMENTS OF CHANGES IN NET ASSETS

Table 196 Statement of changes in net assets for the year ended 31st March 2024

STATEMENT OF CHANGES IN NET ASSETS	Note	2023/24	2022/23
		R'000	R'000
CAPITALISATION RESERVES			
Opening balance		-	-
Transfers			
Movement in equity		-	-
Movement in operational funds		-	-
Other movements		-	-
Closing balance		-	-
RECOVERABLE REVENUE			
Opening balance		-	-
Transfers			
Irrecoverable amounts written off		-	-
Debts revised		-	-
Debts recovered (included in departmental revenue)		-	-
Debts raised		-	-
Closing balance		-	-
RETAINED FUNDS			
Opening balance		-	-
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)		-	-
Utilised during the year		-	-
Other transfers		-	-
Closing balance		-	-
REVALUATION RESERVE			
Opening balance		-	-
Revaluation adjustment (Human Settlements departments)		-	-
Transfers		-	-
Other		-	-
Closing balance		-	-
UNAUTHORISED EXPENDITURE			
Opening balance		(406,926)	(406,926)
Unauthorised expenditure - current year		-	-
Relating to overspending of the vote or main division within the vote		-	-
Incurred not in accordance with the purpose of the vote or main division		-	-
Less: Amounts approved by Parliament/Legislature with funding		-	-
Less: Amounts approved by Parliament/Legislature without funding and derecognised		-	-
Current		-	-
Capital		-	-
Transfers and subsidies		-	-
Less: Amounts recoverable		-	-
Less: Amounts written off		-	-
Closing Balance		(406,926)	(406,926)
TOTAL		(406,926)	(406,926)

6. CASH FLOW STATEMENT

Table 197 Cash flow statement for the year ended 31st March 2024

CASH FLOW STATEMENT	Note	2023/24	2022/23
		R'000	R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		6 438 270	6 083 517
Annual appropriation funds received	1.1	6 409 818	6 050 984
Departmental revenue received	2	28 215	31 172
Interest received		18	8
Aid assistance received	3	219	1 353
Net (increase)/decrease in net working capital		776	7 596
Surrendered to Revenue Fund		(179 218)	(64 237)
Current payments		(5 769 992)	(5 479 497)
Interest paid	6	(21 584)	(15 774)
Transfers and subsidies paid	7	(96 723)	(72 897)
Net cash flow available from operating activities	15	371 529	458 708
CASH FLOWS FROM INVESTING ACTIVITIES			
Distribution/dividend received		-	-
Payments for capital assets	8	(509 438)	(341 051)
Proceeds from sale of capital assets	2.4	2 220	2 272
(Increase)/decrease in loans		-	-
(Increase)/decrease in investments		-	-
(Increase)/decrease in other financial assets		-	-
(Increase)/decrease in non-current receivables	10	(4 053)	(8 574)
Net cash flow available from investing activities		(511 271)	(347 353)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		-	-
Increase/(decrease) in non-current payables		-	-
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		(139 742)	111 355
Cash and cash equivalents at beginning of period		(282 787)	(393 935)
Unrealised gains and losses within cash and cash equivalents		-	(207)
Cash and cash equivalents at end of period	16	(422 529)	(282 787)

7. NOTES ON THE ANNUAL FINANCIAL STATEMENTS (INCLUDING ACCOUNTING POLICIES)

PART A: ACCOUNTING POLICIES

Summary of Significant Accounting Policies

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

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

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

1.	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2.	Going concern The financial statements have been on a going concern basis.
3.	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4.	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5.	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6.	<u>Comparative information</u>
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7.	<u>Revenue</u>
7.1	Appropriated funds <ul style="list-style-type: none">• Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).• Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.• Appropriated funds are measured at the amounts receivable.• The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.

7.2	Departmental revenue <ul style="list-style-type: none"> Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Departmental revenue is measured at the cash amount received. In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	Accrued departmental revenue <ul style="list-style-type: none"> Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: <ul style="list-style-type: none"> it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.
8.	<u>Expenditure</u>
8.1	Compensation of employees
8.1.1	Salaries and wages Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	Social contributions <ul style="list-style-type: none"> Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	Other expenditure <ul style="list-style-type: none"> Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold. Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.
8.3	Accruals and payables not recognised Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date.
8.4	Leases
8.4.1	Operating leases <ul style="list-style-type: none"> Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as departmental revenue. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	Finance leases <ul style="list-style-type: none"> Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: <ul style="list-style-type: none"> cost, being the fair value of the asset; or the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.

9.	<u>Aid assistance</u>
9.1	Aid assistance received <ul style="list-style-type: none"> Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. CARA Funds are recognised when receivable and measured at the amounts receivable. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	Aid assistance paid Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10.	Cash and cash equivalents <ul style="list-style-type: none"> Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11.	Prepayments and advances <ul style="list-style-type: none"> Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost. Prepayments and advances are expensed only once goods or services are actually delivered and receipt of such good and services is confirmed.
12.	Loans and receivables Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.
13.	Investments Investments are recognised in the statement of financial position at cost.
14.	<u>Financial assets</u>
14.1	Financial assets (not covered elsewhere) <ul style="list-style-type: none"> A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	Impairment of financial assets Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15.	Payables Payables recognised in the statement of financial position are recognised at cost.
16.	<u>Capital assets</u>
16.1	Immovable capital assets <ul style="list-style-type: none"> Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition.

	<p>Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <ul style="list-style-type: none"> • Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. • Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	<p>Movable capital assets</p> <ul style="list-style-type: none"> • Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. • Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. • All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. • Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. • Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.
16.3	<p>Intangible capital assets</p> <ul style="list-style-type: none"> • Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. • Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. • Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. • All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. • Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. • Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.
16.4	<p>Project costs: Work-in-progress</p> <ul style="list-style-type: none"> • Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. • Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. • Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.
17.	<p><u>Provisions and contingents</u></p>
17.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.2	<p>Contingent liabilities</p> <ul style="list-style-type: none"> • Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.

	<ul style="list-style-type: none"> However, the amount disclosed as a provision shall be the best estimate of the funds required to settle the present obligation at the reporting date
17.3	<p>Contingent assets</p> <ul style="list-style-type: none"> Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department. However, the amount disclosed as a provision shall be the best estimate of the funds expected at the reporting date
17.4	<p>Capital commitments</p> <p>Capital commitments are recorded at cost in the notes to the financial statements.</p>
18.	<p>Unauthorised expenditure</p> <ul style="list-style-type: none"> Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure. Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either: <ul style="list-style-type: none"> approved by Parliament or the Provincial Legislature with funding and the related funds are received; or approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or transferred to receivables for recovery. Unauthorised expenditure recorded in the notes to the financial statements comprise of <ul style="list-style-type: none"> unauthorised expenditure that was under assessment in the previous financial year; unauthorised expenditure relating to previous financial year and identified in the current year; and Unauthorised incurred in the current year.
19.	<p>Fruitless and wasteful expenditure</p> <ul style="list-style-type: none"> Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of: <ul style="list-style-type: none"> fruitless and wasteful expenditure that was under assessment in the previous financial year; fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and fruitless and wasteful expenditure incurred in the current year.
20.	<p>Irregular expenditure</p> <ul style="list-style-type: none"> Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and comprises of: <ul style="list-style-type: none"> irregular expenditure that was under assessment in the previous financial year; irregular expenditure relating to previous financial year and identified in the current year; and irregular expenditure incurred in the current year.
21.	<p>Changes in accounting policies, estimates and errors</p> <ul style="list-style-type: none"> Changes in accounting policies are applied in accordance with MCS requirements. Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.
22.	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>

23.	<p>Principal-Agent arrangements</p> <p>The department is party to a principal-agent arrangement for infrastructure services. In terms of the arrangement the department is the principal and is responsible for providing funds for these activities. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
24.	<p>Departures from the MCS requirements</p> <p>Management has concluded that the financial statements present fairly the department's primary and secondary information and that the department complied with the Standard.</p>
25.	<p>Capitalisation reserve</p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.</p>
26.	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
27.	<p>Related party transactions</p> <ul style="list-style-type: none"> • Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. • The full compensation of key management personnel is recorded in the notes to the financial statement including the total payments made to close family members of key management personnel.
28.	<p>Inventories</p> <ul style="list-style-type: none"> • At the date of acquisition, inventories are recognised at cost in the statement of financial performance. • Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. • Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. • The cost of inventories is assigned by using the weighted average cost basis.
29.	<p>Public-Private Partnerships</p> <ul style="list-style-type: none"> • Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. • A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.
30.	<p>Employee benefits</p> <ul style="list-style-type: none"> • The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note. • Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date. • The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
31.	<p>Transfer of functions</p> <ul style="list-style-type: none"> • Transfer of functions are accounted for by the acquirer by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of transfer. • Transfer of functions are accounted for by the transferor by derecognising or removing assets and liabilities at their carrying amounts at the date of transfer.

32.	Mergers <ul style="list-style-type: none"> Mergers are accounted for by the combined department by recognising or recording assets acquired and liabilities assumed at their carrying amounts at the date of the merger. Mergers are accounted for by the combining departments by derecognising or removing assets and liabilities at their carrying amounts at the date of the merger.
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PART B: EXPLANATORY NOTES

7.1 Annual appropriation

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

7.1.1 Annual appropriation

Table 198 Funds appropriated in terms of the Appropriation Act

ANNUAL APPROPRIATION	2023/24			2022/23		
	Final Budget	Actual Funds Received	Funds not requested / not received	Final Budget	Appropriation Received	Funds not requested / not received
Programmes	R'000	R'000	R'000	R'000	R'000	R'000
Programme 1	263 366	263 366	-	280 058	280 058	-
Programme 2	2 958 073	2 958 073	-	2 833 039	2 833 039	-
Programme 3	505 849	505 849	-	430 279	430 279	-
Programme 4	520 064	520 064	-	453 601	453 601	-
Programme 5	1 256 822	1 256 822	-	1 259 103	1 259 103	-
Programme 6	320 538	320 538	-	172 024	172 024	-
Programme 7	132 221	132 221	-	133 467	133 467	-
Programme 8	452 885	452 885	-	489 413	489 413	-
TOTAL	6 409 818	6 409 818	-	6 050 984	6 050 984	-

7.1.2 Conditional grants

Table 199 Conditional grants

CONDITIONAL GRANTS	Note	2023/24	2022/23
		R'000	R'000
Total grants received	32	1 797 615	1 875 022
Provincial grants included in total grants received		-	-

7.2 Departmental revenue

Table 200 Departmental revenue

DEPARTMENTAL REVENUE	Note	2023/24	2022/23
		R'000	R'000
TAX REVENUE			
Sales of goods and services other than capital assets	2.1	25 438	26 533
Fines, penalties and forfeits	2.2	121	165
Interest, dividends and rent on land	2.3	18	8
Sales of capital assets	2.4	2 220	2 272
Transactions in financial assets and liabilities	2.5	2 656	4 474
Total revenue collected		30 453	33 452
Less: Own revenue included in appropriation	15	30 453	33 452
TOTAL		-	-

7.2.1 Sale of goods and services other than capital assets

Table 201 Sale of goods and services other than capital assets

SALES OF GOODS AND SERVICES OTHER THAN CAPITAL ASSETS	Note	2023/24	2022/23
		R'000	R'000
Sales of goods and services produced by the department		25 438	26 533
Sales by market establishment		1 634	1 626
Administrative fees		3 079	2 881
Other sales		20 725	22 026
Sales of scrap, waste and other used current goods		-	-
TOTAL	2	25 438	26 533

7.2.2 Fines, penalties and forfeits

Table 202 Fines, penalties and forfeits

FINES, PENALTIES AND FORFEITS	Note	2023/24	2022/23
		R'000	R'000
Fines		-	-
Forfeits		121	165
TOTAL	2	121	165

7.2.3 Interest, dividends and rent on land

Table 203 Interest, dividends and rent on land

INTEREST, DIVIDENDS AND RENT ON LAND	Note	2023/24	2022/23
		R'000	R'000
Interest		18	8
TOTAL	2	18	8

7.2.4 Sale of capital assets

Table 204 Sale of capital assets

SALES OF CAPITAL ASSETS	Note	2023/24	2022/23
		R'000	R'000
Tangible capital assets		2 220	2 272
Machinery and equipment		2 220	2 272
TOTAL	2	2 220	2 272

7.2.5 Transactions in financial assets and liabilities

Table 205 Transactions in financial assets and liabilities

TRANSACTIONS IN FINANCIAL ASSETS AND LIABILITIES	Note	2023/24	2022/23
		R'000	R'000
Receivables		-	-
Other receipts including Recoverable Revenue		2 656	4 474
TOTAL	2	2 656	4 474

7.3 Aid assistance

Table 206 Aid assistance

AID ASSISTANCE	Note	2023/24	2022/23
		R'000	R'000
Opening balance		4 019	5 497
Prior period error			-
As restated		4 019	5 497
Transferred from statement of financial performance		(883)	(1 271)
Transfers to or from retained funds		-	(207)
Paid during the year		-	-
Closing balance		3 136	4 019

7.3.1 Analysis of balance by source

Table 207 Analysis of balance by source

AID ASSISTANCE: ANALYSIS OF BALANCE BY SOURCE	Note	2023/24	2022/23
		R'000	R'000
Aid assistance from other sources		3 136	4 019
Closing balance	3	3 136	4 019

7.3.2 Analysis of balance

Table 208 Analysis of balance

AID ASSISTANCE: ANALYSIS OF BALANCE	Note	2023/24	2022/23
		R'000	R'000
Aid assistance unutilised		3 136	4 019
Closing balance	3	3 136	4 019
Aid assistance not requested/not received		-	-

7.3.3 Aid assistance expenditure per economic classification

Table 209 Aid assistance expenditure per economic classification

AID ASSISTANCE: EXPENDITURE PER ECONOMIC CLASSIFICATION	Note	2023/24	2022/23
		R'000	R'000
Current		1 102	2 624
Capital	8	-	-
Total aid assistance expenditure		1 102	2 624

7.4 Compensation of Employees (COE)

7.4.1 Analysis of balance

Table 210 Compensation of employees: Analysis of balance

COE: ANALYSIS OF BALANCE	Note	2023/24	2022/23
		R'000	R'000
Basic salary		2 173 739	1 998 669
Performance award		1 015	834
Service based		2 848	2 974
Compensative/circumstantial		491 470	456 811
Periodic payments		53 174	51 088
Other non-pensionable allowances		428 904	518 137
TOTAL		3 151 150	3 028 513

7.4.2 Social contributions

Table 211 Compensation of employees: Social contributions

COE: SOCIAL CONTRIBUTIONS	Note	2023/24	2022/23
		R'000	R'000
Employer contributions			
Pension		252 828	228 658
Medical		168 576	152 483
Bargaining council		525	500
Total		421 929	381 641
Total compensation of employees		3 573 079	3 410 154
Average number of employees		9 109	9 283

7.5 Goods and services

Table 212 Goods and services

GOODS AND SERVICES	Note	2023/24	2022/23
		R'000	R'000
Administrative fees		1 037	2 193
Advertising		7 406	4 437
Minor assets	5.1	11 719	4 959
Bursaries (employees)		80	240
Catering		12 307	13 202
Communication		27 976	34 412
Computer services	5.2	48 239	31 888
Consultants: Business and advisory services		1 521	1 990
Laboratory services		204 497	145 144
Legal services		17 403	31 910
Contractors		137 430	210 445
Agency and support / outsourced services		209 427	226 640
Audit cost - external	5.3	17 173	18 924
Fleet services		104 520	121 681
Inventories	5.4	749 384	616 379
Consumables	5.5	85 911	86 994
Operating leases		30 272	30 521
Property payments	5.6	391 641	349 697
Rental and hiring		2 293	956
Transport provided as part of the departmental activities		76 262	69 492
Travel and subsistence	5.7	47 673	45 120
Venues and facilities		4 947	2 812
Training and development		4 560	13 632
Other operating expenditure	5.8	2 130	3 051
TOTAL		2 195 808	2 066 719

7.5.1 Minor assets

Table 213 Minor assets

GOODS & SERVICES: MINOR ASSETS	Note	2023/24	2022/23
		R'000	R'000
Tangible capital assets			
Machinery and equipment		11 719	4 959
TOTAL	5	11 719	4 959

7.5.2 Computer services

Table 214 Computer services

GOODS & SERVICES: COMPUTER SERVICES	Note	2023/24	2022/23
		R'000	R'000
SITA computer services		14 508	8 257
External computer service providers		33 731	23 631
Total	5	48 239	31 888

7.5.3 Audit cost - external

Table 215 Audit cost - external

GOODS & SERVICES: AUDIT COST - EXTERNAL	Note	2023/24	2022/23
		R'000	R'000
Regularity audits		17 173	18 924
Total	5	17 173	18 924

7.5.4 Inventories

Table 216 Inventories

GOODS & SERVICES: INVENTORIES	Note	2023/24	2022/23
		R'000	R'000
Clothing material and accessories		1 743	3 478
Farming supplies		238	139
Food and food supplies		33 182	35 037
Fuel, oil and gas		38 990	34 705
Learning, teaching and support material		-	-
Materials and supplies		31 599	25 976
Medical supplies		292 765	207 972
Medicine		350 867	309 072
Total	5	749 384	616 379

7.5.5 Consumables

Table 217 Consumables

GOODS & SERVICES: CONSUMABLES	Note	2023/24	2022/23
		R'000	R'000
Consumable supplies		51 662	47 364
Uniform and clothing		15 310	10 626
Household supplies		-	35 122
Communication accessories		206	76
IT consumables		280	1 267
Other consumables		35 866	273
Stationery, printing and office supplies		34 249	39 630
Total	5	85 911	86 994

7.5.6 Property payments

Table 218 Property payments

GOODS & SERVICES: PROPERTY PAYMENTS	Note	2023/24	2022/23
		R'000	R'000
Municipal services		105 778	94 213
Property maintenance and repairs		47 185	44 392
Other		238 678	211 092
Total	5	391 641	349 697

7.5.7 Travel and subsistence

Table 219 Travel and subsistence

GOODS & SERVICES: TRAVEL & SUBSISTENCE	Note	2023/24	2022/23
		R'000	R'000
Local		46 568	44 907
Foreign		1 105	213
Total	5	47 673	45 120

7.5.8 Other operating expenditure

Table 220 Other operating expenditure

GOODS & SERVICES: OTHER OPERATING EXPENDITURE	Note	2023/24	2022/23
		R'000	R'000
Professional bodies, membership and subscription fees		240	-
Resettlement costs		1 389	556
Other		501	2 495
Total	5	2 130	3 051

7.6 Interest and rent on land

Table 221 Interest and rent on land

INTEREST AND RENT ON LAND	Note	2023/24	2022/23
		R'000	R'000
Interest paid		21 584	15 774
Total		21 584	15 774

7.7 Transfers and subsidies

Table 222 Transfers and subsidies

TRANSFERS AND SUBSIDIES	Note	2023/24	2022/23
		R'000	R'000
Provinces and municipalities		1 101	640
Public corporations and private enterprises	Annex 1A	15	38
Households	Annex 1B	95 607	72 219
Total		96 723	72 897

7.8 Expenditure for capital assets

Table 223 Expenditure for capital assets

CAPITAL ASSETS	Note	2023/24	2022/23
		R'000	R'000
Tangible capital assets		493 228	326 733
Buildings and other fixed structures		356 548	242 691
Machinery and equipment		136 680	84 042
Intangible capital assets		16 210	14 318
Software		16 210	14 318
Total		509 438	341 051

7.8.1 Analysis of funds utilised to acquire capital assets

Table 224 Analysis of funds utilised to acquire capital assets

ANALYSIS OF FUNDS UTILISED TO ACQUIRE CAPITAL ASSETS	2023/24			2022/23		
	Voted funds	Aid assistance	Total	Voted funds	Aid assistance	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Tangible capital assets	493 228		493 228	326 733	-	326 733
Buildings and other fixed structures	356 548	-	356 548	242 691	-	242 691
Machinery and equipment	136 680	-	136 680	84 042	-	84 042
Intangible capital assets	16 210		16 210	14 318	-	14 318
Software	16 210	-	16 210	14 318	-	14 318
Total	509 336	-	509 336	341 051	-	341 051

7.8.2 Finance lease expenditure included in expenditure for capital assets

Table 225 Finance lease expenditure included in expenditure for capital assets

CAPITAL ASSETS: FINANCE LEASE EXPENDITURE	Note	2023/24	2022/23
		R'000	R'000
Tangible capital assets			
Machinery and equipment		2 079	10 551
Total		2 079	10 551

7.9 Prepayments and advances

7.9.1 Prepayments not expensed

Table 226 Prepayments not expensed

PREPAYMENTS AND ADVANCES: PREPAYMENTS NOT EXPENSED	Note	2023/24	2022/23
		R'000	R'000
Prepayments (Not expensed)	9.1	-	2 897
Total		-	2 897

7.9.2 Analysis of total prepayments and advances

Table 227 Analysis of total prepayments and advances

ANALYSIS OF TOTAL PREPAYMENTS AND ADVANCES	Note	2023/24	2022/23
		R'000	R'000
Current Prepayments and advances		-	2 897
Total		-	2 897

7.9.2 Prepayments (not expensed)

Table 228 Prepayments (not expensed)

PREPAYMENTS NOT EXPENSED	Note	2023/24					2022/23				
		Amount as at 1 April 2023	Less: Amounts expensed in current year	Add / Less: Other	Add Current year prepayments	Amount as at 31 March 2024	Amount as at 1 April 2022	Less: Amounts expensed in current year	Add / Less: Other	Add Current year prepayments	Amount as at 31 March 2023
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Goods and services		2 897	-	-	(2 897)	-	-	(5 103)	-	8 000	2 897
Total	9	2 897	-	-	(2 897)	-	-	(5 103)	-	8 000	2 897

7.10 Receivables

Table 229 Receivables

RECEIVABLES	Note	2023/24			2022/23		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Recoverable expenditure	10.1	1 368	6 110	7 478	863	5 320	6 183
Staff debt	10.2	1 894	31 055	32 949	1 878	27 792	29 670
Other receivables	10.3	-	25	25	-	25	25
Total		3 262	37 190	40 452	2 741	33 137	35 878

7.10.1 Recoverable expenditure

Table 230 Recoverable expenditure

RECEIVABLES: RECOVERABLE EXPENDITURE	Note	2023/24	2022/23
		R'000	R'000
Sal: GEHS		180	-
Sal: Income Tax		475	311
Sal: ACB Recalls		4	-
Sal: Tax debt		211	433
Sal: Deduction allowance		1	8
Sal: Reversal Control Account		128	4
Sal: Recoverable Account		6 392	5 354
Sal: Pension Fund		20	-
Sal: Medical Aid		67	73
Total	10	7 478	6 183

7.10.2 Staff debt

Table 231 Staff debt

RECEIVABLES: STAFF DEBT	Note	2023/24	2022/23
		R'000	R'000
Debt Account		32 949	29 670
Total	10	32 949	29 670

7.10.3 Other receivables

Table 232 Other receivables

RECEIVABLES: OTHER	Note	2023/24	2022/23
		R'000	R'000
Unauthorised expenditure		25	25
Total	10	25	25

7.10.4 Impairment of receivables

Table 233 Impairment of receivables

RECEIVABLES: IMPAIRMENT OF RECEIVABLES	Note	2023/24	2022/23
		R'000	R'000
Estimate of impairment of receivables		7 768	7 126
Total		7 768	7 126

7.11 Voted funds to be surrendered to the revenue fund

Table 234 Voted funds to be surrendered to the revenue fund

VOTED FUNDS TO BE SURRENDERED TO THE REVENUE FUND	Note	2023/24	2022/23
		R'000	R'000
Opening balance		144 389	31 856
Prior period error			-
As restated		144 389	31 856
Transferred from statement of financial performance (as restated)		13 183	144 389
Add: Unauthorised expenditure for the current year		-	-
Voted funds not requested/not received	1.1	-	-
Transferred to retained revenue to defray excess expenditure (Parliament/Legislatures)	12.	-	-
Paid during the year		(144 410)	(31 856)
Closing balance		13 162	144 389

7.11.1 Reconciliation on unspent Conditional Grants

Table 235 Reconciliation on unspent Conditional Grants

RECONCILIATION OF UNSPENT CONDITIONAL GRANTS	Note	2023/24	2022/23
		R'000	R'000
Total conditional grants received	1.2	1 797 615	1 875 022
Total conditional grants spent		(1 797 615)	(1 743 654)
Unspent conditional grants to be surrendered		-	131 368
Less: Paid to the Provincial Revenue Fund by Provincial department			-
Approved for rollover			-
Not approved for rollover			-
Due by the Provincial Revenue Fund		-	131 368

7.12 Departmental revenue and NRF receipts to be surrendered to the revenue fund

Table 236 Departmental revenue and NRF receipts to be surrendered to the revenue fund

DEPARTMENTAL REVENUE AND NRF RECEIPTS TO BE SURRENDERED TO THE REVENUE FUND	Note	2023/24	2022/23
		R'000	R'000
Opening balance		5 963	4 892
Prior period error			-
As restated		5 963	4 892
Transferred from statement of financial performance (as restated)		-	-
Own revenue included in appropriation		30 453	33 452
Transfer from aid assistance		-	-
Transferred to voted funds to defray excess expenditure (Parliament/Legislatures)		-	-
Paid during the year		(34 808)	(32 381)
Closing balance		1 608	5 963

7.13 Bank overdraft

Table 237 Bank overdraft

BANK OVERDRAFT	Note	2023/24	2022/23
		R'000	R'000
Consolidated Paymaster General account		422 529	282 787
Total		422 529	282 787

7.14 Payables - current

Table 238 Bank Payables - current

PAYABLES: CURRENT	Note	2023/24	2022/23
		R'000	R'000
Clearing accounts	14.2	2 445	4 942
Other payables	14.3	4 498	3 601
Total		6 943	8 543

7.14.1 Clearing accounts

Table 239 Clearing accounts

PAYABLES: CLEARING ACCOUNTS	Note	2023/24	2022/23
		R'000	R'000
DESCRIPTION			
Sal: Garnishees		201	221
Sal: Pension		-	86
Sal: Disallowance		2 244	428
Sal: GEHS refund		-	4 207
Total	14	2 445	4 942

7.14.2 Other payables

Table 240 Other payables

PAYABLES: OTHER	Note	2023/24	2022/23
		R'000	R'000
Debt receivable income		767	827
Debt receivable interest		3 731	2 774
Total	14	4 498	3 601

7.15 Net cash flow available from operating activities

Table 241 Net cash flow available from operating activities

NET CASH FLOW AVAILABLE FROM OPERATING ACTIVITIES	Note	2023/24	2022/23
		R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		12 303	143 118
Add back non-cash/cash movements not deemed operating activities		359 226	315 590
(Increase)/decrease in receivables		(521)	6 148
(Increase)/decrease in prepayments and advances		2 897	(2 897)
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in payables - current		(1 600)	4 345
Proceeds from sale of capital assets		(2 220)	(2 271)
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		509 438	341 051
Surrenders to Revenue Fund		(179 221)	(64 237)
Voted funds not requested/not received		-	-
Own revenue included in appropriation		30 453	33 451
Net cash flow generated by operating activities		371 529	458 708

7.16 Reconciliation of cash and cash equivalents for cash flow purposes

Table 242 Reconciliations of cash and cash equivalents for cash flow purposes

RECONCILIATION OF CASH AND CASH EQUIVALENTS FOR CASH FLOW PURPOSES	Note	2023/24	2022/23
		R'000	R'000
Consolidated Paymaster General account		(422 529)	(282 787)
Total		(422 529)	(282 787)

7.17 Contingent liabilities and contingent assets

7.17.1 Contingent liabilities

Table 243 Contingent liabilities

CONTINGENT LIABILITIES		Note	2023/24	2022/23
			R'000	R'000
Liable to	Nature			
Housing loan guarantees	Employees	Annex 2A	486	1 172
Claims against the department		Annex 2B	572 823	685 594
Intergovernmental payables		Annex 4	19 989	19 343
Total			593 298	706 109

The prior period has been restated to fairly present the Annual Financial Statements. The restatement has been due the application of the Departmental Assessment criteria in line with the modified cash standards.

7.17.2 Contingent assets

Table 244 Contingent assets

CONTINGENT ASSETS	Note	2023/24	2022/23
		R'000	R'000
Nature of contingent asset			
Labour matters		1 487	1 487
Motor vehicle accidents		190	190
OSD Over payment		1 958	1 958
Other		2 732	929
Total		6 367	4 564

7.18 Capital commitments

Table 245 Capital commitments

CAPITAL COMMITMENTS	Note	2023/24	2022/23
		R'000	R'000
Buildings and other fixed structures		166 384	105 434
Machinery and equipment		87 343	59 070
Total		253 727	164 504

7.19 Accruals and payables not recognised

7.19.1 Accruals not recognised

Table 246 Accruals not recognised by Economic Classification

ACCRUALS BY ECONOMIC CLASSIFICATION	Note	2023/24			2022/23
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
ECONOMIC CLASSIFICATION					
Goods and services		71 679	463 821	535 500	642 230
Transfers		13	-	13	-
Capital assets		994	880	1 874	12 053
Other		-	39	39	-
Total		72 686	464 740	537 426	654 283

Table 247 Accruals not recognised by Programme

ACCRUALS BY PROGRAMME	Note	2023/24	2022/23
		R'000	R'000
Administration		13 061	104 309
District Health Services		437 122	453 725
Emergency Services		1 434	15 931
Provincial Hospital Services		48 641	33 544
Central Hospital Services		34 314	34 430
Health Science and Training		83	3 805
Health Care Support Services		243	1 626
Health Facilities Management		2 528	6 913
Total		537 426	654 283

7.19.2 Payables not recognised

Table 248 Payables not recognised by Economic Classification

PAYABLES NOT RECOGNISED BY ECONOMIC CLASSIFICATION	Note	2023/24			2022/23
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
Goods and services		143 159	258 132	401 291	470 194
Transfers and subsidies		574	6 421	6 995	53 983
Capital assets		2 009	11 217	13 226	40 299
Other		875	43	918	1 364
Total		146 617	275 813	422 430	565 840

Table 249 Payables not recognised by Programme

PAYABLES NOT RECOGNISED BY PROGRAMME	Note	2023/24	2022/23
		R'000	R'000
Administration		52 435	143 489
District Health Services		95 532	156 373
Emergency Services		13 833	31 824
Provincial Hospital Services		54 829	57 175
Central Hospital Services		33 394	77 543
Health Science and Training		13 284	1 956
Health Care Support Services		148 059	95 642
Health Facilities Management		11 064	1 838
Total		422 430	565 840
<i>Included in the above totals are the following:</i>			
Confirmed balances with other departments	Annex 4	6 061	6 061
Confirmed balances with other government entities	Annex 4	-	-
Total		6 061	6 061

7.20 Employee benefits

Table 250 Employee benefits

EMPLOYEE BENEFITS	Note	2023/24	2022/23
		R'000	R'000
Leave entitlement		161 850	137 512
Service bonus		84 177	75 969
Performance awards		56 111	53 561
Capped leave		20 510	21 525
Other		2 387	2 101
Total		325 035	290 668
<i>Included in the above totals are the following:</i>			
Confirmed balances with other departments	Annex 4	6 061	-
Total		6 061	-

7.21 Lease commitments

7.21.1 Operating leases

Table 251 Operating leases

OPERATING LEASES	2023/24					2022/23				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	-	-	-	-	1 201	-	1 201
Later than 1 year and not later than 5 years	-	-	-	-	-	-	-	-	-	-
Later than 5 years	-	-	-	-	-	-	-	-	-	-
Total Lease Commitments	-	-	-	-	-	-	-	1 201	-	1 201

7.21.2 Finance leases

Table 252 Finance leases

FINANCE LEASES	2023/24					2022/23				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	6 669	6 669	-	-	-	2 763	2 763
Later than 1 year and not later than 5 years	-	-	-	9 803	9 803	-	-	-	3 597	3 597
Later than 5 years	-	-	-	-	-	-	-	-	-	-
Total Lease Commitments	-	-	-	16 472	16 472	-	-	-	6 360	6 360

7.22 Accrued Departmental revenue

Table 253 Accrued Departmental revenue

ACCRUED DEPARTMENTAL REVENUE	Note	2023/24	2022/23
		R'000	R'000
Sales of goods and services other than capital assets	22.1	47 327	47 094
Other		-	-
Total		47 327	47 094

7.22.1 Analysis of accrued Departmental revenue

Table 254 Analysis of accrued Departmental revenue

ANALYSIS OF ACCRUED DEPARTMENTAL REVENUE	Note	2023/24	2022/23
		R'000	R'000
Opening balance		47 094	38 802
Less: amounts received		19 556	18 994
Less: services received in lieu of cash		-	-
Add: amounts recorded		47 475	40 630
Less: amounts written off/reversed as irrecoverable		27 686	13 344
Less: amounts transferred to receivables for recovery		-	-
Closing balance	22	47 327	47 094

7.22.2 Accrued Departmental revenue written off

Table 255 Accrued Departmental revenue written off

ACCRUED DEPARTMENTAL REVENUE WRITTEN OFF	Note	2023/24	2022/23
		R'000	R'000
Nature of losses			
Accrued departmental revenue written off		27 686	13 344
Total		27 686	13 344

7.22.3 Impairment of accrued Departmental revenue

Table 256 Impairment of accrued Departmental revenue

IMPAIRMENT OF ACCRUED DEPARTMENTAL REVENUE	Note	2023/24	2022/23
		R'000	R'000
Estimate of impairment of accrued departmental revenue		33 502	32 475
Total		33 502	32 475

- (i) The department assesses impairment of accrued revenue individually within a group of patient classification at the end of each reporting date where there is objective evidence that the asset is impaired.
- (ii) The key indicator that the asset needs to be assessed for impairment is the delay in payments by debtors. When the debt has been outstanding for more than a certain period in each different category of debt or patient classification. (As outlined in the Patient Fee Management Policy).
- (iii) Where there is a possibility that the debtors will not settle the outstanding balance and where there is certainty that the debt owed will not be recoverable but the approval was not obtained at year-end, the accounts are assessed for impairment.
- (iv) Impairment loss is calculated as the difference between the carrying value of the debt at the reporting date less the recoverable value of expected future cash flows.

7.23 Unauthorised, irregular and fruitless and wasteful expenditure

Table 257 Unauthorised, irregular and fruitless and wasteful expenditure

UNAUTHORISED, IRREGULAR AND FRUITLESS AND WASTEFUL EXPENDITURE	Note	2023/24	2022/23
		R'000	R'000
Unauthorised expenditure - current year		-	-
Irregular expenditure - current year		2 213 522	2 601 236
Fruitless and wasteful expenditure - current year		21 584	15 774
Total		2 235 106	2 617 010

7.24 Related party transactions

The Department did not have any related party transactions in this financial year.

7.25 Key management personnel

Table 258 Key Management Personnel

KEY MANAGEMENT PERSONNEL	Note	2023/24	2022/23
		R'000	R'000
Political office bearers (provide detail below)		2 156	2 096
Officials			
Level 15		5 903	1 765
Level 14(including CFO if lower level)		10 934	14 538
Family members of key management personnel		2 637	3 955
Total		21 630	22 354

7.26 Movable tangible capital assets

7.26.1 Movement in movable tangible capital assets

Table 259 Movement in movable tangible capital assets per asset register

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS	2023/24					2022/23				
	Opening balance	Value adjustments	Additions	Disposals	Closing balance	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Machinery and Equipment	1 689 700		137 917	2 220	1 825 397	1 608 866	-	83 106	2 272	1 689 700
Transport assets	85 940		52 748	2 106	136 582	68 541	-	19 583	2 184	85 940
Computer equipment	164 760		14 355	-	179 115	161 825	-	2 935	-	164 760
Furniture and office equipment	790 187		6 261	21	796 427	785 523	-	4 752	88	790 187
Other machinery and equipment	648 813		64 553	93	713 273	592 977	-	55 836	-	648 813
Total Movable Tangible Capital Assets	1 689 700		137 917	2 220	1 825 397	1 608 886	-	83 106	2 272	1 689 700

7.26.2 Movable tangible capital assets under investigation

Table 260 Moveable tangible capital assets under investigation

MOVABLE TANGIBLE CAPITAL ASSETS UNDER INVESTIGATION	Note	Number	Value
			R'000
Included in the above total of the movable tangible capital assets per the asset register that are under investigation:			
Machinery and equipment		12	320
Biological assets			
Total		12	320

7.26.3 Prior Period Error: movable tangible capital assets

Table 261 Prior Period Error: Movable Tangible Capital Assets

PRIOR PERIOD ERROR: MOVABLE TANGIBLE CAPITAL ASSETS	Note	2023/24
		R'000
Nature of prior period error		
Relating to 20WW/XX <i>[affecting the opening balance]</i>		-
Relating to 20XX/YY		-
Total prior period errors		-

7.26.4 Minor assets

7.26.4.1 Movement in minor capital assets

Table 262 Movement in minor capital assets per asset register

MOVEMENT IN MINOR CAPITAL ASSETS	2023/24						2022/23					
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 638	-	87 221	-	88 859	-	1 638	-	284 073	-	285 711
Value adjustments	-	-	-	-	-	-	-	-	-	-	-	-
Prior period error	-	-	-	-	-	-	-	-	-	-	-	-
Additions	-	-	-	12 084	-	12 084	-	-	-	4 867	-	4 867
Disposals	-	-	-	-	-	-	-	-	-	201 719	-	201 719
Total Minor assets	-	1 638	-	99 305	-	100 943	-	1 638	-	87 221	-	88 859
Number of R1 minor assets	-	-	-	-	-	-	-	-	-	-	-	-
Number of minor assets at cost	-	-	-	4 801	-	4 801	-	-	-	48 018	-	48 018
Total number of minor assets	-	-	-	4 801	-	4 801	-	-	-	48 018	-	48 018

7.26.4.2 Minor capital assets under investigation

Table 263 Minor capital assets under investigation

MINOR CAPITAL ASSETS UNDER INVESTIGATION	Note	Number	Value
			R'000
Included in the above total of the minor capital assets per the asset register that are under investigation:			
Specialised military assets		-	-
Intangible assets		-	-
Heritage assets		-	-
Machinery and equipment		-	-
Biological assets		-	-
Total		-	-

7.26.4.3 Prior period error: minor capital assets

Table 264 Prior period error: minor capital assets

PRIOR PERIOD ERROR: MINOR CAPITAL ASSETS	Note	2022/23
		R'000
Nature of prior period error		
Relating to 20XX/YY		
Relating to 20XX/YY		
Total prior period errors		

7.26.5 Movable tangible capital assets written off

7.26.5.1 Movable capital assets written off

Table 265 Movable capital assets written off

MOVABLE CAPITAL ASSETS WRITTEN OFF	2023/24						2022/23					
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-	-	-	-	201 719	-	201 719
Total movable assets written off	-	-	-	-	-	-	-	-	-	201 719	-	201 719

7.27 Intangible Capital Assets

7.27.1 Movement in intangible capital assets

Table 266 Movement in intangible capital assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS	2023/24				2022/23				
	Opening balance	Additions	Disposals	Closing balance	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Software	18 131	16 210	-	34 341	3 813	-	14 318	-	18 131
TOTAL INTANGIBLE CAPITAL ASSETS	18 131	16 210	-	34 341	3 813	-	14 318	-	18 131

7.27.2 Intangible capital assets under investigation

Table 267 Intangible capital assets under investigation

INTANGIBLE CAPITAL ASSETS UNDER INVESTIGATION	Note	Number	Value
			R'000
Included in the above total of the intangible capital assets per the asset register that are under investigation:		-	-
Software		-	-
Mastheads and publishing titles		-	-
Patents, licences, copyright, brand names, trademarks		-	-
Recipes, formulae, prototypes, designs, models		-	-
Services and operating rights		-	-
Total		-	-

7.28 Immovable Tangible Capital Assets

7.28.1 Movement in immovable tangible capital assets

Table 268 Movement in immovable tangible capital assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS	2023/24				2022/23				
	Opening balance	Additions	Disposals	Closing balance	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 864 857	232 930	9 095	3 088 692	2 961 342	-	128 225	(224 710)	2 864 857
Non-residential buildings	2 832 743	232 930	9 095	3 056 578	2 929 228	-	128 225	(224 710)	2 832 743
Other fixed structures	32 114	-	-	32 114	32 114	-	-	-	32 114
Total Immovable Tangible Capital Assets	2 864 857	232 930	9 095	3 088 692	2 961 342	-	128 225	(224 710)	2 864 857

7.28.2 Immovable tangible capital assets under investigation

Table 269 Immovable tangible capital assets under investigation

IMMOVABLE TANGIBLE CAPITAL ASSETS UNDER INVESTIGATION	Note	Number	Value
			R'000
Included in the above total of the immovable tangible capital assets per the asset register that are under investigation:			
Buildings and other fixed structures		4	1 058 459
Heritage assets		-	-
Land and subsoil assets		-	-
Total		4	1 058 459

Included in the balance above is the New Mental Health Hospital, the asset was transferred at fair value in the 2022/23 financial year. The remainder of the capital balance incurred as part of costs associated with the construction of the building is currently under investigation. In the 2023/24 financial year the Department established a process through the Office of The Premier to perform the investigation as part of irregular expenditure, furthermore there is a case currently under investigation with the HAWKS that the Department is fully co-operating with the process.

Though MCS does not specify time lines relating to the treatment of assets under investigation the department remains committed towards resolving the matter in the near future. We will establish a process in the 2024/25 financial year as an attempt to deal with the matter with the involvement of the user client and custodian client.

7.28.3 Prior period error: Immovable tangible capital assets

Table 270 Prior period error: Immovable tangible capital assets

PRIOR PERIOD ERROR: IMMOVABLE TANGIBLE CAPITAL ASSETS	Note	2023/24
		R'000
Nature of prior period error		
Relating to 2022/2023		-
Total prior period errors		-

7.28.4 Immovable tangible capital assets: Capital work-in-progress

7.28.4.1 Capital work-in-progress

Table 271 Capital work-in-progress

IMMOVABLE TANGIBLE CAPITAL ASSETS: CAPITAL WORK-IN-PROGRESS	Note	2023/24				2022/23				
		Opening balance 1 April 2023	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2024	Opening balance 1 April 2022	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2023
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Heritage assets	Annex 7	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures		454 442	186 799	63 619	577 622	340 147	-	179 632	(65 337)	454 442
Land and subsoil assets		-	-	-	-	-	-	-	-	-
Total		454 442	186 799	63 619	577 622	340 147	-	179 632	(65 337)	454 442

7.28.4.2 Payables not recognised relating to capital work in progress*Table 272 Payables not recognised relating to capital work-in-progress*

PAYABLES NOT RECOGNISED RELATING TO CAPITAL WORK IN PROGRESS	Note	2023/24	2022/23
		R'000	R'000
Infrastructure Payables		10 699	6 911
Infrastructure Accruals		7 867	-
Total		18 566	6 911

7.29 Principal-agent arrangements

7.29.1 Department acting as the principal

Table 273 Principal-agent arrangements: Department acting as the principal

PRINCIPAL-AGENT ARRANGEMENTS: DEPARTMENT ACTING AS THE PRINCIPAL	Note	2023/24	2022/23
		R'000	R'000
Independent Development Trust		253	1 770
Bigen Africa Services Pty Ltd		-	18 427
Total		253	20 197

7.30 Prior period errors

Table 274 Prior period errors

PRIOR PERIOD ERRORS	Note	2023/24		
		Amount before error correction	Prior period error	Restated
		R'000	R'000	R'000
Liabilities				
Contingent liabilities	17.1	824 547	(118 438)	706 109
Accruals	19.1	514 622	139 661	654 283
Payables	19.2	393 849	171 991	565 840
Commitments – Buildings & other fixed structures	18	132 831	(27 397)	105 434
Net effect		1 865 849	165 817	2 031 666
Other		1 144 831	1 456 405	2 601 236
Irregular expenditure	23	1 144 831	1 456 405	2 601 236
Net effect		1 144 831	1 456 405	2 601 236

The opening balance has been adjusted in line with MCS to ensure fair presentation of the Annual Financial Statements.

7.31 Net current liability position

Table 275 Net current liability position

NET CURRENT LIABILITY POSITION	Note	R'000
Current Assets		3 262
Cash and cash equivalents		-
Receivables		3 262
Total		3 262
Voted Funds		447 378
Voted funds to be surrendered to the Revenue Fund		13 162
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund		1 608
Payables		6 943
Bank overdraft		422 529
Aid assistance unutilised		3 136
Add: Current Liabilities in Notes		1 283 897
Accruals and payables not realised		958 862
Employee benefits		325 035
Total Current Liabilities		1 731 275
Net current liabilities		(1 728 013)

Net liability justification

The overall net liability of R1 728.013 million indicates an unfavourable position, but is not considered to pose any risk to the Department as a going concern. The employee benefits of R325.035 million can easily be accommodated over the MTEF budget with savings. The accruals and payables not recognised of R958.862 million relates to payments not made with 30 days to suppliers. The Department is planning activities to address the growing trend of Accruals and Payables. This will be addressed through improving the relationship between planning and resource allocation. Regular monitoring of performance against resources spent will also be strengthened to ensure alignment between outputs and spending.

Management continues to consider the economic environment in which the Department operates and the likelihood on continued government funding. Management is not aware of any material uncertainties which may cause significant doubt upon the Province's ability to continue funding the operations of the Department.

The Department is therefore, assured of its continued existence through the implementation of corrective measures to deal with accruals and the continued support of the National Department of Health, Provincial Government and in particular Provincial Treasury.

CONCLUSION

The financial statements have been prepared based on the expectation that the Department will continue to operating as a going concern for at least the next twelve (12) months. There is no indication that government will cease the funding over MTEF period.

Management is not aware of any matters or circumstances that arose since the end of the financial year which were otherwise not dealt with in the Annual Financial Statements, which significantly affects the financial position of the Department or results of its operations as a going concern.

7.32 Statement of Conditional Grants received

Table 276 Statement of Conditional Grants received

STATEMENT OF CONDITIONAL GRANTS RECEIVED	2023/24									2022/23	
	GRANT ALLOCATION					SPENT					
	Division of Revenue Act / Provincial grants	Roll overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under- / (Overspendin g)	% of available funds spent by department	Division of Revenue Act / Provincial grants	Amount spent by department
Name of Grant	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
National Tertiary Service Grant	408 681	-	-	-	408 681	408 681	408 681	-	100%	420 514	420 514
District Health Programme Grant	716 737	-	(9 600)	-	707 137	707 137	707 137	-	100%	767 729	766 033
National Health Insurance	43 995	47 484	-	-	91 479	91 479	91 479	-	100%	80 511	33 027
Health Facility Revitalisation	465 311	-	(28 756)	-	436 555	436 555	436 555	-	100%	444 942	362 731
Social EPWP Incentive	5 098	-	(365)	-	4 733	4 733	4 733	-	100%	5 718	5 718
Human Resource, Training and Dev	149 030	-	-	-	149 030	149 030	149 030	-	100%	155 608	155 631
Total	1 788 852	47 484	(38 721)	-	1 797 615	1 797 615	1 797 615	-	100%	1 875 022	1 743 654

All funds transferred in terms of the DORA framework were deposited in the primary bank account of the province.

7.33 Broad Based Black Economic Empowerment Performance

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

7.34 Natural Disaster or Relief expenditure

Table 277 Natural disaster or relief expenditure

NATURAL DISASTER OR RELIEF EXPENDITURE	Note	2023/24	2022/23
		R'000	R'000
Compensation of employees		-	-
Goods and services		-	33 937
Total	<i>Annex 11</i>	-	33 937

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

ANNEXURE 1A: STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES

Table 278 Statement of transfers / subsidies to public corporations and private enterprises

STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES	2023/2024								2022/2023	
	GRANT ALLOCATION				EXPENDITURE				Final Budget	Actual transfer
	Adjusted Budget	Roll overs	Adjustment s	Total Available	Actual transfer	% of Available funds transferred	Capital	Current		
Name of public corporation / private enterprise	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000	R'000
Public Corporations										
Transfers	-	-	-	-	-	-	-	-	-	-
SABS Commercial	-	-	-	-	15	-	-	15	-	38
Total	-	-	-	-	15	-	-	15	-	38
Subsidies										

ANNEXURE 1B: STATEMENT OF TRANSFERS TO HOUSEHOLDS

Table 279 Statement of transfers to households

STATEMENT OF TRANSFERS TO HOUSEHOLDS	2023/24						2022/23	
	TRANSFER ALLOCATION				EXPENDITURE		Final Budget	Actual transfer
	Adjusted Budget	Roll overs	Adjustments	Total Available	Actual transfer	% of available funds transferred		
Household (H/H)	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers								
H/H: EMPS/BEN: Leave Gratuity	10 352	-	1 770	12 122	12 122	100%	11 076	11076
H/H: EMPL S/BEN: Injury On Duty	316	-	(196)	120	120	100%	69	69
H/H: Claims Against The State (Cash)	-	-	76 423	76 423	76 423	100%	60 767	60 767
H/H: Bursaries (Non-Employees)	17 527	-	(12 153)	5 374	5 374	100%	41	41
H/H: Donations & Gifts (Cash)	4 000	-	(2 432)	1 568	1 568	100%	266	266
Total	32 195	-	63 412	95 607	95 607		72 219	72 219

ANNEXURE 1C: STATEMENT OF AID ASSISTANCE RECEIVED

Table 280 Statement of aid assistance received

STATEMENT OF AID ASSISTANCE RECEIVED		Opening balance	Revenue	Expenditure	Paid back on / by 31 March	Closing balance
Name of donor	Purpose	R'000	R'000	R'000	R'000	R'000
Aid assistance received in cash	-					
NSF Growth & Development	-	4 019	219	1 102	-	3 136
Subtotal		4 019	219	1 102	-	3 136
Aid assistance received in kind	-					
-	-	-	-	-	-	-
Subtotal		4 019	219	1 102	-	3 136
TOTAL AID ASSISTANCE RECEIVED		4 019	219	1 102	-	3 136

ANNEXURE 2A: STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2024 – LOCAL

Table 281 Statement of financial guarantees issued as at 31 March 2024 - Local

STATEMENT OF FINANCIAL GUARANTEES ISSUED: LOCAL		Original guaranteed capital amount	Opening balance 1 April 2023	Guarantees drawdowns during the year	Guarantees repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2024	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2024
Guarantor institution	Guarantee in respect of	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Housing									
ABSA		352	352	-	182	-	170	-	-
FNB		242	242	-	143	-	99	-	-
Nedbank		176	176	-	87	-	89	-	-
Standard Bank		317	317	-	189	-	128	-	-
Old Mutual Bank		72	72	-	72	-	-		
Peoples Bank		13	13	-	13	-	-	-	-
Subtotal		1 172	1 172	-	686	-	486	-	-
TOTAL		1 172	1 172	-	686	-	486	-	-

ANNEXURE 2B: STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2024*Table 282 Statement of contingent liabilities as at 31 March 2024*

STATEMENT OF CONTINGENT LIABILITIES	Opening balance 1 April 2023	Liabilities incurred during the year	Liabilities paid / cancelled / reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2024
Nature of liability	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico legal claims	621 640	109 686	193 757	-	537 570
Breach of Contracts	47 596	300	21 436	-	26 460
Motor vehicle damages	367	-	-	-	363
Labour matters	6 913	-	-	-	6 913
Others	2 237	1 513	2 237	-	1 513
Total	678 754	111 499	217 430	-	572 823

ANNEXURE 3: CLAIMS RECOVERABLE

Table 283 Claims recoverable

CLAIMS RECOVERABLE	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2023/24 *	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Receipt date up to six (6) working days after year end	Amount
Government entity	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
National Department of Health	-	-	25 990	25 900	25 990	25 990	-	-
Free State Department of Health	-	-	6 921	6 921	6 921	6 921	-	-
Gauteng Department of Health	-	-	771	771	771	771	-	-
Western Cape Department of Health	-	-	4 551	5 320	4 551	5 320	-	-
Eastern Cape Department of Health	-	-	-	85	-	85	-	-
Northern West Department of Public Works	-	-	49	49	49	49	-	-
Northern Cape Provincial Treasury	-	-	111	111	111	111	-	-
Northern Cape Department of Roads and Public Works	-	-	356	356	356	356	-	-
KZN Department of Health	-	-	177	177	177	177	-	-
NC FET College	-	-	124	124	124	124	-	-
Western Cape Correctional Services	-	-	19	19	19	19	-	-
Northern Cape Social Development	-	-	602	602	602	602	-	-
Northern Cape of Agriculture	-	-	-	180	-	180	-	-
Mpumalanga Department of Health	-	-	94	94	94	94	-	-
Total	-	-	39 765	40 799	39 765	40 799	-	-

ANNEXURE 4: INTERGOVERNMENT PAYABLES

Table 284 Intergovernment payables

INTERGOVERNMENT PAYABLES	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2023/24 *	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Payment date up to six (6) working days after year end	Amount
Government Entity	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<i>Department</i>								
<i>Current</i>								
National Department of Justice	952	952	2 519	2 519	3 471	3 471	-	-
Northern Cape Public Works	-	-	15 063	15 063	15 063	15 063	-	-
Free state Department of Health	4 788	4 788	-	-	4 788	4 788	-	-
North West Department of Health	-	-	8	8	8	8	-	-
Northern Cape Social Development	197	197	-	-	197	197	-	-
Eastern Cape Department of Health	76	76	-	-	76	76	-	-
Northern Cape Office of the Premier	-	-	1 544	1 358	1 544	1 358	-	-
Limpopo Health	-	-	150	150	150	150	-	-
Western Cape Department of Health	11	11	-	-	11	11	-	-
Northern Cape Department of Sports, Arts & Culture	37	37	-	-	37	37	-	-
SAPS	-	-	452	-	452	-	-	-
National Department of Health	-	-	245	245	245	245	-	-
NC Agriculture, Land Reform & Environmental Affairs	-	-	8	-	8	-	-	-
Total	6 061	6 061	19 989	19 343	26 050	25 404	-	-

ANNEXURE 5: INVENTORIES

Table 285 Inventories

INVENTORIES	2023/24					2022/23				
	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Total	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	46 969	-	-	-	46 969	54 166	-	-	-	54 166
Add/(Less): Adjustments to prior year balances	-	-	-	-	-	-	-	-	-	-
Add: Additions/Purchases - Cash	407 202	-	-	-	407 202	375 191	-	-	-	375 191
Add: Additions - Non-cash	246	-	-	-	246	5 835	-	-	-	-
(Less): Disposals	-	-	-	-	-	-	-	-	-	-
(Less): Issues	(387 206)	-	-	-	(387 206)	(379 061)	-	-	-	(379 061)
Add/(Less): Received current, not paid (Paid current year, received prior year)	-	-	-	-	-	-	-	-	-	-
Add/(Less): Adjustments	(1 213)	-	-	-	(1 213)	(9 162)	-	-	-	(9 162)
Closing balance	65 998	-	-	-	65 998	46 969	-	-	-	46 969

ANNEXURE 6: MOVEMENT IN CAPITAL WORK IN PROGRESS

Table 286 Movement in capital work in progress

MOVEMENT IN CAPITAL WORK IN PROGRESS	2023/24				2022/23				
	Opening balance	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance	Opening balance	Prior period error	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	454 442	356 548	810 990	-	340 147	-	179 632	(65 337)	454 442
Dwellings	-	-	-	-	-	-	-	-	-
Non-residential buildings	454 442	356 548	810 990	-	340 147	-	179 632	(65 337)	454 442
Other fixed structures	-	-	-	-	-	-	-	-	-
Total	454 442	356 548	810 990	-	340 147	-	179 632	(65 337)	454 442



Health

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