

Health

Department of Health
NORTHERN CAPE



2024/2025

ANNUAL REPORT

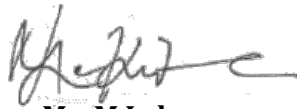
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NORTHERN CAPE PROVINCIAL
DEPARTMENT OF HEALTH

2024 / 25
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 2024 to 31st March 2025



Mr. M Lekwene
Member of Executive Council

30th May 2025

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PART A

GENERAL INFORMATION



Part A: General Information

1. DEPARTMENT'S GENERAL INFORMATION



PHYSICAL ADDRESS

Robert Mangaliso Sobukwe Hospital Complex
Office of the Head of Department, Executive Offices
144 Du Toitspan Road, Belgravia, Kimberley, 8301



POSTAL ADDRESS

Private Bag x5049, Kimberley, 8300



TELEPHONE

053 830 2100 / 2102 / 2148



EMAIL

PAHODHealth@ncpg.gov.za
HODAdmin@ncpg.gov.za



WEBSITE

<http://www.northern-cape.gov.za>



FACEBOOK

Northern Cape Department of Health



INSTAGRAM

@nc_doh



YOUTUBE

NcdohTV

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 Defence
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
ICASA	Independent Communications Authority of South Africa
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
ppl	People
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
PSETA	Public Service Education and Training Authority
PTV	Patient Transport Vehicle
PSI	Patient Safety Incident
PWT	Patient Waiting Time
QA	Quality Assurance
R254	One-year Nursing Programme
R425	Two-year Nursing Programme
R683	Three-year Nursing Programme
RCCE	Risk Communication and Community Engagement
REMC	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
WIL	Work Integrated Learning
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 **2024/25** financial year:*

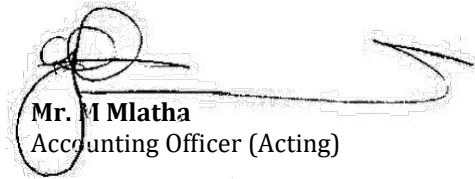
- was developed by the Provincial Department of Health in the Northern Cape Province.
- was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of the MEC for Health, Honourable Mr. M Lekwene.
- accurately reflects the performance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



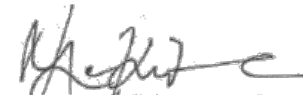
Mr. M Mocumi
Director: Policy & Planning (Acting)



Mr. A Tsholo
Chief Financial Officer (Acting)



Mr. M Mlatha
Accounting Officer (Acting)



Mr. M Lekwene
Member of Executive Council

30th May 2025

4. FOREWORD BY THE MEMBER OF EXECUTIVE COUNCIL

Mr. Maruping Lekwene

*Executive Authority
Northern Cape Department of Health*



A Year of Transformation in Northern Cape Healthcare

As I reflect on the 2024/25 financial year, I am reminded of our department's unwavering mission to deliver "Better Health, Better Care, and Better Value" to the people of the Northern Cape. This year has been marked by significant transformation, strategic investments and a resolute commitment to modernizing our health system, despite the inherent challenges we faced in serving our vast and diverse province.

Building the Digital Foundation for tomorrow

Perhaps no achievement better exemplifies our commitment to modernization than our digital transformation journey. We began this financial year with 71 of our 77 primary healthcare facilities connected to digital networks. Through strategic partnerships with the National Department of Health, ICASA, and service providers like Telkom, we systematically expanded this connectivity to reach 93% by the second quarter and achieved 95% connectivity by the third quarter. This represents far more than technical statistics - every percentage point of connectivity translates to communities brought closer to quality healthcare services. Our partnership with ICASA alone will see connectivity extended to two hundred and eighty-eight (288) health facilities across the province, laying the foundation for a truly integrated health information system that will guide our policies, strategies and investments for years to come.

Pursuing Excellence in Quality and Safety

Quality healthcare remains at the heart of our mission. Throughout the year we maintained our focus on achieving and sustaining Ideal Clinic status across all facilities. While we experienced fluctuations, i.e. from seventy-five (75) facilities in the first quarter to eighty-three (83) in the second quarter, then stabilizing at seventy-five (75) in the third quarter, these numbers reflect our commitment to continuous improvement and honest assessment of our capabilities. Our Patient Experience of Care surveys revealed a 78% satisfaction rate in the second quarter, demonstrating that our focus on patient-centred care is yielding tangible results. More importantly, we have strengthened our patient safety incident management systems ensuring that, when challenges arise, they are addressed promptly and transparently.

Investing in our Greatest Asset: Our People

The backbone of any health system is its human resources and this year we made significant investments in our most valuable asset, namely our people. Despite facing vacancy rates of approximately 20% and ongoing recruitment challenges, we achieved remarkable progress in staff development and performance management.

Our Employee Performance Management and Development System (EPMDS) compliance improved dramatically from 50% in the first quarter to 77% by the second quarter. Grade progression was successfully implemented for two hundred and sixty-six (266) qualifying employees across the department, which demonstrates our commitment to recognizing and rewarding excellence.

The establishment of our Regional Training Centre bore fruit with over three hundred and eighty-five (385) health professionals and support staff trained in the third quarter alone. From Medical Male Circumcision training to key population sensitization, from palliative care to viral hepatitis management we ensured our teams remained at the forefront of medical knowledge and practice.

Infrastructure Development: Building for the Future

This year witnessed significant infrastructure milestones that will be serving our communities for generations to come. The Prieska Hospital received its Certificate of Compliance for the newly refurbished kitchen, the official opening of Bankhara Bodulong Clinic expanded access in underserved areas and the sod-turning ceremony for the Dithakong Community Health Centre upgrade marked the beginning of another crucial infrastructure investment. These developments, supported by partnerships with organizations like the UMK Foundation and KMR, demonstrates how strategic collaboration can multiply our impact and extend our reach to the most vulnerable communities.

Strengthening Our Response to Epidemic Diseases

While achieving notable successes, our HIV/AIDS and TB programmes still faced complex challenges. We conducted the province's first Key Population Summit, bringing together over one hundred (100) delegates to address the specific needs of the most vulnerable populations. Our progress toward the 95-95-95 HIV cascade continued with sustained efforts in testing, treatment and viral suppression. We maintained our TB screening rates at 88% in the third quarter while implementing innovative approaches such as digital chest X-ray screening in partnership with the Aurum Institute and Vertice. These partnerships enhanced our case-finding capabilities and strengthened our response to one of the province's most persistent health challenges.

Honest Assessment of Our Challenges

Transparency demands that I acknowledge the persistent challenges we face. The instability in senior management positions continues to impact our strategic direction and implementation capacity. Supply chain constraints, transport limitations and infrastructure deficits in some areas also continue to challenge our service delivery capabilities.

Our indicator achievement rates throughout the year - ranging from 60% to 63% across the quarters - while substantial, remind us that there is still significant work ahead. Each unmet target represents an opportunity for improvement and a community that deserves better service.

Financial Stewardship and Accountability

Our journey toward improved financial management continued with the development of comprehensive audit action plans and the strengthening of internal controls. While we received a qualified audit opinion for the 2023/24 financial year, the identified areas for improvement, which included movable tangible capital assets management and irregular expenditure reduction are being systematically addressed through enhanced oversight and updated policies.

Looking Ahead: A Vision Realized

As we move forward, I am confident that the foundations laid in 2024/25 will support the realization of our vision: "A Modern health system delivering quality care to a growing province". The digital infrastructure we have built, the human capital we have developed, the facilities we have constructed and upgraded and the systems we have strengthened will all contribute to this transformation.

Gratitude and Commitment

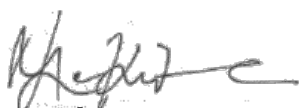
I wish to extend my sincere gratitude to every member of our health team - from Community Health Workers to Specialist Physicians, from administrative staff to facility managers - who remained committed to our mission, despite the challenges that are faced. Your dedication to the people of the Northern Cape is the true measure of our department's character.

To our partners in government; civil society and the private sector, thank you for your continued collaboration in building a healthier Northern Cape. To the communities we serve, thank you for your patience as we work towards transforming our health system and your trust as we implement these critical changes.

Our Promise Going Forward

As we conclude the 2024/25 financial year, we do so with a renewed commitment to the values that guide us: Professionalism, Teamwork, Integrity and Excellence. The progress documented in this report is not an endpoint but a milestone in our ongoing journey toward a health system that truly serves every resident of our province with dignity, quality and compassion.

The Northern Cape deserves nothing less than excellence in healthcare and we remain committed to delivering on this promise.



Mr. M Lekwene
Executive Authority

30th May 2025

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

It is a great pleasure to present the 2024/25 Annual Report of the Northern Cape Department of Health. It is well known that this financial year has had its share of challenges, however this did not dampen our spirit and zeal as Team Health to soldier on for the sake of the citizens of the Northern Cape. The percentage of community members whom rely on the public health system within the Northern Cape is much higher than that in the other provinces, hence it is imperative that the Northern Cape Department of Health render excellent quality health care services for our people.

The systemic challenges within the department, for example the instability that prevail within the management echelons, more especially in the strategic positions, cannot be underestimated. The great news however, is that most of these positions have now been advertised and the recruitment processes are expected to be fast-tracked and appointments are expected to be made before the end of the 2025/26 financial year. The four Hospital CEO's have been finalised and they have all commenced their duties; this promises to bring stability to the Robert Mangaliso Sobukwe, Dr. Van Niekerk, Manne Dipico and De Aar Hospitals. Furthermore, the recruitment processes are underway for the appointment of other CEO's in order to bring stability to all health facilities.

Progress has been made in regularizing the contracts for Security Services, Medical Waste and Professional Service Providers that have been continuing for several years on a month to month basis. Bids for Nurses Uniforms and Traveling Agency have been adjudicated and the process should be finalised very soon.

There has been an improvement in the Audit Rectification and this brings hope in that the department will soon be able to move from a qualified opinion to receiving an unqualified opinion status.

Amongst the achievements that can be commended are the finalisation and implementation of financial delegations to the five District Directors, for which Programme Managers are to ensure accountability. These delegations are distributed with an updated checklist for the detection of irregular expenditure and to ensure that spending is done in accordance with the relevant regulations. In addition, a Finance Forum has been established to strengthen district oversight and improve internal controls at that level.

On the clinical front, the latest regiment of TB treatment has been effective in the successful treatment of TB patients and TB patients are continuously encouraged to complete their treatment and not to default when they start feeling better. The HIV screening target was over-achieved and viral load suppression had achieved 100% in the John Taolo Gaetsewe District. The province had experienced a slight improvement in DR-TB findings, which can be attributed to robust advocacy and social mobilization campaigns that the department had implemented. It is also important that these campaigns should be implemented for both communicable and non-communicable diseases, as the aim of the department is to prevent the onset of illness and all strategies should be employed to have a healthy society. The Namakwa District has regressed on the viral load suppression target and urgent interventions will be instituted in order to improve the situation.

The Department's Organizational Structure has been approved and is in the process of being implemented and, as such, the contract appointments will be converted to permanent ones. The Organisational Structure will be phased in gradually as funds are limited to implement it all at once. The department was experiencing challenges, such as the unavailability of Employee Health and Wellness for the debriefing of employees and there being units within the department that are severely understaffed. Full implementation of the approved structure will balance and equalize such imbalances. As part of addressing staff shortages at the Robert Mangaliso Sobukwe Hospital nurses have been permanently appointed, as this is more cost effective than employing them on a contract basis. More work needs to be done to deal with the staff shortages that continue to hamper service delivery at facility level.

Quality Assurance has also improved as most complaints were dealt within the 25 days' timeframe in accordance with the requirements. Let us be encouraged by the words of the late Bishop Desmond Tutu that said: *"Do your little bit of good where you are; it's those little bits of good put together that overwhelm the world"*.

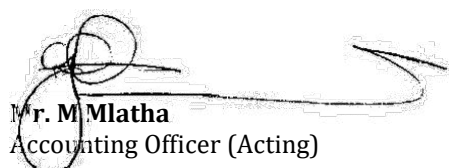
There have been complaints about the storage of bodies at the Kimberley Mortuary, however, the cold room has now been fully equipped with all the necessary tools.

In-service training for Community Health Workers (CHW) has been conducted and more CHW's will be trained in the next financial year. This initiative is aimed at improving the quality and management of data at facilities. The Dr. Harry Surtie Hospital has been accredited to train clinicians and training on pediatrics, family medicine, obstetrics and gynaecology on rotational basis had commenced for final year medical students.

The Department will ensure that all theatres are fully operational in order to address and reduce the surgery backlogs.

Fleet Management Services, emergency or non-emergency, has also been a cross-cutting challenge within the Department as there are shortages of vehicles which hampers effective service delivery.

I conclude with the words of former President, Mr. Nelson Mandela: *"It always seems impossible until it's done"*.



Mr. M. Mlatha
Accounting Officer (Acting)

30th May 2025

5.2. Overview of the Financial Results of the Department

5.2.1. Departmental Receipts

Table 1 Departmental Receipts

Departmental Receipts	2024/25			2023/24		
	Estimate R'000	Actual Amount Collected R'000	(Over) / Under Collection R'000	Estimate R'000	Actual Amount Collected R'000	(Over) / Under Collection R'000
Tax receipts	-	-	-	-	-	-
Sale of goods & services other than capital assets	32 900	23 468	9 432	25 438	25 438	6 015
Transfers received	-	-	-	-	-	-
Fines, penalties & forfeits	-	93	(93)	121	121	(121)
Interest, dividends & rent on land	-	14	(14)	18	18	(18)
Sale of capital assets	1 969	1 731	238	2 220	2 220	(338)
Financial transactions in assets & liabilities	-	690	(1 690)	2 656	2 656	(2 656)
TOTAL	34 869	26 997	7 875	33 335	30 453	2 882

The department collected R26 997 million of its revenue target of R34 869 million, which resulted to an under collection of R7 873 million at the end of the financial year. This year to year decrease is attributable to external funders not settling claims within the expected timelines and further exacerbated by challenge related to debt recovery processes.

The revenue of the department is derived from hospital patient fees recoverable from among others, medical aids, Compensation for Occupational Injuries and Disease (COIDA) and other government institutions such as South African Police Service (SAPS), South African National Defence Force (SANDF) and Department of Justice and Constitutional Development (DOJCD) after providing health care services to their respective beneficiaries. In addition to the patient fees, commission of 2.5 per cent is earned on payroll deductions such as insurance and garnishee orders, fees for parking, rental accommodation, disposal of assets and. Financial transactions in assets and liabilities relating to corrective transactions from previous financial year's expenditure.

The fees charged are paid into the revenue fund.

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 which 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.

Uniform Patient Fee Structure tariffs were increased in the year under review.

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

Table 2 Departmental Expenditure

Programme Name	2024/25			2023/24		
	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
Administration	270 656	270 656	-	263 366	263 366	-
District Health Services	3 080 327	3 080 327	-	2 958 073	2958 068	5
Emergency Medical Services	440 808	435 605	5 203	505 849	505 849	-
Provincial Hospital Services	529 531	529 531	-	520 064	520 064	-
Central Hospital Services	1 175 038	1 175 038	-	1 256 822	1 249 376	7 446
Health Sciences and Training	285 547	266 650	18 897	320 538	320 538	-
Health Care Support Services	138 465	138 465	-	132 221	126 486	5 735
Health Facilities Management	446 215	445 449	766	452 885	452 885	-
TOTAL	6 366 587	6 341 719	24 868	6 409 818	6 396 637	13 181

5.2.3. Virements / Roll Overs

Virements: In order to balance budget inconsistencies, the Department applied virements as shown on the Annual Financial Statements, in line with the requirement of Section 43 of the PFMA to defray overspending between programmes. Shifting of funds was performed within each programme and was approved by the Accounting Officer. Virements from Programmes 1, 3 to 8 of equitable share funds were effected to mitigate budget pressures on compensation of employees, goods and services and procurement of machinery and equipment within the District Health Services programme to ensure service delivery continuity of public health care service without interruption from primary healthcare level.

Roll overs: The unspent funds amounting to R24 868 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.

5.2.4. Unauthorised, fruitless and wasteful expenditure

The Department did not incur any unauthorised expenditure during the year under review, which was also the case in the past three financial years and 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. 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.

The Department incurred fruitless and wasteful expenditure amounting to R8 927 million during the current financial year compared to R21 584 million of the previous financial year. This expenditure was incurred due to interest charged on overdue accounts owed to service providers. The department is determined to improve processes to address root causes of fruitless and wasteful expenditure and to minimise future occurrences.

5.2.5. Strategic focus over the short to medium term period

The 2024/25 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 the department's 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 ensuing accountability on public spending and potential success on value for money. In the 2025/26 financial year the Department will be looking at further innovative ways of improving internal controls in the areas of budget, supply chain management and financial reporting. One of the achievement in 2024/25 financial year is the reduction of irregular expenditure by fifty percent through regularization of irregular contracts including Service Level Agreements concluded 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 nor 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)

The department did not have any unsolicited bids or proposals concluded during the 2024/25 financial year. The department will continue to ensure compliance with the 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 Approval and sign off

The Annual Financial Statements, as set out under Annexure A of this Annual Report, is approved by the Accounting Officer.

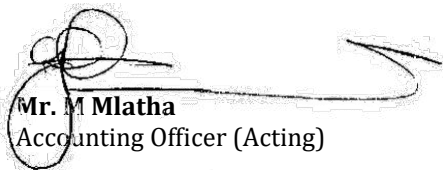

Mr. M Mlatha
Accounting Officer (Acting)

30th May 2025

6. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY FOR THE ANNUAL REPORT

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 (Annexure 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 2025**.



Mr. M Mlatha
Accounting Officer (Acting)

30th May 2025

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.

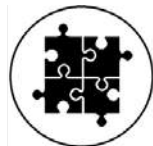
7.3. Values



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.

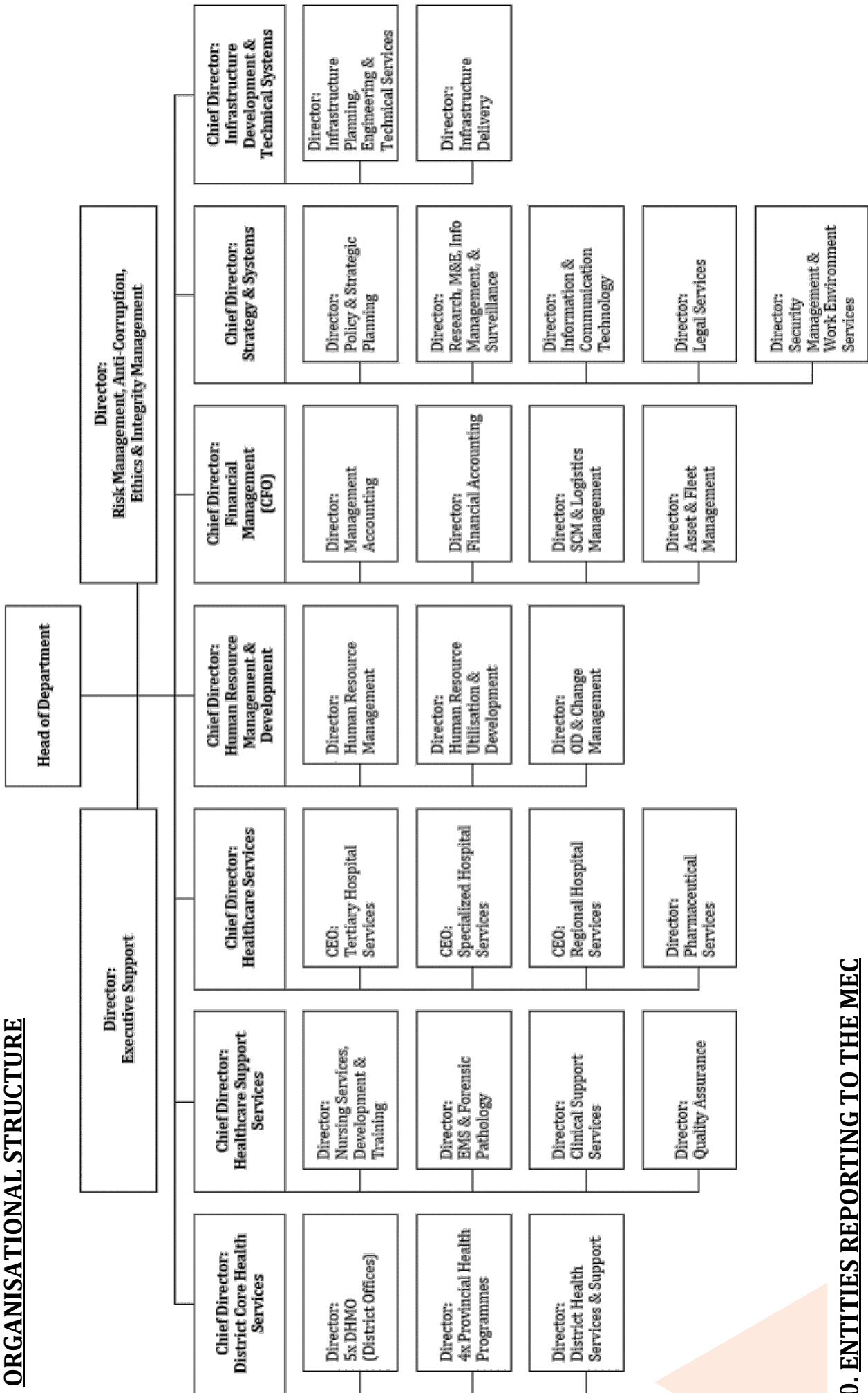
8.3. Policy Mandates

- 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 MTSF.
- 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.

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 Department's mission is to "Provide better healthcare, better access and better value" to the people of the Northern Cape through community-wide, modern, efficient and individually focused initiatives to maximise wellness and prevent illness.

The 2019-2024 period brought unprecedented challenges to our healthcare system, yet it also demonstrated the resilience and dedication of our healthcare workers across the province. Through careful analysis of what worked and what did not work, we have identified critical lessons that inform our path forward. Our evidence-based approach acknowledges both successes and areas requiring improvement, ensuring that the 2025-2030 Medium Term Development Plan builds on solid foundations.

The progress achieved by the Department is documented in the four Quarterly Performance Reports, which culminates into the Annual Report. The impact of the 2024/2025 financial year focussed on addressing the service delivery platform, achievements and challenges. Without leaving anyone behind, the year under review indicated an improvement in performance, however, service delivery performance can only be fully achieved once all the service recipients are happy and less or no complaints are recorded.

Tuberculosis and HIV remained the leading underlying cause of deaths in the Province, as reported in the last report by Statistics South Africa. Compared to the previous STATSSA 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 has been rising at an alarming rate and are affecting the well-being of the people of the Northern Cape, where, in the same period, hypertensive and cerebrovascular diseases increased by 30.6% and 5% respectively. However, there are variations between districts which emphasizes the uniqueness that exists in each district; this can be coupled to other socio-economic factors such as unemployment, access to basic services, culture, lifestyle, etc.

Life expectancy at birth is what reflects the overall mortality of the population. According to the mid-year population estimates 2024, for the 2016-2021 period, the life expectancy for males was at 58.2 years and for females was at 64.3 years, thus indicating an increase in life expectancy in the Northern Cape. The same increase of up to 59.5 years and 66.0 years respectively was noted for the period 2021-2026 and it shows the departmental progress towards achieving the 5-year Strategic Plan 2020-2025 impact of improving the life expectancy of the Northern Cape to 66.6 years by 2024, and 70 years by 2030.

On another front, collaboration with stakeholders, including government departments, private entities and NGO's are yielding positive outcomes, i.e. stakeholders dealing with Thuthuzela Centres around the province to assist sexual violations, especially of women and children. Over a number of years, it has been proven that the department has been unable to fully address all of the pertinent issues, such as reduction of teenage pregnancy, without the support of stakeholders. Most of these issues relate to societal challenges that must be addressed starting at community level. Abstinence as well as an emphasis on dual protection are both strategies which can deal with this challenge as it eliminates unwanted pregnancies and sexually transmitted infections.

The infrastructure development programme has also made notable strides with the completion of several key facilities. In the John Taolo Gaetsewe District the Bankhara Bodulong facility and TB Wing at Olifantshoek, along with the Kuruman Mortuary, represent our commitment to expanding healthcare infrastructure. In the ZF Mgcawu District the Raaswater Clinic and Boegoeberg facility have improved access to primary healthcare services. Similarly, in the Namakwa District,

the Rooivaal Clinic stands as testament to our determination of ensuring that effective healthcare reaches every corner of our vast province.

As we move forward in an endeavour to improve on infrastructure and related issues, the department will embark on the construction of the new Nursing College Main Campus, the new Schmitsdrift Clinic and the Frances Baard Forensic Mortuary; as well as the upgrading and refurbishment of Keimoes Hospital and the refurbishment of Tshwaragano Gateway Clinic.

12.2. Service Delivery Improvement Plan

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
Provision of quality healthcare services to reduce child mortality at Robert Mangaliso Sobukwe Hospital (RMSH)	Child under 5 years Severe Acute Malnutrition (SAM) deaths	10.9%	8.5%	<p>31.9% (15 SAM deaths from 47 SAM separations)</p> <p>Reasons for deviation:</p> <ul style="list-style-type: none"> RMSH receives SAM cases from the entire Northern Cape Province. Due to the fact that Sol Plaatje does not have a district hospital a lot of the Frances Baard District cases goes to RMSH. Not all children under 5 years are being nutritionally classified for Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) and Non-Acute Malnutrition (NAM) – only 61% of all under 5 children are classified. Delay in seeking medical care when danger signs are present (such as diarrhoea, poor appetite, fever, etc.) Defaulting on chronic treatment such as TB and HIV. Delay or no referral to higher level of care from PHC or CHC level. Poor infant and young child feeding practices. <p>Interventions:</p> <ul style="list-style-type: none"> EPI/IMCI visit to integrate all child health interventions with each visit of a child under 5 years. Tracking and tracing of children on chronic treatment to limit defaulting and lost to follow up. Refresher/Training of all clinical personnel on nutritional classification for early detection. Nutritional assessment of all children under 5 years presenting at any level of a health facility. Public Health Education and Awareness campaigns on regular clinic visits irrespective of EPI dates, danger signs and infant and young child feeding practices. Stakeholder collaboration to strengthen partnership between Department of Health and Department of Social Development especially on issues of socio-economic challenges. Continuous SAM treatment and death audits.
Rendering effective health information systems to automate business process at PHC facilities	Health Establishments/Facilities (Percentage of PHC facilities with network access)	95% (151/159)	95% (151/159)	The successful implementation of the project to strengthen the ICT system has concluded with 95% of facilities across the province with a stable network access. However, the ICT Directorate envisages to have a 100% network access for all facilities during 2025/2026.
Provisioning of efficient Primary Health Care services across	Patients	2hrs PWT	01:15hrs PWT	<ul style="list-style-type: none"> The waiting time in the province has relatively been under 2 hours as compared to the required national standard of 3 hours. 89% PHC facilities met the target for Patient Waiting Time (PWT).

Main services	Beneficiaries	Current / Actual Standard of service	Desired standard of service	Actual achievements
all PHC facilities				<ul style="list-style-type: none"> 97% of facilities achieved the required target for time spent at facility. The average time spent in a facility in the province is 01:39. The overall streams or nodal points that are of concern in the province with the longest client waiting times in the facility are the Acute (01:02) and the Mother and Child streams (01:05).

12.2.2. Batho Pele arrangements with beneficiaries

Table 4 Batho Pele arrangements with beneficiaries (Consultation access, etc.)

Current / actual arrangements	Desired arrangements	Actual achievements
Professional Standards	<ul style="list-style-type: none"> Departmental Corporate Culture advocacy session conducted Personnel wearing name tags 	<ul style="list-style-type: none"> Advocacy sessions conducted at various facilities across the province. The Change Management Directorate has finalised a sample name tag design for uniformity and other facilities have adopted it, and assumed the procurement process for their personnel. The Security Management Directorate has procured a machine which is producing access cards for personnel as an alternative.
Access	<ul style="list-style-type: none"> Installation of external signage boards which outlines the distance and direction to the facilities. Internal signage boards at the entrance of facilities outlining the operating days and times of the facility. Facilities fitted with ramps for seamless access for people with disabilities. 	<ul style="list-style-type: none"> Newly built and revamped facilities have both external and internal signage boards for improved accessibility. Most facilities have signage boards displaying Operating Business hours and service packages.
Information	<ul style="list-style-type: none"> An approved Service Charter outlining the Service standards, Patient Responsibilities and Rights. Distribution of Service Charter posters to all healthcare facilities 	<ul style="list-style-type: none"> The Departmental Service Charter was approved and posters printed. The distribution of posters was concluded in Frances Baard districts, some parts of the Pixley Ka Seme and Namakwa.
Consultation	<ul style="list-style-type: none"> Functional Governance Structures Continuous engagement sessions conducted through IMBIZO/Political outreaches etc. 	<ul style="list-style-type: none"> Established Governance Structures across the Province. Patient Experience of Care assessments conducted and recorded on the system.
Working environment standards	<ul style="list-style-type: none"> Availability of Security guards for the safety of patients and personnel at all facilities. An appointment of SHE Reps at all facilities 	<ul style="list-style-type: none"> Facilities have dedicated security officials for access control and provisioning of safety. Training have been rolled out for SHE Reps at various facilities across the Province Improvement in OHS Act compliance rate status at various facilities
Redress	<ul style="list-style-type: none"> Approved Complaint Management Policy and Standard Operating Procedure (SOP). Employee Satisfaction Surveys (ESS). 	<ul style="list-style-type: none"> The Department has an effective Complaint Management system which ensure adherence to 7 days' acknowledgement and 25 working days' resolution of complaints. All complaints recorded on the register and system. ESS conducted and concluded at six (6) healthcare facilities in Pixley Ka Seme and two (2) in Frances Baard district.

12.2.3. Service Delivery Information Tool

Table 5 Service Delivery Information Tool

Current / actual information tool	Desired information tool	Actual achievements
Information sharing sessions	Health Promotion health information sessions conducted in health facilities, schools, government departments and broader community settings	4984 Activities and 214 649 people reached excluding mass media. <ul style="list-style-type: none"> HAS: Health talks:1868 (79 543 people); Service Delivery Outreach:135 (7038 people); Condom demonstrations: 44 (1794 people); Condom distributions: 646 (1 110 298 Male Condoms & 56 585 Female condoms); MCYWH&N: Health talks:1530 (66958 people); Service Delivery Outreach: 59(1875 people); Community Dialogue: 3 (340 people) NCD/CDC: Health talk: 2112 (90308 people); Service Delivery Outreach: 52 (2631 people).
Information, Education and Communication (IEC) material distribution	Information, Education and Communication (IEC) material distributed in different languages	307 Activities were conducted and 40 059 Posters, pamphlets, flyers, factsheets were distributed across the Province. (Stop diarrhoea, I'm in charge of my health, Be physically active and stay healthy, Healthy lifestyle practices, Burns Prevention Tips, CCMDD, Healthy Eating, Substance abuse, Effect of drugs, Signs of drug abuse, Hookahs: Hubbly Bubbly are deadly, Tippy Tap: Clean hands save lives, Hypertension, Handwashing Techniques, Cover your Cough, Influenza vaccine, Six steps to your health future Immunisation, Tobacco)
Radio Talkshows	Health information on different health topics disseminated through radio talkshows at local community radio stations	89 Radio talk show addressing different health topics (2 323 327 listeners)

12.2.4. Complaints mechanism

Table 6 Complaints mechanism

Current / actual complaints mechanism	Desired complaints mechanism	Actual achievements
Evaluation forms	Job / Employee Satisfaction Surveys integrated into the Patient Experience of Care assessment process.	<ul style="list-style-type: none"> Job Satisfaction Surveys conducted at six facilities in Pixley Ka Seme and Frances Baard districts (Victoria West CHC, K.E Twani PHC, Masibambane PHC, Prieska CHC, Petrusville PHC, Hopetown CHC) The draft report has been finalised. Facilities conducted PEC assessment as part of their mandatory obligation.
Suggestion boxes	Lockable Suggestion boxes at all reception/waiting areas	95% of facilities have lockable suggestion boxes in reception/waiting areas.
Complaints Register	Standard Operating Procedure (SOP) on complaints effectively referenced for proper handling and management of complaints.	Facilities adhered to Complaint Policy. Cases were acknowledged and resolved within 25 working days as stipulated in the policy.

12.3. Organisational environment

There has been challenges for a period of time regarding the stability of the HR structure, however the Department is in the process of addressing especially the issue of filling senior management posts. The Executive Authority approved the Organisational Structure on the 23rd January 2024 and resolved that it will be implemented in a phased-in approach. Some of these posts have been filled already and others are out on advertisement in order to be filled.

The implementation of the Organisational Structure will ensure that the department achieves its objectives, and responds to the mandate and vision as well as contributes to the attainment of the strategic objectives of the department. It will also promote value for money and achieve the envisaged impact in the manner in which the department is configured and capacitated. Fundamental to this implementation will also be the improvement in the alignment of Human and Financial (Budget) planning and ensure that Human Resources allocation and Development of creditable HR policies are implemented.

The District offices have been correctly reconfigured in line with District Health Management Office as a generic structure to ensure uniformity across all the Districts. Tertiary, Regional and Specialized Hospitals have been reconfigured in line with the DOH Guidelines for the Organisational Structure of Hospitals. Implementation of the approved Organisational Structure had commenced from the 1st April 2025.

As part of our unwavering commitment to skills development, education and training the department welcomed seventy-five (75) nursing graduates from the Henrietta Stockdale Nursing College in 2024. These nursing professionals completed a comprehensive four-year Diploma in Nursing (R425), with specializations in General, Community and Psychiatry, and Midwifery. Their integration into our healthcare system represented not only an achievement for these individuals but a significant boost to our province's healthcare capacity and service delivery capabilities.

This investment in human resources was complemented by our recent opening of the state-of-the-art, provincially-owned Student Accommodation facility, which currently houses nursing and Emergency Medical Services students, with a capacity for significant expansion. The second phase of this transformative project is already underway, encompassing the construction of lecture rooms, a computer laboratory, a library, office spaces, simulation rooms and a cafeteria. This development ensures that the Northern Cape can continue to train and retain skilled professionals who understand our unique healthcare challenges, building a sustainable healthcare workforce for generations to come.

In modernising the Department as part of the Vision of the 7th Administration, we will be implementing the Electronic Medical Record Management System in the Connie Vorster Hospital, Phokwane Sub-District as the identified facility, aiming at implementing Contracting Unit for Primary Health Care (CUP) in the Province, to ensure the implementation of Universal Health Coverage. EMS digital call centres have been rolled-out as tracking devices in ambulances and Call Centres will all be automated.

12.4. Key policy developments and legislative changes

The signing of the National Health Insurance (NHI) Bill into law by the President of the Country represented an important milestone in the health sector. The aim of the law being to ensure the provision of Universal Health Coverage (UHC) to the population at large of South Africa, which surely seeks to strengthen the health system. Phased implementation of the law agreed upon (2024-2028) in order to allow a seamless implementation, with clear focus on improving access to health care services, equity, efficiency, quality and sustainability.

The Presidential Health Compact was signed in August 2024, where different stakeholders committed on establishing a unified, integrated and responsive health system towards the provision of quality health care. This further recognised the South African commitment to the Universal Health Coverage which is also overarching the Sustainable Development Goal 3 and the National Development Plan (NDP) 2030.

The 2019 Presidential Health Compact led to improved life expectancy, seeing an improvement from 64,6 to 66,6. This improvement slowly led towards the target set in the NDP of 70 years by the year 2030. The Northern Cape province also recorded a positive increase in both male in female life expectancy. The estimated for male from 51 to 58 years and female from 56 to 65 years (2023). Improvement in access and provision of quality health also recorded positive outcomes were the Infant mortality rate show a decrease from the previous 17,3% per 1000 live births to 16,1%. Maternal mortality rate (MMR) also decreased to 80 from the 109,9 per 100 000 live births. This evidence shows that there is indeed change based on the interventions undertaken from the National Department and the Provincial Department.

The enabling framework for the NHI Act also ensured that there are demarcated areas to serve as pilot sites. For the Northern Cape, the Phokwane Local Municipality that is located in the Frances Baard Health District was selected. This Local Municipality has a population of forty-six thousand seven hundred and thirty (46 730). Work streams were identified and appointed by the Accounting Officer. Capacitation workshops are being rolled out in preparation for the implementation of phase 1.

Strengthening of administration was also another area where two key policy reforms signed into law. The Public Administration Management Bill and Public Service Amend Bill, both with the intent of strengthening public service and also addressing corruption and improving accountability. These Bills marked a significant milestone in enhancing professionalization, efficiency, and accountability towards a more responsive public service. They also align the vision that the President of country has *"ensuring efficiency and promotion of ethicalness amongst the public servants"*.

The Public Administration Amended Bill harmonises critical aspects leading the envisaged one public service where all spheres of government will have to share the same practices. It places emphasis in improving state capacity, movement of employees (transfer and secondments), promotion of ethical standards for public servants, the reconfiguration of the National School of Governance and addressing the current disparities existing amongst the spheres of government concerning basic conditions of employment.

The Minister of Public Service and Administration issued the directive on Human Resource Management and Development for Public Service Professionalization, Volume 1. The directive serves as an implementing tool for the National Framework which seeks to professionalize the Public Sector. It fully considers the aims and objectives of the 2019-2024 Medium Term Strategic Framework (MTSF), which emanate from the Sixth Administration Priority 1 *“Administration for Building a Capable, Ethical and development Public Service”*. This Volume is divided into 4 pillars, viz, Recruitment and Selection, Induction and On-boarding, Planning and Performance Management and Continuing Learning and Professional Development.

The department has already built the capacity of the Executive Managers to ensure smooth implementation. Recruitment and Selection (Pillar 1) is fully implemented and adhered. Middle and Senior Managers were also encouraged to complete the Nyukela Pre Entry certificate in preparation for future career development. Senior Management posts filled are taken through the required recruitment process which include the compulsory competency assessment.

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.	1. Improve health outcomes by responding to the quadruple burden of disease of South Africa.	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.
		2. Inter sectoral collaboration to address social determinants of health.		
	Goal 2: Achieve UHC by Implement NHI.	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.
		4. Improve quality and safety of care.		
	Goal 3: Quality Improvement in the Provision of care.	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 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/Francis 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. 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 Niekershoop 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.
		10. Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities.	<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 GHC, Bankcard Bodulong Clinic, Springbok Hospital Pharmacy, Glenred Clinic and Heuningvei Clinic.
	Goal 4: Build Health Infrastructure for effective service delivery.			

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 20WW/XX	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

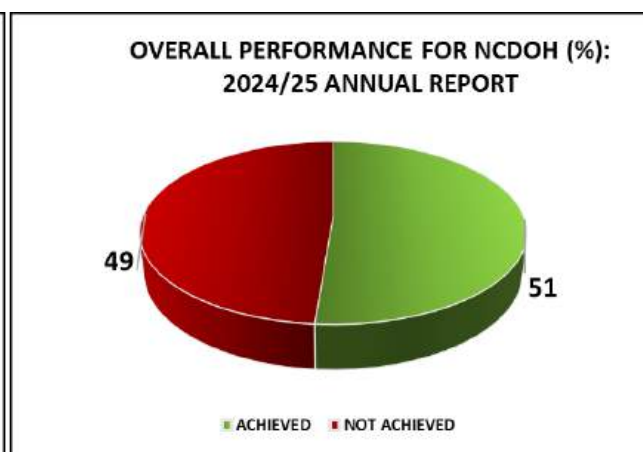
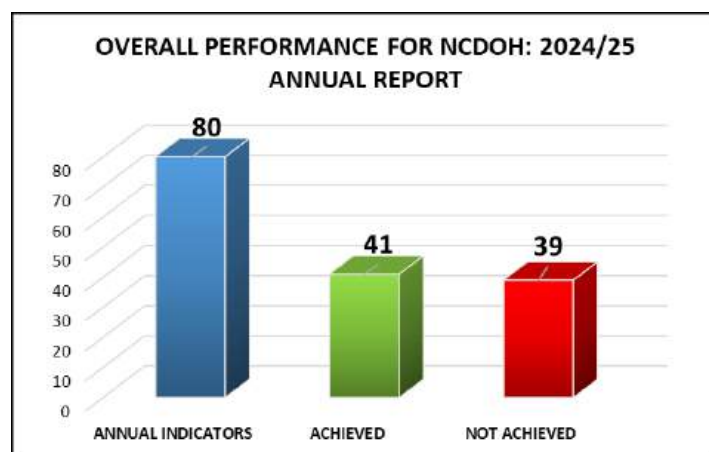
Actual achievements for the year under review are reported by each Sub-Programme

Deviation occurs 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 1st April 2024 to 31st March 2025

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	45	25	20	56%
2.1 District Health Services	4	0	4	0%
2.2 District Hospitals	5	2	3	40%
2.3.1 HIV/AIDS, STIs	8	2	6	25%
2.3.2 Tuberculosis	6	3	3	50%
2.4 Mother, Child Youth & Women's Health & Nutrition	17	14	3	82%
2.5 Disease Prevention & Control	3	2	1	67%
2.6 Health Promotion	2	2	0	100%
3. EMERGENCY MEDICAL SERVICES	2	2	0	100%
4. PROVINCIAL HOSPITALSERVICES	12	4	8	33%
4.1 Regional Hospital: Dr. Harry Surtie Hospital	9	2	7	22%
4.2 Specialised Hospital: NC Mental Health Hospital	3	2	1	67%
5. CENTRAL HOSPITALSERVICES	9	6	3	67%
5.1 Tertiary Hospital: RMSH	9	6	3	67%
6. HEALTH SCIENCES & TRAINING	3	1	2	33%
7. HEALTHCARE SUPPORT SERVICES	4	1	3	25%
7.1 Forensic Medical Services	2	1	1	50%
7.2 Pharmaceuticals	1	0	1	0%
7.3 Orthotics & Prosthetics	1	0	1	0%
8. HEALTH FACILITIES MANAGEMENT	1	0	1	0%
DEPARTMENT OF HEALTH	80	41	39	51%



14.1. Programme 1 – Administration

PROGRAMME PURPOSE AND STRUCTURE

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

Render advisory, secretarial and office support services to the political office bearers.

Management

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.



PURPOSE

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

SITUATION ANALYSIS

The ICT Unit have stationed Technicians at all District Offices whom assists with incidents within the Districts. The contracts of the Technicians have been extended for a period of 12 months and will expire in 2026. To this end, resolution times with regard to incidents have improved, despite the transport shortcomings which hampered effective Service Delivery within the Districts. This has had a significant impact on the effective and efficient service delivery for the Directorate to Facilities. Currently there is no improvement on the availability of transport in the Districts and this has resorted to Technicians using their own transport to visit facilities. The lack of availability of transport finds expression even at the Provincial Office. The Directorate did outreach support services to the Pixley Ka Seme and ZFM Districts in order to assist incidents logged within the respective Districts. This is a significant cost driver due to the accommodation and traveling cost as the Technician must visit Facilities. In most cases the Technician has to utilize his own vehicle as there is no transport available in the District.

The National Department of Health (NDOH) has initiated a Connectivity Project in all Provinces and the Northern Cape has been allocated eighty-one (81) facilities as part of Phase 1 of the Project. The sites have been identified and implementation initiated; all eighty-one (81) facilities were completed by the end of the second quarter. Verification of the implemented sites have also been finalised and issues experienced at the sites have been escalated to the NDOH.

The Directorate is still busy with the rollout of the Voice over IP (VOIP) telephony system and the target was twenty-one (21) facilities (Provincial Office, Depot, Hospitals and District Offices) for the financial year. The following sites have been completed: Office of the MEC, Office of the HOD, Provincial Pharmaceutical Depot, RMSH, Dr Harry Surtie Hospital and the Mental Health Hospital. The project is currently on hold due to non-payment of the Telephony account, which is negatively impacting the roll out of the system to the rest of the Province.

Firewalls have been procured and delivered by the appointed Service Provider in order to increase IT security at all Hospitals. The Project Team consists of SITA, the appointed Service Provider and the DOH. A Firewall Policy will be developed as soon as all firewalls have been fully implemented; this Policy will be aligned to the Business Continuity Plan (BCP) and the Disaster Recovery Plan (DRP). The project started with implementation at the Dr Harry Surtie Hospital but was unfortunately unsuccessful; implementation will continue in the next financial year.

The Department engaged with the Independent Communications Authority of South Africa (ICASA) regarding the rollout of internet connectivity to all Health Facilities in the Northern Cape. The ICASA have identified one hundred and eighty-eight (188) facilities in the Province to which connectivity will be provided from various Service Providers, i.e. MTN Vodacom and Telkom. The process was initiated by Telkom with the rollout of twenty-one (21) sites in December 2024 and further implementation will continue in the new financial year

The Directorate has received approval for the implementation of e-Leave in the Department and initial implementation will consist of 1000 licenses (users). The 2nd Phase will consist of the remaining officials on the establishment of the Department.

ACHIEVEMENTS

- Outstanding progress on the Rollout of the Voice over IP Project for the Department (9 sites completed).
- 98% incidents resolved.
- 98% systems availability and accessibility.
- All 81 sites completed as part of the National Department of Health Connectivity Project.
- Telkom provided 21 sites with stable internet connection.

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 permanent connection solution at Primary Health Care Facilities
Filling of current vacant positions within the ICT Unit <ul style="list-style-type: none"> • 2 x Deputy Director Positions • 1 x Principal Network Controller 	Grant the necessary approval to fill vacant and funded positions within the ICT Unit.
Minimized allocation of Budget to the ICT Directorate: <ul style="list-style-type: none"> • Support Services / Incident Management in Districts • Procurement of Parts for the repair of Equipment • (Provincial Office and Districts including Hospitals) • Information Management Functions within 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 2022/23	ACTUAL ACHIEVEMENT 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
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	85.5% (136/159)	91% (145/159)	95% (151/159)	95% (151/159)	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">All planned facilities were provided with stable internet access.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Continue to maintain network access at PHC facilities.				

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 department has contract appointments that are occupying posts additional to the establishment. These posts do not decrease the current vacancy rate for the department. The department has not been compliant to the 10% vacancy rate threshold by the Department of Public Service and Administration due to the posts (permanent post type 01) not being filled on a permanent basis. The Directive on Human Resource Management and Development requires that the department maintain project plans for all appointments on a contractual basis. The extension of these employment contracts might lead to the department creating expectation for permanent employment. The selection processes for the Hospital Chief Executive Officer(s), Robert Mangaliso Sobukwe, De Aar, Springbok and Manne Dipico Hospitals have been finalised. The advertising and filling of ten (10) senior management posts have approved by the Office of the Premier and were advertised in March 2025. The department still has a challenge in filling administrative and support personnel posts due to the implementation of the Directive on the control measures for creation and filling of administrative posts.

There has been an improvement in the completing of PILIR applications, however there are late submissions due to the unavailability of medical specialists in all disciplines in the Province. There is a concern regarding the mental health state of nursing personnel applying for PILIR.

EMPLOYEE PERFORMANCE MONITORING AND DEVELOPMENT SYSTEM (EPMDS)

The 2023/24 annual performance cycle was a significant period for the Northern Cape Provincial Government Departments, marking a three-year review period for the Northern Cape Provincial Government Employee Performance Management and Development System (EPMDS) Policy of 2022; which was coordinated through the Office of the Premier. The EPMDS Policy has emphasised rewarding employees beyond the pay progression incentive, particularly after discontinuing bonus reward for above-average performance within the performance cycle. This approach focuses on recognising and motivating employees through various means, acknowledging their contributions and achievements. For the performance cycle of 2023/24 (implemented in 2024/25), approval has been granted by the accounting office for a non-monetary reward in favour of the above-average performed employees as well as the top notch employees with the satisfactory performance outcome. The above-average employees were awarded a two days' special leave, whilst the Top Notch employees were given one-day leave. It not only recognises employees' outstanding performance but also enhances their job satisfaction by aligning with their key performance areas. Below is a table breakdown for eligible and qualifying employees listed per institution and Salary Level band for the performance cycle 2023/24:

Table 11 Eligible and Qualifying Employees Pay Progression

INSTITUTION	TOTAL EST.	SALARY LEVEL										TOTAL
		3	4	5	6	7	8	9	10	11	12	
Provincial Programmes	434	26	11	91	10	45	33	32	18	20	11	297
Frances Baard	986	96	79	197	41	62	31	47	51	16	23	643
JTG	809	66	37	104	18	22	14	8	2	7	7	285
PKS	1039	192	107	201	20	89	36	23	43	14	11	736
Namaqua	619	44	58	78	12	44	19	29	16	6	12	318
ZFM	602	41	90	89	18	40	21	22	22	9	10	362
DHSH	538	137	45	56	16	33	27	19	12	15	17	377
NCMHH	303	87	7	16	3	5	6	2	3	4	9	142
RMSH	1335	211	65	120	38	78	52	39	61	36	55	755
TOTAL	6665	900	499	952	176	418	239	221	228	127	155	3915

The table above illustrates the breakdown per Salary Level (SL) of employees by institution, who are eligible for pay progression. Out of a total departmental establishment of six thousand six hundred and sixty-five (6665) employees in 2023/24, three thousand nine hundred and fifteen (3915) were found to be eligible for pay progression. The data above also indicates that the department has most staff in SL 5 and 3 respectively, and congruently, these are the salary bands with the most beneficiaries in pay progression.

Furthermore, there are more SL 3-8 employees on Top Notch and these are levels that cannot be grade progressed according to the directives of Grade Progression. The total expenditure for the implementation of the 2023/24 performance rewards totalled R24 511 686,00. The expenditure breakdown is as follows:

Table 12 Performance Rewards Financial Implications (2023/24)

Institutions	Total Establishment	Qualifies for Pay Progression	Estimated Costs
Provincial Programmes	434	297	R1 991 895,00
FB	986	643	R4 624 249,00
JTG	809	285	R1 200 222,00
PKS	1039	736	R3 347 065,00
Namaqua	619	318	R1 648 888,00
ZFM	602	362	R2 582 666,00
DHSH	538	377	R2 461 059,00
NCMHH	303	142	R691 649,00
RMSH	1335	755	R5 963 993,00
TOTAL	6665	3915	R24 511 686,00

The department has seen a significant decline in spending on grade progression incentive from 2021/22 to 2024/25. This decrease suggests a notable shift in the department's approach to employee advancement, with a more precise implementation of qualification criteria for grade progression. However, this change may impact employee career development, particularly for those reaching top notch and facing stagnation. Specifically, salary levels 3 and 8 are not eligible for grade progression, leading to concerns about redundancy and limited growth opportunities. Notably, Emergency Management Services (EMS) were calculated separately from 2021/22 to 2022/23 performance cycles due to incorrect employee movements between institutions. After correcting this issue, all EMS employees were verified and accurately placed within their respective institutions, ensuring more accurate calculations moving forward. The table below displays the allocated funds per institution:

Table 13 Grade Progression incentives (2021/22 to 2024/25)

Institution	Total	Funded 2024/25	Total	Funded 2023/24	Total	Funded 2022/23	Total	Funded 2021/22
Provincial Office	5	R159 278,75	4	R8 159,67	22	R343 878,33	6	R186 245,71
FB	59	R906 037,51	57	R488 628,75	71	R1 541 885,47	35	R1 189 645,50
JTG	24	R483 525,50	34	R787 932,47	14	R594 095,59	25	R1 062 885,21
PKS	29	R563 615,50	24	R616 117,43	23	R605 657,22	55	R429 219,50
Namakwa	27	R307 362,04	40	R392 201,17	18	R220 853,31	29	R595 650,00
ZFM	33	R497 783,00	36	R775 506,33	14	R240 607,89	33	R473 612,35
DHSH	14	R151 612,67	29	R486 405,00	15	R502 564,00	18	R492 816,50
NCMHH	6	R394 207,75	6	R138 876,00	8	R99 396,25	10	R279 392,77
RMSH	75	R1 270 617,42	36	R571 126,50	57	R1 480 919,10	58	R5 414 653,03
EMS	0	R0,00	0	R0,00	54	R587 716,95	52	R1 174 209,75
TOTAL	208	R3 668 723,88	205	R3 768 164,90	203	R4 331 810,31	280	R9 922 439,11

ACHIEVEMENTS

HUMAN RESOURCE ADMINISTRATION

- The implementation of the electronic e-submission has been implemented in the Department, however, the Provincial ICT has identified system modifications that will be implemented by the service provider to provide for a safe and confidential system.
- The implementation of the approved organisational structure on PERSAL has taken place and will be finalised before the end of the 2024/2025 financial year.

EMPLOYEE PERFORMANCE MONITORING AND DEVELOPMENT SYSTEM (EPMDS)

- Successfully conducted EPMDS Policy training sessions for Provincial Office Programmes;
- Hosted a virtual training session for Institutions which was attended by all HR managers/EPMDS practitioners as well as some IRC members;
- Implementation of legacy performance rewards (2017/18 – 2021/22) for Senior Managers;
- Facilitated approval of grade progression submissions for two hundred and sixty-six (266) qualifying employees in the 2024/25 financial year, with implementation as employees qualify based on their anniversary dates;
- Outreach support visits to all institutions, in preparation for IRC and DMC sessions;
- All employee performance moderation processes finalised and approval obtained from the accounting officer to implement the performance rewards;
- Implementation of employee performance rewards in quarter 3.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 14 Challenges & measures planned to overcome them: HRM

CHALLENGES	CORRECTIVE ACTION
HUMAN RESOURCE ADMINISTRATION	
Directive on the implementation of Control Measures (creation and filling of administrative and support personnel posts)	Office of the Premier to review the approval process for advertising and filling of the administrative and support personnel posts
Establishment of Occupational Health and Safety Committees	District Managers and Hospital Chief Executive Officers to prioritise the establishment of the OHS committees
EMPLOYEE PERFORMANCE MONITORING AND DEVELOPMENT SYSTEM (EPMDS)	
Poor compliance to and implementation of the EPMDS Policy across all employee categories	Supervisors and managers to adhere to consequence management processes for those who do not comply
HR Capacity constraints in the Provincial Office and in Districts (delays in filling of vacancies)	Capacitation and post-filling of all vacancies with appropriately qualified/ skilled personnel.
Late implementation and payment of previous cycle (2023/24) performance rewards due to cash-flow challenges in the department	The budget for performance rewards to be rein-fenced at the beginning of the financial year

Table 15 Outcomes, outputs, output indicators, targets and actual achievements: HRM

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	ACTUAL ACHIEVEMENT 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Staff equitably distributed and have right skills and attitudes	Human Resources Plan developed	Human Resources Plan developed	No Human Resources Plan developed	One Human Resources Plan developed	Reviewed Human Resources Plan	Human Resource Plan developed and approved	-
			REASONS FOR DEVIATION: <ul style="list-style-type: none">None.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">None.				
	Performance Agreements signed by SMS officials	Percentage of Performance Agreements signed by SMS officials	76%	76%	100%	75%	-25%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Late and non-submission of EPMDS documents by Senior Managers.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Performance Agreements be signed by SMS.				

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 as well as key policies, i.e. the Budget Management Policy and Supply Chain Policy. These controls need to be implemented and this will be 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 Movable Tangible Capital Assets, Accruals and payables not recognised, Irregular Expenditure, Contingent Liabilities, Good and Services, and Prior Period Error were highlighted by Auditor-General. Financial reforms remain a priority, key policies will be finalised and circulated before the end of the 1st quarter of 2025/26.

The Audit Action Plan was developed to specifically address the issues that was raised in the Audit Report. The Office of the CFO engaged the Accounting Officer in dealing with some of the key performance areas contained in the Audit Action Plan.

There has been an under collection of revenue throughout the year due to structural issues, especially at the different facilities.

Amongst the contracts that are on month to month basis, Security, Medical Waste and Professional Service Providers (PSP) are regularized. The Nursing Uniform and Travelling agencies bids were evaluated and will be adjudicated before the end of the 1st quarter of 2025/26.

ACHIEVEMENTS

- The Audit Action Plan was reviewed by Internal Audit and the department have activated some actions.
- Financial delegations were issued to all District Directors, CEOs and Finance Managers across the province to reduce the risk of incurring irregular expenditure to an acceptable level.
- An updated checklist for the detection of irregular expenditure was rolled out in all the facilities to address the incompleteness of irregular expenditure.
- A Finance Forum was conducted in November 2024 to strengthen district oversight and improve internal controls throughout the province in terms of section 38 of the PFMA.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 16 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 Middle Management and Senior Management Level.
Filing and safekeeping of patient's 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 Chief Financial Officer	<ul style="list-style-type: none"> • The infrastructure unit has presented the layout of the archiving facility. • Engagement is currently underway with the 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	Assets management unit will continue with the verification process and involve consultants to ensure that asset register is complete and accurate.

Table 17 Outcomes, outputs, output indicators, targets and actual achievements: Financial Management

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	ACTUAL ACHIEVEMENT 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Improve financial management	Audit outcome for regulatory audit expressed by AGSA for 2023/24 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

Programme 1 - Administration has spent R270 656 or 100 per cent of its final budget of R270 656 million.

Table 18 Linking performance with budget: Programme 1 - Administration

PROGRAMME 1: Administration	2024/25			2023/24		
	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
Office Of The MEC	21 507	21 493	14	21 616	21 616	-
Management	249 149	249 163	(14)	241 750	241 750	-
TOTALS	270 656	270 656	-	263 366	263 366	-

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) & District Hospitals
Sub-Programme 2.2	HIV/Aids and STI & Tuberculosis Control (HAST)
Sub-Programme 2.3	Mother, Child, Youth & Women's Health and Nutrition (MCYWH&N)
Sub-Programme 2.4	Disease Prevention & Control (DPC)
Sub-Programme 2.5	Health Promotion

OUTCOMES

1. Health facilities ready for NHI accreditation.
2. Patient Experience of Care in public health facilities improved.
3. Management of patient safety incidents improved to reduce new medico-legal cases.
4. Maternal, neonatal, infant and child mortality reduced.
5. AIDS related deaths reduced by implementing the 95-95-95 strategy.
6. 90-90-90 Targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25.
7. TB Mortality reduced by 75%.
8. Improved access to cervical cancer services.
9. Hypertension and diabetes prevalence managed.
10. Improve access to mental health services.
11. Health and wellbeing of individuals improved.



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

PURPOSE

- Ensure well-functioning health facilities through the implementation of the DHMO structure.
- Improve coordination and integration of health services by implementing effective Quality Improvement Plans (QIPs).
- Ensure that our Quality Learning Centres are at 100% duplication.
- Improve and 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.)
- Ensure that the province is strengthening the PHC re-engineering.
- Increase the number of Contracting Units for Primary Health Care (ICUP) for the realization of the NHI and strengthening the Sub-District Model.
- Establish well-functioning Governance structures in all districts.
- Improve inter-sectoral collaboration, including environmental health, to address global warming.

SITUATION ANALYSIS

The District Health System is the vehicle through which the delivery of Primary Health Care is driven, with the core being an integral cornerstone in the department, the organization is required to ensure synergy between the service delivery platform and linkages with other programmes for a common understanding of where the department is heading.

The province has identified Phokwane Local Municipality as the Contracting Unit for Primary Health Care (CUP). The project charter for the CUP was revised in June 2024. The purpose of the CUPs project is to test the implementation of the capitation payment model for Primary Health Care through a proof-of-concept phase which will be used to test NHI policies, systems, and processes on the ground. This project aims to assess the practicality and scalability of the designed elements for a CUP while identifying opportunities for variation and enhancement before further rollout to other demarcated CUP areas. A Project Plan was developed for the CUP sub-district and progress of the design work streams is closely monitored.

Positive strides were done on the digital system where the sub-district started implementing the e-Impilo Electronic Medical Record (EMR). Vaalspan Clinic user coverage on the e-Impilo application was the highest (75%) followed by Sakhile (71%) and Ganspan (60%). To implement an effective digital system platform is it imperative that all ICT infrastructure challenges be resolved.

The objectives of the EMR are as follows:

- Support Portable Patient-Centered Care: Enables access to accurate patient information for authorized healthcare providers when and where it's needed.
- Contribute to a Personal Electronic Health Record: Establishes a secure, lifelong health history for each individual within the health system.
- Align with Health Objectives: Aids in managing and combating disease in South Africa by digitizing and integrating healthcare programs, diagnostics, prevention, and treatment effort

The province conducted Status Determination (SD) for one fifty-nine out of one sixty-one (159/161) facilities, translating to 99% of SD's conducted.

During the period under review the programme Ideal Clinic Status improved from seventy-five (75) in the third quarter to eighty-four (84) in the fourth quarter. The Ideal Clinic Status is currently as follows:

Table 19 Ideal Clinic Status

Status	Number
Silver	5
Gold	8
Platinum	71
TOTAL	84

None of the District Hospitals achieved their status and this category is unsatisfactory. The overall scores were: NNVs 91.69%, Vitals 80.23% and Essential elements 72.13%.

Nine out of eleven (9/11) District Hospitals have operational theatres of which the proportion is 82%. Shortage of skilled personnel is still a challenge, where theatre trained/skilled nurses and equipment to fully operationalize our theatres are required.

Not all CHC's are operating for 24 hours and in order to reduce non-referred Primary Health Care cases seen at our District, Regional and Tertiary Hospital's, all CHC's must be operationalized for 24 hours. High volume facilities must extend their operational hours to address the demand of health care services in our communities. Mobile Clinics have been procured to render services at the hard to reach and un-serviced areas in all districts, branding and licensing must still be concluded.

The Bed Utilization Rate (BUR) for the District Hospitals was 57.2 and the Average Length of Stay (ALOS) was 3.7; there are hospitals that are still operating sub optimally based on their efficiency indicators.

Table 20 Quality Assurance Indicator Performance

Indicator	Clinics/CHCs	District Hospitals	Province
SAC 1 incidents reported within 24 hours	12/21	68/76	98/122
% SAC 1 incidents reported within 24 hours	57%	89%	80%
PSI case closure rate	86/89	173/173	432/450
% PSI case closure rate	97%	100%	96%

Incorrect classification of PSI cases remains an issue in the facilities, despite the continued training conducted by the Quality Assurance Unit and DHS.

Waiting Time

The average time spent in the facilities for the province is still below 2 hours (01:40), patients are waiting longest at the acute, chronic and MCWH streams. In order to decrease the waiting in our health facilities the ICSM must be implemented and strengthened throughout the province. Even though the province waiting time is below 2hours, there are facilities that are not monitoring and capturing their waiting time.

The provincial complaints resolution rate is above 91%. To date five hundred and sixty-seven (567) complaints were received and five hundred and sixteen (516) were resolved. Complaints resolved within 25 days was 82%, which is above the target of 80%. Staff attitude is standing 37%, waiting time 28% and patient of care is at 33%.

The province reported one hundred and thirty-five (135) deaths under 5 years. District hospitals reported a total of one hundred and nineteen (119) deaths and CHC' reported sixteen (16). Children are demising from preterm birth complications, birth asphyxia/trauma, underlying medical and chronic conditions, pneumonia, congenital anomalies, diarrhea and (SAM). High rates of lost to follow up is also still reported in all sub-districts for high-risk children.

CCMDD

Installation of Smart Lockers was done at the Jan Witbooi and Postmasburg Clinics by Right to Care as an innovative strategy to improve the CCMDD programme. The CCMDD strategy still experienced challenges of low uptake due to no buy in. External pick up points are closing due to a lack of support and facilities not referring patients. There are still items that do not appear on the CCMDD formulary and there is a lack of ownership and accountability. The total number of stable chronic patients registered on the CCMDD Programme is one hundred and eighteen thousand, four hundred and sixty (118 460), and is broken down as follows:

Table 21 CCMDD Performance

District	Facilities Registered	New Registration	Patients w repeat prescriptions	Patients w PMP's delivered	Average items per prescription	Total Registered Patients	Total Active Patients (Cumulative)	Active in Waiting	Active Patients on Tx
FB	32	654	2592	3054	2,14	39637	12140	167	11973
JTG	43	358	1411	2152	2,00	29717	7165	92	7073
Namakwa	29	178	189	560	3,13	6121	1242	13	1229
PKS	34	168	786	1473	2,32	27065	4434	12	4422
ZFM	37	324	825	1978	2,49	15920	4221	27	4194
TOTAL	175	1682	5803	9217	2,42	118460	29202	311	28891

Ideal Clinic Realization and Maintenance

Table 22 Ideal Clinic Realization and Maintenance

District	Facilities	Facilities that conducted SD	Total Facilities with IC Status	Silver Status	Gold Status	Platinum Status
FB	28	28	5	2	0	3
JTG	44	43	23	1	1	21
Namakwa	32	32	17	1	4	12
PKS	36	35	32	1	3	28
ZFM	21	21	7	0	0	7
TOTAL	161	159	84	5	8	71

Generated as at 15th May 2025

Death under 5 years

Table 23 Death under 5 years

District	Death in Facility (0-6 days)			Death in Facility (12-59 months)			Death in Facility (29 days)			Death in Facility (7-28 days)			Total
	CHC	District Hospital	Subtotal	CHC	District Hospital	Subtotal	CHC	District Hospital	Subtotal	CHC	District Hospital	Subtotal	
Frances Baard	3	9	12	2	2	4	0	2	2	0	0	0	18
JT Gaetsewe	0	40	40	0	5	5	0	10	10	0	2	2	57
Namakwa	1	1	2	0	1	1	0	1	1	0	0	0	4
Pixley Ka Seme	5	15	20	5	3	8	0	8	8	0	5	5	41
ZF Mgcawu	0	7	7	0	4	4	0	4	4	0	0	0	15
TOTAL	9	72	81	7	15	22	0	25	25	0	7	7	135

ACHIEVEMENTS

- Significant increase in facilities compliant to the Office of Health Standards and Compliance.
- JT Gaetsewe district entered into a partnership with SIOC-CDT to academically fund seventeen (17) Professional Nurses to study at Stellenbosch University for various nursing speciality courses, namely PHC, Advanced Midwifery and Neonatal, Trauma and Emergency and Operating theatre.
- SIOC-CDT also funded four (4) managers to study health leadership at Stellenbosch University (Post Graduate Diploma in Health Service Management) and in Cape Town University (Post Graduate Diploma Leadership Programme).
- Financial commitment from the United Manganese of Kalahari mine to fund construction of a Satellite clinic at Maphiniki.
- Prieska Hospital in Pixley ka Seme received the Certificate of Compliance for the new refurbished kitchen.
- Official opening of Bankhara Bodulong Clinic and the Kuruman Forensic Mortuary.
- Sod-turning ceremony for upgrading of the Dithakong CHC.
- SAPC Pharmacy Inspection A grading for De Aar Hospital and BJ Kempen CHC (conditional) Pharmacies was received.
- John Taolo Gaetsewe, in collaboration with SIOC-CDT, launched the new improved Rea Fola Mobile Health Clinic at Van Zylsrus village.
- Rollout of the Electronic Medical Record (e-impilo) in the Phokwane sub-district.
- Graduation of Clinicians of the John Taolo Gaetsewe and ZF Mgcawu Districts at the Stellenbosch University.
- Installation of the Smart Lockers in JTG and ZF Mgcawu District by Right to Care.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 24 Challenges & measures planned to overcome them: DHS

CHALLENGES	CORRECTIVE ACTION
Leadership and Governance <ul style="list-style-type: none"> HAM's, OM's and Middle Management as per the DHMO. MOU and SLA Management. Lack of facility Governance Structures. Ineffective or poor functioning Clinical Governance Structures. Poor implementation of the DHMO. Fragmented program 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 management of MOU's and SLA's. Facilitation of the critical Governance structures establishment. Institutionalize and endeavour to integrate clearly defined business processes, including Performance management systems and governance structures.
Human Resources <ul style="list-style-type: none"> Poor HR Planning. Inefficient utilization of HR. Lack of sustainable support personnel. Poor Organizational Culture. Low 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 hampering achievement of the Ideal Health Facility Status. Un-maintained grounds at health facilities resulting in non-compliance to the norms and standards as gazetted. 	<ul style="list-style-type: none"> Prioritize maintenance of facilities on the Table B5. Minor refurbishments of facilities as a short term intervention. Filling of vacant and funded Groundsmen and Cleaners posts.
Records Management <ul style="list-style-type: none"> Management of patient records due to lack of space and usage of the manual system. 	<ul style="list-style-type: none"> Re-organization of Patients Files. Removal and archiving of old/redundant files. Implementation of the Integrated Patient Files (adult and child) system. Procurement of retractable filing cabinets. Revival and strengthening of the Digital filing system. Implementation of the Records Management Toolkit.

Table 25 Outcomes, outputs, output indicators, targets and actual achievements: DHS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	ACTUAL ACHIEVEMENT 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Health facilities ready for NHI accreditation	Fixed PHC health facilities that have obtained Ideal Clinic Status (Unsatisfactory, Satisfactory, Good, Excellent)	Ideal Clinic Status obtained rate	16%		57% (92/161)	52% (84/161)	-5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> NNV's not 100%. Expired SLA's and MOU's. Dilapidated infrastructure. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Prioritize procurement of NNV's. Vetting and updating of SLA's and MOU's. Table B5 to include maintenance of facilities. 				
Patient Experience of Care in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	79%	79%	80%	78%	-2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> The indicator was not achieved due to issues of cleanliness, staff attitude and patient safety. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve on the services rendered in Clinics, Satellite Clinics and CHC's. Develop Quality Improvement Plan to improve the affected areas. 				
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	68%	54%	100%	57%	-43%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor understanding and implementation of the (SAC)1 Standard Operating Procedures and the guideline. Non-compliance of reporting of (SAC)1 within the stipulated time frame and reporting other categories of PSI's as (SAC)1's. Not all (SAC)1 cases were reported within 24 hours. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue capacity building on the (SAC)1 Standard Operating Procedures and the guideline at facility level for both clinical and non-clinical staff. Consequence management for non-compliance to reporting times. Quality Assurance coordinators to review the classification of (SAC)1's on a monthly basis. Capacity building for clinicians on the (SAC)1 guidelines. (SAC)1 cases must be reported within 24 hours. 				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	95%	98%	100%	97%	-3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor understanding and implementation of the PSI Standard Operating Procedures and the guideline. PSI's not closed within the stipulated timeframe. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue capacity building on the PSI Standard Operating Procedures and the guideline at facility level for both clinical and non-clinical staff. All PSI cases to be closed within 60 days. 				

Table 26 Outcomes, outputs, output indicators, targets and actual achievements: District Hospitals

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	ACTUAL ACHIEVEMENT 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Health facilities ready for NHI accreditation	Hospitals that have obtained Ideal Hospital Status (Unsatisfactory, Satisfactory, Good, Excellent)	Ideal Hospital Status obtained rate			27% (3/11)	0%	-27%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> NNV's are not up to standard and infrastructure is old and dilapidated. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Prioritize procurement of NNV's and Table B5 to include maintenance of facilities. 				
Patient Experience of Care in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	72%	77%	80%	75%	-5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Patient satisfaction survey below the norm with 5%. The indicator was not achieved due to issues of cleanliness, staff attitude and patient safety. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve on the services in our District Hospitals. 				
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	59%	56%	100%	89%	-11%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor understanding and implementation of the (SAC)1 Standard Operating Procedures and the guideline. Not all (SAC)1 cases were reported within 24 hours. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue capacity building on the (SAC)1 Standard Operating Procedures and the guideline at facility level for both clinical and non-clinical staff. Quality Assurance Coordinators to review the classification of (SAC)1's on a monthly basis. Capacity building for clinicians on the (SAC)1 guidelines. (SAC)1 cases must be reported within 24 hours. 				
Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	84%	98%	100%	100%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> All PSI's were closed within the stipulated time frame. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Sustain good performance by continuing to close cases within 60 days. 				
Maternal, neonatal, infant and child mortality reduced	Death in facility under 5 year	Death in facility under 5 years			≤150	119	31
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Effective implementation of the IMCI guidelines. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Sustain good performance. 				

14.2.2. Sub-Programme 2.2: HIV & AIDS, STI AND TUBERCULOSIS CONTROL (HAST)

PURPOSE

- Accelerate prevention in order to reduce new HIV and TB infections, as well as other sexually transmitted infections (STIs), through combination preventative methods.
- Reduce illness and death 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.
- Reach vulnerable and key populations with comprehensive, customized and targeted interventions.
- Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).

SITUATION ANALYSIS

The HIV & AIDS, and STI programmes (HAS) were monitoring eight (8) performance indicators in the 2024/25 Annual Performance Plan (APP), with two being achieved or exceeded. This picture has remained the same through the course of the financial year, which shows that more efforts are needed to ensure that targets for the six remaining indicators are achieved in the next financial year.

In terms of finance, the Programme, through the HIV/TB Conditional Grant, had an allocation of R 632 950 000, 00, of which there was 100% expenditure. There were, however, some activities which could not be carried out within the financial year period due to delayed by SCM processes, i.e. filling of posts (replacement and new) and procurement of clinical stationery and IT equipment. Delivery is expected in the new financial year (2025/26).

HIV/AIDS AND STI's PROGRAMME

HIV Testing Services (HTS)

The Prevention Programme has consistently been achieving its indicators (100%). The HIV positivity rate among 15-24 years (excl. ANC) has declined to below the target ($\leq 2.5\%$). Three hundred and three thousand, eight hundred and ninety-two (303 892) clients were tested for HIV against the annual target of two hundred and twenty-six thousand, seven hundred and fifty-five (226 755). The over achievement for HIV testing was attributed to awareness campaigns that took place throughout the year, such as Sexual Reproductive Health, World AIDS Day, World TB Day and the '1.1 million Close the Gap' campaign, as well as the contribution from supporting Global Funded partners. The reduction in the positivity rate amongst 15-24 years was as a result of an improvement in the PrEP uptake and awareness campaigns. No stock outs reported by the province in the 2024/2025 financial year.

The National Departments of Treasury and Health conducted an RT41 On-boarding Meeting to introduce new service providers for the 3-Tier HIV Testing strategy, as per the approval of the World Health Organization (WHO). This strategy will be implemented in the new financial year. Training have been conducted with support from National Department of Health in three districts, namely John Taolo Gaetsewe, Pixley Ka Seme and Frances Baard. The programme will strengthen testing among men and children as it remains a challenge including Proficiency Testing for quality of testing.

The province received nine thousand (9 000) Insti-HIV self-screening kits, eighteen thousand, seven hundred and fifty (18 750) HIV Oraquick self-screening (HIVSS) test kits and three hundred (300) new HTS registers from the National Department of Health. Index testing will be used to target virally suppressed, unsuppressed and newly diagnosed clients.

Sexually Transmitted Infections (STIs)

A high number of Male Urethritis Syndrome (MUS) cases was recorded (7,091), which exceeded the target of six thousand eight hundred and sixty-eight (6 868). Nationally, several challenges have been identified as contributing factors to this increase, which includes high rates of reinfection, untreated infections, a rise in STIs among adolescent girls and young women (AGYW), pregnant women, and sex workers, as well as inadequate health promotion, stigma, inconsistent condom use, self-medication through over-the-counter drugs, and growing antimicrobial resistance.

The rise in MUS cases is particularly evident in the Namakwa, John Taolo Gaetsewe (JTG), and Pixley Ka Seme (PKS) Districts. Limited STI awareness campaigns at the district level, coupled with low condom distribution, is negatively impacting STI prevention efforts in the province. To improve data accuracy, STI reporting tools are currently being revised at national level.

Enhanced surveillance will be carried out through thirty (30) selected Clinical Sentinel Sites (CSS), which are part of the national network of three hundred and twenty-five (325) sites. The distribution of these sites is as follows: Frances Baard (7), John Taolo Gaetsewe (9), Namakwa (3), Pixley Ka Seme (6) and ZF Mgcawu (5). These sentinel sites play a critical role in monitoring STI trends across demographic groups, e.g. age, types of treatment provided and other key indicators.

Table 27 MUS per district

District	Target	Actual	% of Target
FB	1 837	1812	98%
JTG	1 912	2062	107%
Namakwa	495	542	109%
PKS	1 015	1428	140%
ZFM	1 609	1247	77%
Province	6 868	7091	103%

Source: WebDHIS, NCDOH

Condom Distribution

The province distributed 12 462 143 condoms against the target of 15 209 104. There was shortage of stock reported in the Primary Distribution Sites in JT Gaetsewe and Pixley Ka Seme. The stock was rationalized among the districts to minimize the impact of the reported condom shortages. Despite the province not reporting total stock-outs, there were some challenges, such as shortage of transport at district level, delays in delivery of condoms from suppliers, delays in payment, etc. The unavailability of a Condom Focal Person provincially and in the Namakwa District hampered programme support for better performance. Facility support visits were conducted in the JT Gaetsewe and Frances Baard Districts and it was found that renovations are required for better storage of condoms. To address transport challenges, the programme has procured five Bakkies (one per district), awaiting registration and branding before official handover to improve condom distribution.

Up-scaling of condom distribution was aligned with quarterly awareness campaigns. The province received condom donations from the National Department of Health. Condom Primary Distribution Sites (PDS) were visited across the districts in collaboration with the Monitoring & Evaluation unit to perform data audits on a quarterly basis and identify causes of underperformance.

High Transmission Areas (HTA)

A total of five thousand eight hundred and eighty-one (5 881) clients were reached at HTA sites, and can be categorized as follows:

Table 28 High Transmission Areas

High Transmission Area	Clients Reached
Truck Drivers	2651
Sex Workers	2567
Men Who Have Sex With Men (MSM)	33
Transgender Individuals	55
Non Key Population	575
TOTAL	5881

Of these, two thousand nine hundred and ninety-two (2 992) clients underwent HIV testing, resulting in sixty-three (63) HIV-positive diagnoses (2.1% HIV positivity rate), all of whom were either referred for further care or initiated on Antiretroviral Therapy (ART).

Additional service outputs included the following:

- Male Urethritis Syndrome (MUS): 256 cases treated
- Condoms distributed: 287 680 male and 12 043 female
- Lubricants distributed: 31,778
- Educational Pamphlets Disseminated: 674
- Clients Initiated On PrEP: 39, with 342 currently continuing treatment

In alignment with the WHO strategy for the elimination of STIs, South Africa has applied for validation and is working towards meeting the global benchmark. A meeting hosted by the National Department of Health (NDOH) on High Transmission Areas concluded with a directive for each province to identify Key Population Centers of Excellence.

These facilities will be assessed by an independent external body accompanied by representatives from the Department to evaluate the following:

- Adherence to HIV and syphilis management guidelines
- Data quality and laboratory service standards
- Implementation of Internal Quality Controls and Standard Operating Procedures (SOPs)
- Human rights, gender equality, and community engagement, including involvement of women living with HIV and Hepatitis

To strengthen partner tracking for STI clients, the Technical Working Group will pilot a benchmarking initiative for partner notification slips. An anticipated service delivery risk was the expiry of the Life Line contract on 31st March 2025. Fortunately, this has been extended by six months (until September 2025), allowing for continuity of Key Population services. The province will also conduct facility assessments aimed at rolling out Key Population Sensitization Training to enhance Primary Health Care (PHC) responsiveness to key populations in the next financial year.

Pre- and Post-Exposure Prophylaxis (PrEP & PEP)

PEP and PrEP uptake remained poor in the Province, however, there was a noted increase on PrEP uptake in the Frances Baard and Pixley Ka Seme districts. Facility support visits will be conducted in the new financial year for underperforming districts. The number of sexual assaults have increased in all districts, the sexual assault victims that are eligible for PEP report after 72 hours and this limited the opportunity to be initiated on treatment. Continuous information dissemination sessions are offered in order to create demand for PEP & PrEP and Integrated community based information sessions were conducted in the districts, which involved the National Prosecuting Authority (NPA), South African Police Services (SAPS) and Social Development.

Access to PrEP has significantly increased from three thousand five hundred and fifty-six (3 556) to six thousand two hundred and fifty (6 250) clients initiated. This improvement was mainly influenced by the contribution of supporting partners (i.e. Phathways to Change and LifeLine) in the Frances Baard District, resulting in the district exceeding its annual target for the first time since the inception of the programme. The Pixley ka Seme District also continued to sustain good performance in achieving their target. At the end of the financial year, there were three thousand four hundred and fifty-six (3 456) clients who remained on PrEP, with the majority being in the Frances Baard and JT Gaetsewe Districts.

Table 29 PrEP & PEP

District	Pre-exposure prophylaxis (PrEP)		Post-exposure prophylaxis (PEP)	
	PrEP initiated	Total remaining on PrEP	No. of sexual assaults	Total number of eligible clients on PEP
FB	3531	1048	415	260
JTG	639	481	304	170
Namakwa	106	73	62	43
PKS	1716	1485	157	145
ZFM	258	369	199	160
TOTAL	6250	3456	1131	778

Medical Male Circumcision (MMC)

The MMC programme faced several challenges throughout the year. A total of five thousand and nineteen (5 019) MMC's were conducted against a target of twenty thousand five hundred and ninety (20 590), which translates to a 24% achievement. To address capacity constraints, two service providers, namely Lister Health and Innovo Mobile Health, were appointed to support the implementation of MMC services in the province. Despite this intervention the programme continued to experience inconsistent service delivery and inadequate demand creation, which hampered the achievement of key objectives. In particular, a lack of continuity in service provision across the province, as well as delays in service provider payments, have negatively impacted overall performance.

The province received support from the World Health Organization (WHO) and the National Department of Health for External Quality Assessments (EQA). Assessments were conducted at the following sites:

- Kuruman Correctional Services (JT Gaetsewe District): Minor gaps were identified, particularly in the administration of clinical stationery and procedure room infrastructure. Recommendations were provided to the Department of Correctional Services (DCS), the district, and the RT35 provider.
- Boichoko Clinic (ZF Mgcawu District): Several service standard deviations were noted, including issues in waste management, staffing and capacity, client follow-up, and clinical stationery. Action plans were developed to address these findings.

A quality assurance and support visit was conducted at the Warrenton CHC to evaluate a newly contracted service provider affiliated with Innovo Mobile Healthcare. The assessment confirmed that the facility met all necessary requirements, including adequate staffing, a functional procedure room and appropriate client education services. The site was pre-assessed by Innovo Mobile Healthcare, the designated RT35 provider, prior to contract initiation.

Theoretical training on MMC were conducted to support institutionalization efforts. In addition, demand creation literature was disseminated to districts to guide planning of radio campaigns and awareness activities. A readiness assessment was also performed at one of the private doctors contracted under the programme. Key findings included the following:

- Space: Adequate rooms were available to ensure efficient client flow.
- Hygiene and Safety: Bathrooms and waste management practices were found to be in order. Although the procedure room currently lacks a basin, installation is planned upon contract finalization with the RT35 provider. All other safety protocols are in place.
- Clinical Stationery: Programme guidelines and protocols are in place and registers and intake forms were supplied post-contract signing.

Stakeholder Engagement and Future Plans

Meetings were convened with district stakeholders and service providers, supported by the National Department of Health, to review programme performance and implement corrective measures. Practical training initiatives are planned for the upcoming financial year to further embed and institutionalize MMC services across the province.

Treatment, Care and Support

The treatment, care and support programme monitored two indicators, which are disaggregated to both adults and children sub-population. The programme has not achieved the targets for both indicators.

Total Adults Remaining on ART

The treatment programme did not meet its target, decreasing slightly from 58.5% in the previous financial year (2023/24) to 57.6% in the current financial year. District-level performance showed mixed results, i.e.:

Table 30 Total Adults Remaining on ART (comparison between 2023/24 and 2024/25)

District	2023/24	2024/25
ZFM	44%	51%
Namakwa	73%	66%
JTG	62%	57%
PKS	62%	60%
FB	57%	57%
Province	58.5%	57.6%

A 2%–3% increase was observed in the Frances Baard, John Taolo Gaetsewe, Pixley Ka Seme, and ZF Mgcawu Districts for 12-month retention in care. The Namakwa District saw a 1% decline.

Total Children Remaining on ART (<15 years)

Despite some district-level improvements, none of the districts consistently achieved the 95% retention throughout the financial year. The overall provincial performance reflects a substantial drop indicating a need for focused interventions to improve retention in care for children on ART.

Only JT Gaetsewe achieved the 100% retention target in Quarter 4, showing continuous improvement. The Pixley Ka Seme and Frances Baard Districts showed modest gains from the third to the fourth quarter and the ZF Mgcawu and Namakwa Districts had the largest declines in the fourth quarter, with Namakwa dropping by 50%.

Viral Load Suppression - Adults

The viral load suppression for adults in the province was at 90.3%, which is below the expected norm of 95%, however, it's a noticeable improvement compared to the previous financial year where the viral load suppression stood at 87.2%. In-terms of district disaggregation the best performing districts on adult viral load suppression are JT Gaetsewe at 95% followed by Namakwa at 92% and Frances Baard at 91%, whilst both Pixley Ka Seme and ZF Mgcawu were under performing.

Viral Load Suppression - Children <15 years

Viral load suppression for children under 15 years on antiretroviral treatment remains low at 55.7%, and this is far below the target of 95%; despite increasing from 48.3% in the previous financial year. There has, however, been steady improvement over three consecutive quarters, namely quarter 1 at 33%, quarter 2 at 45% and quarter 3 at 57%. This improvement was attributed to strengthened provincial interventions, particularly support to districts in pre-identifying children due for viral load monitoring using TIER.net. Despite gains in retention in care, improved viral load outcomes remain elusive, largely due to persistent social determinants of health negatively impacting treatment efficacy.

The sub-optimal performance for both adults and children viral load suppression are attributed to the following:

- Absence of a CCMT Coordinator in the Frances Baard district, resulting in inadequate programme oversight and insufficient support to healthcare facilities.
- Sub-optimal clinical management of patients, including failure to recall unsuppressed patients for enhanced adherence counselling and failure to repeat viral load testing after three months to confirm re-suppression.
- Viral load monitoring conducted outside of cohort timelines, affecting accurate reporting, as these results cannot be appropriately updated in the Tier.Net system.
- Viral load results not recorded on clinical stationery leading to the non-capturing of results on Tier.Net and compromising data accuracy.
- Rejected viral load specimens not being repeated, particularly among children under 15 years, often due to phlebotomy challenges.
- Delayed transition of children to optimized fixed-dose regimens (e.g. Dolutegravir-based regimens) due to limited availability of the Abacavir/lamivudine paediatric formulation, which is essential for simplified dosing and improved adherence.
- Key facilities that manage a significant portion of clients on ART, are not signed off for Tier.Net and no dispatch are imported into DHIS, namely Pampierstad CHC, Galeshewe Day Hospital, Jan Witbooi Clinic and Robert Mangaliso Sobukwe Hospital.
- Unintegrated data from some mines with existing Memorandum of Understandings (MOU's), due to their struggle to create them as Org.Unit in the DHIS and Tier.Net, resulting in incomplete programme data.

Actions implemented by the programme to remedy performance and improve on outcomes of the programme:

- Conducted training sessions on the updated antiretroviral (ARV) treatment guidelines, including standardized record keeping for Registered Nurses including data capturers.
- Healthcare facilities were registered to access National Health Laboratory Service (NHLS) viral load results for clinical action. This capability enables facilities to document viral load results directly on clinical stationery, with a focus on identifying unsuppressed viral loads for timely interventions such as recalling clients for enhanced adherence counselling and reprocessing rejected viral load samples.
- Viral load results requiring action were accessed at the provincial level and disseminated to Comprehensive Care, Management and Treatment (CCMT) and Care & Support Coordinators. These coordinators engaged with facilities to facilitate the recall of patients with unsuppressed viral loads for enhanced adherence counselling.
- Onsite support was provided to various healthcare facilities, focusing on addressing ART data backlogs. Activities included back-capturing viral load results and updating clinical visit records on Tier.net.
- Engagements with pharmaceutical services were conducted regarding the availability of optimized pediatric ARV regimens, particularly fixed-dose Abacavir/lamivudine combinations. As these are still under a buy-out procurement process, facilities were advised to continue using individual syrup formulations in the interim.
- Four out of five districts submitted comprehensive scale-up plans to address identified gaps in the performance of the second (PLHIV on ART) and third (ART clients virally suppressed) 95s of the HIV treatment cascade.

Care and Support Programme

The programme is monitoring indicators for ART clients enrolled on repeat prescription collection strategies with the three (3) modalities being: *patients enrolled on adherence clubs*, *patients enrolled facility pick-up-point* and *patients enrolled on external-pick-up-point*. During the period under review, an improvement was noted as compared to the previous financial year (2023/24), from fifteen thousand five hundred and forty (15 540) to twenty-two thousand six hundred and fifty-seven (22 657), which is a significant increase of 46%. In terms of different modalities, the achievement was as follows:

Table 31 Treatment Care and Support

Modality	2023/24	2024/25
Patients enrolled on adherence clubs	1 191	675
Facility pick-up-point	12 293	17 439
External pick-up-point	2 056	4 543
Province	15 540	22 657

The decrease in the clients enrolled on adherence clubs was a result of data clean-up and understanding the correct capturing of patients enrolled on this modality.

A three-day dissemination session was conducted jointly with the HIV & AIDS Cluster from the NDOH which was informed by assessments at eight facilities across the JT Gaetsewe and Frances Baard Districts. The following key challenges were identified:

- Inadequate decanting of eligible ART clients
- Poor adherence counselling by nurses
- Data inaccuracies and discrepancies
- Weak integration of health services

Districts underperforming in external PUP's are encouraged to strengthen the use of adherence clubs and facility PUP's. The decline in adherence club participation is a concern, given its association with better viral load suppression and patient retention. While the programme shows encouraging progress in Repeat Prescription Collection (RPC) and Differentiated Models of Care (DMOC) performance, particularly with facility and external pick-up points, challenges remain; especially in adherence club participation and data integrity. Continued focus on implementation support, data quality and innovative models, like smart lockers, will be critical to sustaining and scaling gains across all districts.

Table 32 Interventions to improve implementation of DMOC Policies:

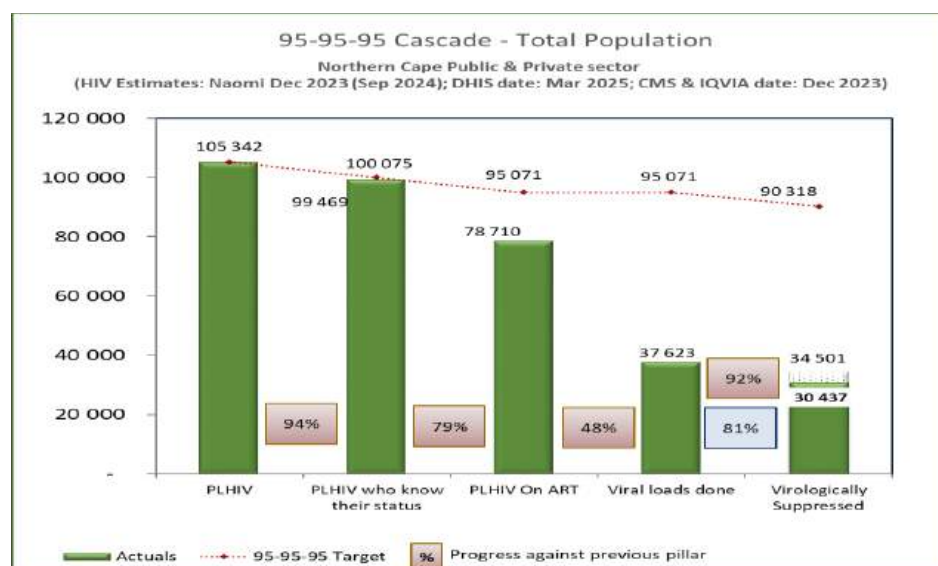
Intervention	Description
Programmatic deliverables	<ul style="list-style-type: none"> • The National Department of Health on DMOC findings and recommendations resulted in the development of District-specific quality improvement plans with prioritized activities.
Strategic Support and Capacity Building	<ul style="list-style-type: none"> • Ongoing support was provided to districts for tracking QIP implementation. • Widespread issues with data capturing and modality classification necessitated ongoing data cleaning and training. • DMOC training sessions targeting both professionals and non-professionals were conducted across all districts during November - December 2024.
Smart Locker Installations Innovation	<ul style="list-style-type: none"> • The procurement of the "Collect & Go" Smart Lockers for Postmasburg and Jan Witbooi Clinics was completed. This initiative, supported by Right to Care, is expected to decongest facility-based PUP's, transition patients to external pick-up strategies, facilitate increased enrolment via automated medicine collection and improve overall treatment adherence.

Progress toward 95-95-95 targets

The province performed well on the first 95 (PLHIV knowing their status), with strong progress in HIV status awareness, standing at 94%. However, a significant gap remains in the second 95 (PLHIV knowing their status enrolled into ART), with 16 872 people living with HIV (PLHIV) still needing to be enrolled in treatment. As a result, the Minister of Health launched the National 'Close the Gap 1.1 ART' campaign (Close the ART Gap) on the 25th February 2025 with the objective of closing the gap on the second 95 of the HIV cascade by putting an additional 1.1 million people living with HIV (PLHIV) on anti-retroviral treatment by the end December 2025.

The Frances Baard District lead across all three 95-95-95 pillars, demonstrating consistent and high performance. Notably, the Namakwa and Pixley ka Seme were the only districts that achieved the first 95, indicating that 95% of PLHIV in these districts are aware of their HIV status.

Figure 1 95-95-95 Total Population



Source: Tembisa Model, Tier.Net, March 2025

Advocacy, Communication and Social Mobilization (ACSM)

The programme implemented a range of awareness and outreach initiatives across the Province which focused on HIV, STI's and broader sexual and reproductive health issues, namely:

Table 33 HAS Programme ACSM Activities

ACSM Activity	Description
Digital and Community Engagements	<ul style="list-style-type: none"> Multiple Instalive sessions were held to raise awareness on HIV testing, Medical Male Circumcision (MMC) and PrEP. The ZF Mgcawu (ZFM) District actively participated in digital and community-level campaigns.
Community Dialogues and Events	<ul style="list-style-type: none"> Supported Pathways to Change for a Male Sexual Partner Dialogue in Frances Baard, focusing on men's health and social issues. Participated in Women's Month events in Namakwa and ZFM districts, raising awareness on HIV and STIs.
World AIDS Day 2024 (WAD)	<ul style="list-style-type: none"> Held on 10 December 2024 in Noupoot, Pixley ka Seme district and was aligned with the 16 Days of Activism campaign with the theme "Equal Rights, Equal Care". Activities included community engagements, men and sex worker dialogues, and a radio interview on XK FM.
Provincial Key Population Summit	<ul style="list-style-type: none"> The province held the first Key Population Summit on the 14th November 2024 and more than 100 delegates were in attendance. The Summit addressed issues such as stigma, discrimination, health access that are affecting key populations and recommendations included improving men's health education, gender-affirming services, decriminalization of sex work and LGBTQI communities, better clinician training, and increased STI screenings. The aim of the Summit was to enhance the Provincial Action Plan and to align its contents with the National Strategic Documents.
Sexual and Reproductive Health and Condom Month	<ul style="list-style-type: none"> Collaborative support from EMS, Oncology, Virgin Active, GEMS and Lifeline amongst others. Activities included: <ul style="list-style-type: none"> STI-focused YouTube and Instalive sessions. Aerobics event with 151 participants. Prostate health hybrid session with 31 attendees. School health education in Delpoortshoop, Kimberley, and Hopetown. Distribution of dignity packs and condoms in communities, correctional facilities, and public spaces. Health talks and services at Okiep TVET College, Radio Riverside, and Orion High School. Outreach in Hanover for truck drivers and students in De Aar TVET College.

In terms of the overall impact, these initiatives collectively enhanced public awareness, engaged diverse communities and addressed key health challenges, especially for men, youth, and marginalized populations across all districts.

REGIONAL TRAINING CENTRE (RTC)

The Regional Training Centre (RTC) played a critical role in building the capacity of healthcare workers by ensuring that they are trained on the latest protocols and guidelines to support effective implementation. The RTC envisions expanding its reach by establishing satellite centers in all districts. The RTC delivers training through traditional face-to-face sessions, as well as via digital/virtual platforms such as the Knowledge Hub and ECHO. In collaboration with the TB Unit and the South African Medical Association (SAMA) the RTC successfully held a CPD-accredited Provincial TB/HIV Nutrition Summit.

The following trainings were conducted for healthcare workers across the province:

- Management of Sexual Assault Victims
- Sexual and Reproductive Health (e.g. CTOP, Implanon, Mirena)
- Management of Viral Hepatitis
- Updated Antiretroviral Therapy (ART) Guidelines
- Updated HIV Testing Services (HTS) Policy Guidelines
- Maternal Health (e.g. ESMOE, BANC Plus)
- Environmental Health and Safe Food Handling
- Orientation and Training on Adult Primary Care (APC)
- Patient Safety Incidents
- Human Rights and Medical Ethics
- Governance Structures Training
- Infection Prevention and Control (IPC)
- Paediatric Tuberculosis (TB)
- Updated Rifampicin-Resistant TB (RR-TB) Guidelines
- Undetectable = Untransmittable (U=U)
- Differentiated Models of Care (DMOC)

Despite ongoing resource constraints, the RTC continued to play a pivotal role in strengthening the healthcare system by equipping providers with the knowledge and skills required for high-quality service delivery. The RTC exceeded its annual target of one thousand three hundred and seventy-seven (1 377), where two thousand two hundred and fifty (2 250) healthcare workers, including non-professionals, support service and allied healthcare workers, were trained as displayed in the table below:

Table 34 Regional Training Centre Performance

Category	Target	Achieved
Doctors	97	107
Nurses	780	830
Non-Professionals and Allied or Support services	500	1 313
TOTAL	1 377	2 250

TUBERCULOSIS CONTROL (TB)

The TB programme has spent 94% of its budget, that is, R34 527 000 of R35 397 000 total budget. Underspensing on the programme was due to the following:

- Unfilled posts of around R2 060 118.
- Procurement of digital chest X-ray vehicles at R6 000 000 was not completed by Supply Chain Management (SCM),
- TB Medicine resulted in the over expenditure totalling R639 803 on the TB Programme and journals to be passed against Medicine Trading Account*P.

The TB programme has achieved two out of the six (2/6) programme indicators for the year under review or 33.3%, namely: TB Rifampicin resistant/Multidrug – Resistant treatment success rate and TB Pre-XDR lost to follow up rate. This is an improvement of 17% compared to quarter 4 of this financial year. However, the province would have seen an improvement on DS-TB lost follow-up rate if facilities addressed non-evaluated (patients without outcomes), and the subsequently increasing treatment success rate.

TB Screening

During the financial year a total of 2 475 592 individuals were screened for Tuberculosis (TB) out of a total headcount of 2 770 784. This equates to a TB screening rate of 89.3%, which is marginally below the annual target of 90%. When disaggregated by age group, the screening rate for children under the age of five was notably higher at 91.8%, surpassing the overall average. In contrast, the screening rate among individuals aged five years and older was slightly lower, at 88.9%.

These figures indicate commendable coverage, particularly among younger children, but also highlight a slight gap in achieving the overall target, underscoring the need for sustained efforts to improve TB screening across all age groups.

The implementation of Digital Chest X-ray (DCXR) screening contributed positively to TB case finding, with support from partner organisations such as the Aurum Institute in Frances Baard and Vertice in Tsantsabane Municipality and the JT Gaetsewe District. The number of individuals screened through DCXR increased from 5,168 in Q4 2023 to 5,705. Quarter-on-quarter comparisons revealed a slight decrease in TB screening, from 89.1% in Q3 to 88.3% in Q4 of the current financial year. This dip was primarily driven by a sharp decline in the JT Gaetsewe District, where screening coverage dropped from 90.0% in Q3 to 86.1% in Q4.

Table 35 TB Screening per district

District	Headcount			TB Screenings			TB Screening Rate (%)		
	<5 years	5 years and older	Total Headcount	<5 years	5 years and older	Total Screened	<5 years	5 years and older	Total Screened
FB	112 908	648 441	761 349	104 299	582 148	686 447	92,3%	89,7%	90,1%
JTG	91 477	462 283	553 760	73 725	417 714	491 439	81%	90,3%	88,7%
Namakwa	34 876	315 164	350 040	39 363	272 176	311 539	112,8%	86,3%	89%
PKS	70 421	466 092	536 513	63 403	403 511	466 914	90%	86,5%	87%
ZFM	74 660	494 459	569 119	72 160	447 095	519 255	96,6%	90,4%	91,2%
TOTAL	384345	2386439	2770784	352950	2122642	2475592	91,8%	88,9%	89,3%

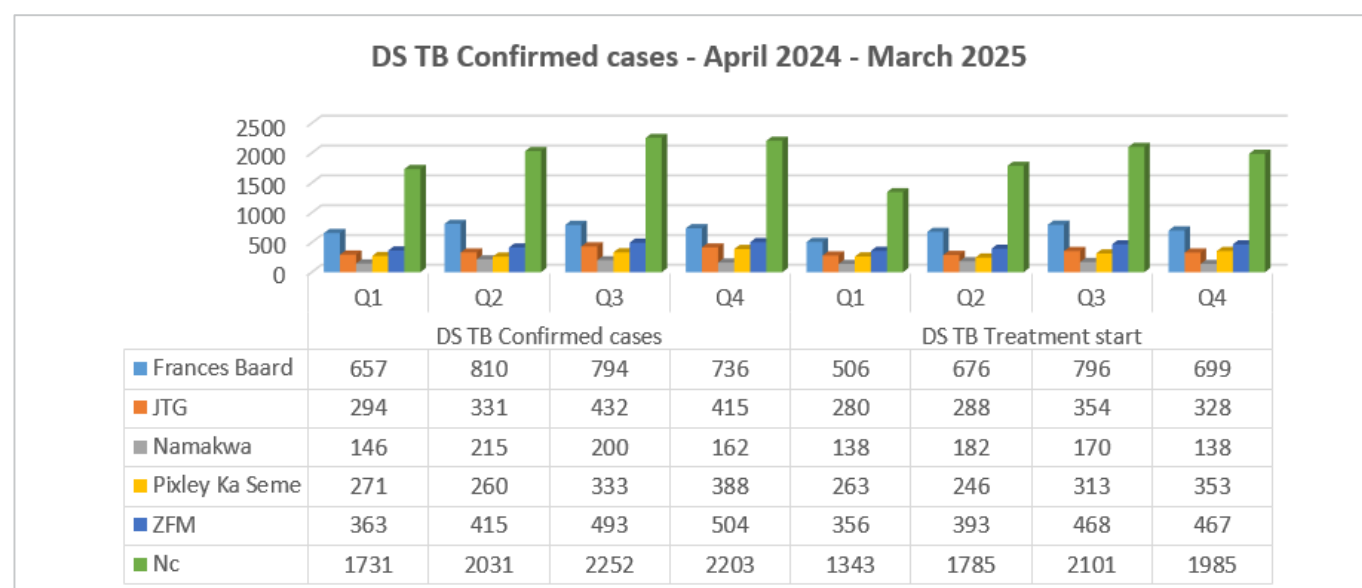
Source: WebDHIS, NCDoh, May 2025

These fluctuations underscore the need for targeted interventions to sustain and improve TB screening rates, particularly in underperforming districts.

DS-TB Treatment Initiation

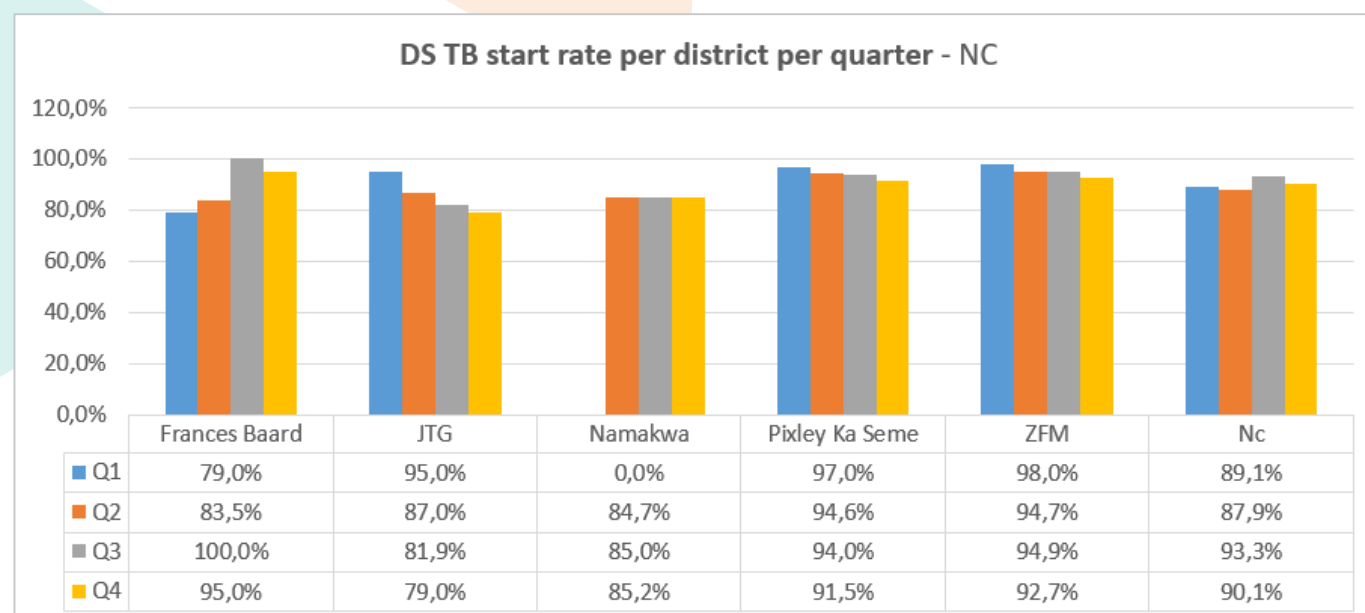
The table below illustrates the number of individuals who were positively confirmed for TB, bacteriologically and clinically. From those who were eligible for testing after being screened, an overall 11.5% TB positivity rate (8217 of 71 239) was recorded in the Province, this is slightly lower than 12.8% in the previous financial year. The highest TB positivity rates were recorded in the Frances Baard and JT Gaetsewe districts, significantly exceeding those observed in other districts. When measured against the annual target of identifying nine thousand, six hundred and eighty (9680) missing TB cases, this reflects an achievement rate of 85%. While this represents meaningful progress, it also underscores the ongoing need to strengthen case-finding strategies, particularly in high-burden districts.

Figure 2 DS-TB Confirmed Cases per district



Source: DHIS, NCDOH, May 2025

Figure 3 DS-TB Treatment Initiation Rate per districts (comparison of 2024/25 quarter 1 and quarter 4)



Source: DHIS, NCDOH, May 2025

Drug-Resistant TB (DR-TB)

A significant decrease marked in the Drug Resistant TB (DR-TB) case finding observed from three hundred and two (302) patients in 2023 to two hundred and thirty-nine (239) patients in 2024. This performance can be attributed to the recovery process from National Health Laboratory Services (NHLS) cyber-attack with ripple effect from May-August 2024. The province is one of the leading provinces where BPAL-L short regimen constitutes 94% of all DR-TB cases registrations. The Rifampicin Resistant/MDR TB treatment success rate increased remarkably from 57% in 2021 to 65% in 2022. This can be attributable to impact of the shorter treatment regimen and favourable outcomes.

Monitoring and Evaluation

The following activities were undertaken in this period in order to address data quality and data flow issues, thereby enhancing programme performance:

- Regular data quality reports were shared with districts, highlighting identified gaps and discrepancies.
- A five-day training session was planned and conducted in the Frances Baard District from 26–30 August 2024. This training, targeting district M&E teams and sub-district information officers from JT Gaetsewe, ZF Mgcawu, and Pixley ka Seme, focused on:
 - Data management practices and tools.
- Quarterly M&E review meetings were held with district TB teams to assess performance and data trends.
- Data Quality Audits were conducted as follows:
 - Frances Baard District in collaboration with the National TB Control Programme.
 - Namakwa District from 26–30 August 2024.
 - A National Data Quality Assessment visit was conducted in JT Gaetsewe (19–21 Nov 2024).
 - DR-TB Audits at Dr. Harry Surtie Hospital from 27–29 March 2025.
- The Nerve Centre activated at Province, ZF Mgcawu and JT Gaetsewe for implementing and monitoring Operation Phuthuma activities.
- 30 posts of data clerks were advertised, interview processes concluded in all five districts, by end of March 2025, only Namakwa and Frances Baard posts were filled. The other three districts were still awaiting approval by the Acting Head of Department.
- Data management training was conducted from 4–6 December 2024 to further build capacity.
- A monitoring system was developed for the provincial “Close the Gap” campaign aimed at reaching 1.1 million people on ART.
- Monthly and quarterly coordination meetings were held with district and sub-district information officers to ensure alignment and follow-up on data-related priorities.

ACHIEVEMENTS

HIV & AIDS, AND STI (HAS)

- HIV positivity rate among individuals aged 15–24 years stood at 1.2%, remaining well below the target threshold of 2.5%.
- The total HIV tests that were conducted significantly surpassed the target.
- Successfully organized and led a Provincial Key Population Summit aimed at addressing barriers to healthcare access and enhancing health outcomes related to HIV Testing Services (HTS), antiretroviral Therapy (ART), tuberculosis (TB) care and the prevention and management of Sexually Transmitted Infections (STIs), among other critical health priorities.
- Conducted U=U strategy dissemination and orientation workshop across all five districts in capacitating professional nurses, clinical programme coordinators, monitoring and evaluation/information personnel on this strategy which will assist with linkage, adherence to treatment and retention in care translating into improved outcomes for the 4 indicators that are being monitored by the programme.
- Through the provincial TB/HIV clinical advisory committee managed to address psycho-social issues and switching to alternative regimen leading improved adherence, retention in care and viral suppression.
- Conducted with support from National Department of health 3 multi months dispensing assessment in preparation for the rolled out of 6 multi months dispensing.

TUBERCULOSIS CONTROL (TB)

- Successfully hosted the Bedaquiline Resistance Symposium in collaboration with the National TB Control Cluster on 13th June 2024. The event attracted a diverse audience of sixty-eight (68) participants, including clinicians, pharmacists, NHLS staff, civil society representatives, and partner organizations. Three (3) TB Champions were identified during the symposium to support patient education and improve treatment adherence, thereby reducing disengagement from care. Since 2013, the Northern Cape has diagnosed 1,614 DR-TB cases, with 6 cases (1%) confirmed to be resistant to Bedaquiline.
- Convened a successful TB/HIV Nutrition and Social Protection Summit in March 2024 as part of the World TB Day build-up activities, with one hundred (100) participants from various sectors and areas of expertise engaging in multi-sectoral dialogue.
- Facilitated a TB Student Dialogue at Sol Plaatje University, reaching one hundred and fifty (150) students as part of the targeted TB priority group strategy. This event formed a key component of the World TB Day awareness campaign.
- Provincial World TB Day was commemorated at West End Hospital, led by the MEC, with a strong focus on direct engagement with patients and frontline clinicians. The commemoration extended to an interactive Question & Answer session with employees at the Department of Health, promoting internal awareness and involvement.
- An Acting Deputy Manager for TB was appointed in January 2025 to provide leadership and ensure stability within the programme.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 36 Challenges & measures planned to overcome them: HAST

CHALLENGES	CORRECTIVE ACTION
HIV/AIDS and STI's	
Slow recruitment processes at provincial office hampers oversight, leadership, governance and service delivery Namakwa has been severely affected by delays in filling of posts for HIV Prevention, Condoms and Health Promotions officers.	All other vacant posts were not filled. HIV CG posts prioritised for filling in the new Financial Year.
Outstanding payment of RT35 MMC, condoms and HIV test kits invoices- Namakwa, Frances Baard and John Taolo Gaetsewe districts.	Engagements with finance and SCM were held.
Poor condom performance irrespective of availability of condoms.	Bakkies have been procured for districts to improve distribution. The prevention unit will visit the Primary Distribution Sites to verify data and identify causes of underperformance.
MMC programme underperformance and slow institutionalisation.	Finance to fast track payments. Implementation plans to be aligned with district activities. Demand creation strategies to be intensified. Providers to recruit independent mobiliser. Practical training will be conducted for clinicians who completed theory to facilitate institutionalisation.
The number of clients accessing the service after 72 hours remains significantly high and are thus not eligible for PEP.	Strengthen the demand creation strategy of the clinical forensic & PEP services.

CHALLENGES	CORRECTIVE ACTION
Leadership in RTC as there has not been an RTC Manager since June 2022.	Recruitment processes to be followed for filling of vacant funded posts
Delayed filling of District RTC posts.	Recruitment processes to be followed for filling of vacant funded posts
Poor uptake of online training via Knowledge Hub Platform.	Group sessions to encourage utilisation of online platform for training
TB CONTROL	
Poor treatment outcomes due to data backlogs and high not evaluated. Underreporting and treatment of missing TB cases	Disseminated outcome due lists for action at districts level to improve outcomes. Feedback by 30 May 2025
Poor treatment outcomes due to data backlogs and high not evaluated.	Districts to complete data reconciliation and update the system in October 2024
Lack of clinical stationary contributing to non-recording of biological markers and decanting modalities	SCM unit engaged to speed up procurement processes in the new financial year
Poor treatment outcomes due to data backlogs Poor programme Management and coordination of TB at hospital level	Disseminated outcome due lists for action at districts level to improve outcomes. Feedback by 30 May 2025 Engage Hospital Management to assign TB Focal nurses
High Pre-XDR TB death rate at Dr. Harry Surtie Hospital	Province to conduct death audits in new financial year 2025.

Table 37 Outcomes, outputs, output indicators, targets and actual achievements: HAS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
AIDS related deaths reduced by implementing the 95-95-95 strategy (Outcome as per reviewed Strategic Plan 2020-2025)	HIV positive 15-24 years (excl. ANC)	HIV positive 15-24 years (excl. ANC) rate	1.9%	1.9%	≤2.5%	1.2%	1.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Awareness campaigns on the importance of HIV testing and utilizing available combination of HIV prevention strategies. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue with quarterly awareness campaigns on HIV testing and utilization of combination of HIV prevention strategies. 				
	ART adult remain in care - total	ART adult remain in care rate (12 months)	50%	57%	95%	57.6%	-37.4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor cohort monitoring. Partial implementation of differentiated models of care to improve linkage and retention in care, i.e. adherence clubs, tracking and tracking for re-engagement. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Implementation of the "Close The Gap" campaign. Plan to re-engage health care users disengaged from care. Cascade differentiated models of care training targeting non-professionals and professionals. 				
	ART child remain in care - total	ART child remain in care rate (12 months)	58%	72.49%	95%	68.6%	-26.2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Sub-optimal retention in care due to poor cohort monitoring. Partial implementation of differentiated models of care to improve linkage and retention in care, i.e. adherence clubs, tracking and tracking for re-engagement. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Implementation of the "Close The Gap" campaign. Plan to re-engage health care users disengaged from care. Cascade differentiated models of care training targeting non-professionals and professionals 				
	ART adult viral load - below 50	ART Adult viral load suppressed rate - below 50 (12 months)	89%	65.3%	95%	90.3%	-4.7%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor cohort monitoring leading to missed viral loads or viral loads done out of cohort. Sub-optimal implementation of differentiated models of care standard operating procedures including non-recording and capturing of viral load results on Tier.net. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Support to facilities for putting systems in place to assist with cohort monitoring. Cascade differentiated models of care training targeting non-professionals and professionals. Conduct clinical audits for unsuppressed health care on TLD2 for >2 years. 				
	ART child viral load - below 50	ART child viral load suppressed rate - below 50 (12 months)	45%	22.6%	95%	55.7%	-39.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor cohort monitoring leading to missed viral loads or viral loads done out of cohort. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25			<ul style="list-style-type: none"> Sub-optimal implementation of differentiated models of care standard operating procedures including non-recording and capturing of viral load results on tier.net 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Support to facilities for putting systems in place to assist with cohort monitoring. Cascade differentiated models of care training targeting non-professionals and professionals. Conduct clinical audits for unsuppressed health care on TLD2 for >2 years. 				
	HIV test done	HIV test done - total	282 648	255 179	226 755	303 892	77 137
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Awareness campaigns on the importance of HIV testing and training increasing uptake. Contribution of external partners, i.e. Life-Line, Pathways to Change and Mines for which data is integrated into DHIS. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue with quarterly campaigns to sustain HIV testing performance. 				
	Male condoms distributed	Male condoms distributed	5 194 000	12 985 880	15 209 104	12 462 143	-2 746 961
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Shortage of transport and human resources. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Bakkies have been procured for all districts and they will be distributed in the new financial year. Follow up with HR to fast track recruitment process for Condom Focal Persons and filling of vacant posts at provincial and district level. Provincial Office will visit condom Primary Distribution Sites across the districts in collaboration with M&E for data verification. 				
	Medical male circumcision	Medical male circumcision - total	7 547	5 418	20 591	5019	-15 572
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Under-reporting of MMC data at district level. Lack of programme implementation and increase of service access points. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> District/facilities must capture data as required. Follow up has been done with Finance to fast-track payment processes. Service Providers have been encouraged to contract additional GP's and recruit independent mobilizers for maximum coverage. Service Providers were guided on the implementation of a demand creation plan which is aligned with district activities. Practical training will be conducted for clinicians who have done theory to facilitate institutionalization. 				

Table 38 Outcomes, outputs, output indicators, targets and actual achievements: TB

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
TB Mortality reduced by 75%	All DS-TB client lost to follow up (LTF)	All DS-TB client LTF rate	24.6%	16.1%	9%	15.3%	-6.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor treatment adherence by patients and inadequate counselling and tracking of defaulters resulted in all province underperforming as all districts did not achieve the target, with JTG being the highest (23.8%), PKS (15.9%), ZFM (15.3%), NMK (14.8%) and FB (11.6%). 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Strengthening of adherence counselling at facility level and tracking of early defaulters. 				
	All DS-TB client successfully completed treatment	All DS-TB client treatment success rate	66%	74.4%	80%	77.6%	-2.4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> All districts did not achieve the target of 80% mainly influenced by high LFTU in JTG (23.8%) and ZFM. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Engagements planned with respective district on data clean up and updated reporting by 31 May 2025. 				
	TB Rifampicin Resistant / Multidrug Resistant - treatment success	TB Rifampicin Resistant / Multidrug Resistant - treatment success rate	62%	60.5%	65%	65%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Adherence to treatment by patients and patient care by clinicians. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> sustain performance and monitor closely in the next financial year. 				
	TB Rifampicin Resistant / Multidrug Resistant - lost to follow up	TB Rifampicin Resistant / Multidrug Resistant - lost to follow up rate	16.5%	16.5%	15%	17%	-2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> High LTFU rate in Dr Harry Surtie 19,7% (24/122). Patients abandoning treatment after improved clinical condition despite enhanced adherence counselling at every encounter. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Facility to continue tracing and linking patients back to care. Quality Improvement Plan to be submitted to province by 30th May 2025. 				
	TB Pre-XDR treatment success	TB Pre-XDR treatment success rate	51.9%	51.9%	55%	53.3%	-1.7%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> High LTFU rate of Specialised Hospital with 62,5% (5/9) and Dr Harry Surtie with 42,9% (3/7). Patients abandoning treatment after improved clinical condition despite enhanced adherence counselling at every encounter. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Specialised Hospital to continue tracing and linking patients back to care. Quality Improvement plan to be submitted to province by 30th May 2025. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
	TB Pre-XDR lost to follow up	TB Pre-XDR lost to follow up rate		22%	19%	6.7%	12.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> 0% LTFU rate of Dr Harry Surtie Hospital and Specialised Hospital LTFU rate of 12,5% (1/9). Continuous tracking and tracing of patients back to care. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Programme to sustain performance and monitor closely in the next financial year. 				

14.2.3. Sub-Programme 2.3: Mother, Child, Youth, Women's Health and Nutrition (MCYWH&N)

PURPOSE

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

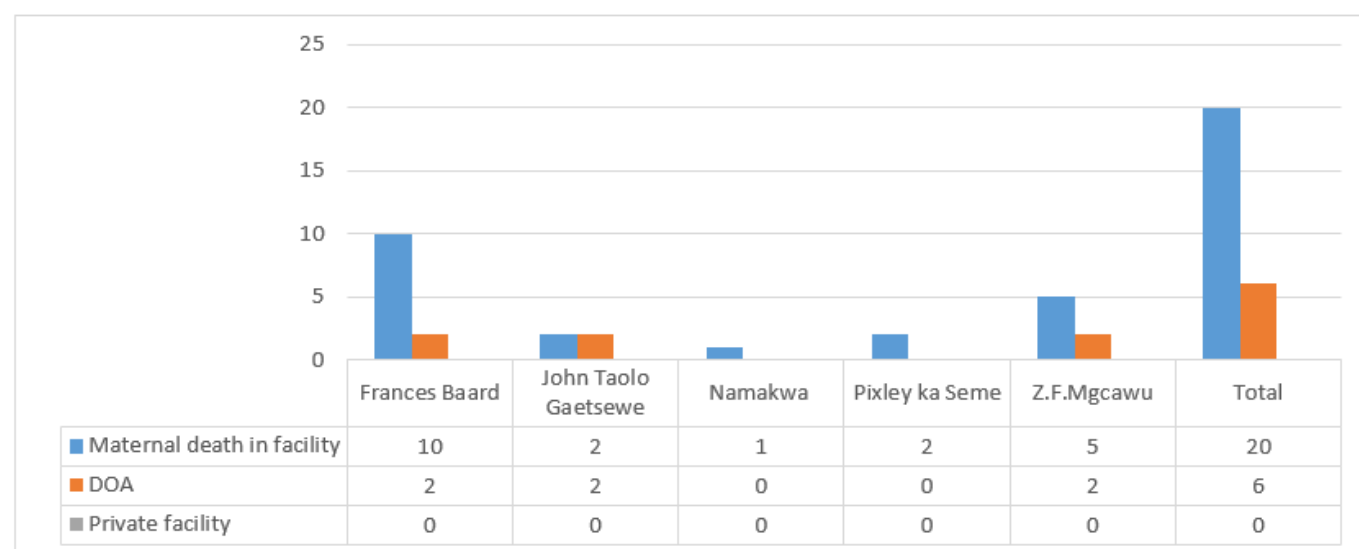
SITUATION ANALYSIS

MCYWH&N service delivery is embodied in the concept of "Survive, Thrive and Transform" to prevent morbidity and mortality and improve health outcomes. The programme achieved 14/17 (82.3%) indicators for the financial year 2024/25.

Maternal Mortality

The Maternal Mortality Ratio (MMR) is 117.4/100 000 livebirths, a total of twenty (26) deaths with twenty (20) deaths occurring in facility (IMMR), including 1 coincidental death, and six (6) Dead on Arrival (DOA). The IMMR was 90.4/100 000 livebirths and was achieved against the set target of 110/100 000 live births.

Figure 4 Maternal Deaths



Source: WEBDHIS & MAMMAS

Interventions to improve the maternal health outcomes and reduce mortality:

- Addressing health system inefficiencies, i.e. lack of basic essential equipment, transport, human resource, unreliable EMS, skills and knowledge, non-operational theatres, etc.
- Experienced staff not to be rotated out of maternity settings;
- Adherence to minimum standards for safe caesarean delivery;
- Establishment of monthly virtual Obstetrics & Gynaecology outreach educational topics discussions for clinicians involved in maternal health services at district level on common conditions contributing to maternal morbidity and mortality, such as Hypertensive Disorders of Pregnancy (HDP), Post -Partum Haemorrhage, etc.;
- Public Health Education and Awareness towards patient related factors (i.e. late response to danger signs, late bookings, no ANC, etc.).

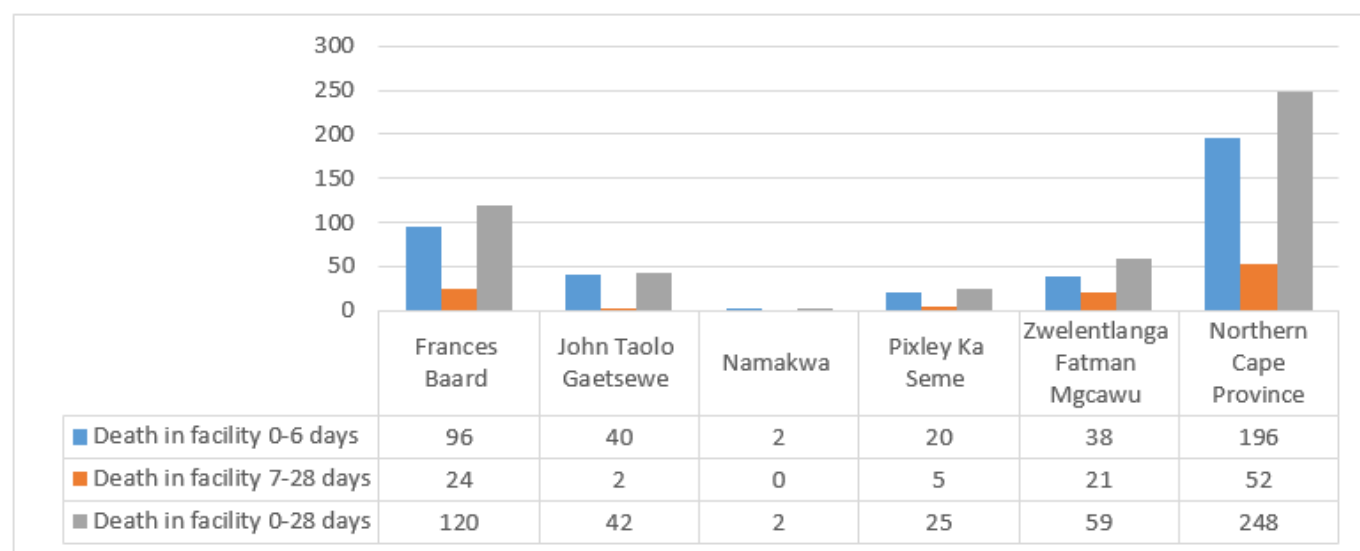
Improving the coverage and providing comprehensive quality antenatal care that is person centred, managing intrapartum complications, quality postnatal care, access to SRH services to reduce unwanted and unplanned adolescent pregnancies remains the cornerstone for the prevention of maternal morbidity and mortality. Furthermore, National Department of Health is working towards the implementation of "Ending Preventable Maternal Mortality" (EPMM).

Neonatal Deaths in Facility

The majority of neonatal deaths occurred in the 0 – 6 days category which increases the neonatal death rate. The indicator achieved 12.5/1 000 live births against the target of 14/1 000 live births. It is worth noting that the Frances Baard District (Tertiary Hospital: RMSH) and the Z.F. Mgcawu District (Regional Hospital: Dr. Harry Surtie Hospital) which provide specialist care and support to districts, are having the most deaths as a result of receiving referrals of complicated cases and premature babies from the periphery. High rates of infections in pregnancy were noted, in particular syphilis and mismanagement of Hypertensive Disorders of Pregnancy (HDP) contribute significantly to high stillbirth rates and neonatal morbidity and mortality.

Reducing overcrowding in Tertiary and Regional hospitals by establishing well-resourced neonatal units at district level must be addressed and prioritised. Decreasing neonatal deaths will depend on reducing unplanned pregnancies, improving antenatal and intrapartum care and strengthening the quality and coverage of neonatal interventions by improving skills and knowledge of clinicians. Non-rotation and placement of experienced doctors and nurses for neonatal and paediatric wards at district level is highly recommended.

Figure 5 Neonatal Deaths in Facility



Source: WEBDHIS

The National Department of Health, together with all provinces, are accelerating plans towards the implementation of Every Newborn Action Plan (ENAP) to improving the survival and outcomes of the new-borns and ending avoidable neonatal deaths

Vertical Transmission Prevention (VTP)

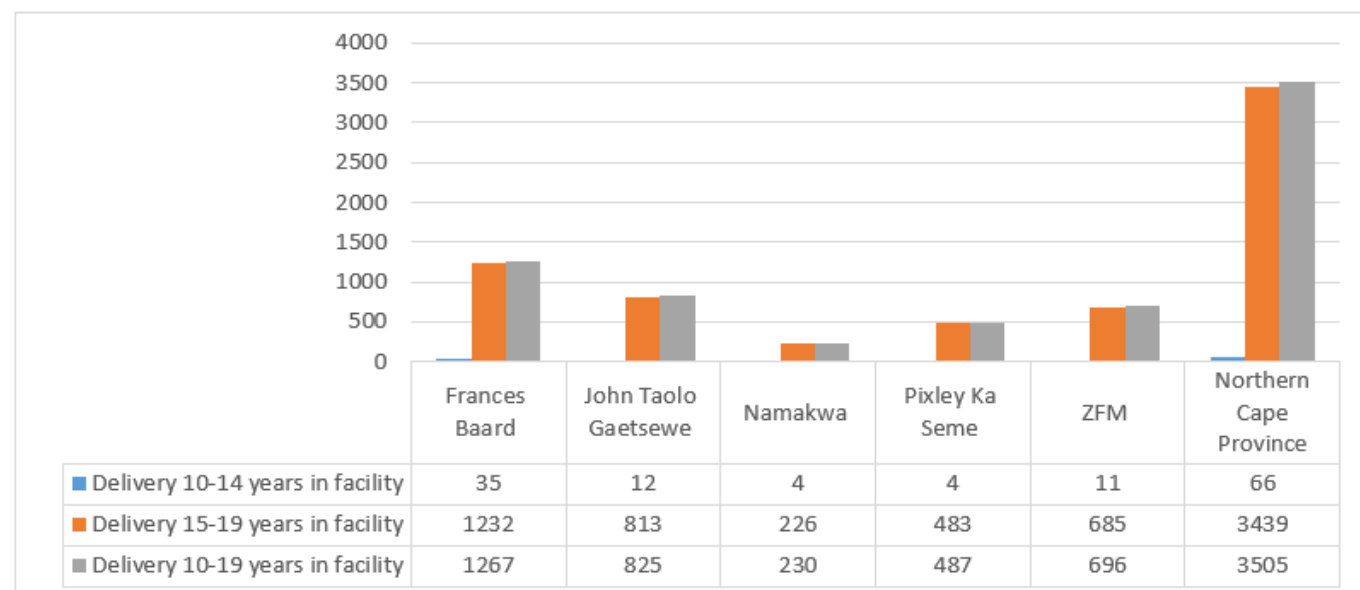
Both Vertical Transmission and Prevention (VTP) indicators were achieved, namely: Infant PCR test positive around 6 months' rate (0.23% against the target of $\leq 1\%$) and HIV test positive around 18 months' rate (0.67% against the target of $\leq 1\%$). Implementation strategies towards addressing challenges of low PCR test uptake, loss to follow ups, non-adherence of known HIV positive women on treatment, cross border, mix-feeding, non-disclosure, lack of follow up of results, non-integration of service, auditing of files and track and tracing of follow ups etc. need to be accelerated. The emphasis is on early Antenatal Care (ANC) booking and initiation of all HIV positive pregnant women and breastfeeding women on treatment to reduce high viral load. Pre-Exposure Prophylaxis (PrEP) as an HIV prevention intervention for HIV negative and breastfeeding women should be strengthened. HIV Testing, initiation on treatment, adherence and viral load monitoring remain the cornerstone towards HIV free generation.

Sexual Reproductive Health and Rights (SRHR)

Couple Year Protection Rate (CYPR) is measured through Intra Uterine Device (IUD) insertions. Two hundred and forty-seven (247) IUD's were inserted against the set target of one hundred and eighty (180). Continuous AYFS training sessions, support visits, availability of equipment, public health education and awareness on all contraceptive methods contributed positively to this achievement. Access to SRH services has been improved and is key to prevent unwanted and unplanned pregnancies. Awareness sessions were conducted in all districts on the benefits of HPV cervical cancer screening with only ZFM and FB selected nationally to offer the service. The programme is embarking on target setting for each facility on cervical cancer screening to improve coverage.

Delivery 10-19 years in Facility

Figure 6 Delivery in Facility (10-19 years)



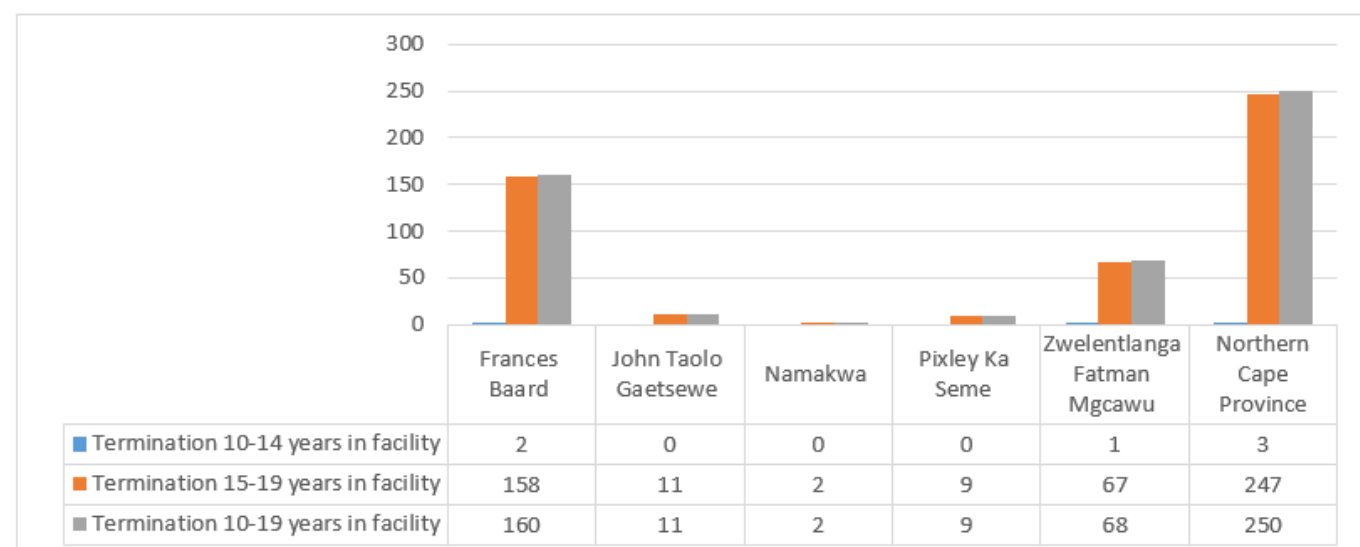
Source: WEBDHIS

The performance for this indicator is measured by the number of deliveries 10-14 years, with sixty-six (66) deliveries in the age category against the target of one hundred (100). Despite achieving the target, the number of deliveries amongst 10-19 years remains concerning. It was noted that two hundred and fifty (250) young girls between the ages of 10-19 years accessed the TOP services.

Challenges are still experienced with the provision of reproductive health services at schools. Healthcare workers are allowed to provide education on sexual reproductive health, but were prevented by the National School Health Policy to issue contraceptive methods at schools. The implementation of targeted adolescent- and youth-friendly services is intended to encourage youths to visit facilities. This will include improving access to sexual reproductive health services package such as condoms, contraception, etc. Continuous public health education and awareness must be conducted to empower young people and communities. Districts to improve with activation of youth zones, reporting and monitoring for sustainability. A collaborative approach is still needed to address the social issues that are difficult to resolve and need attention. Lack of implementation of School Health services might be impacting negatively on the SRH access, especially contraceptive services to be provided to young people to prevent unwanted and unplanned pregnancies.

Termination of Pregnancy 10-19 years in Facility

Figure 7 Termination of Pregnancy (10-19 years)



Source: WEBDHIS

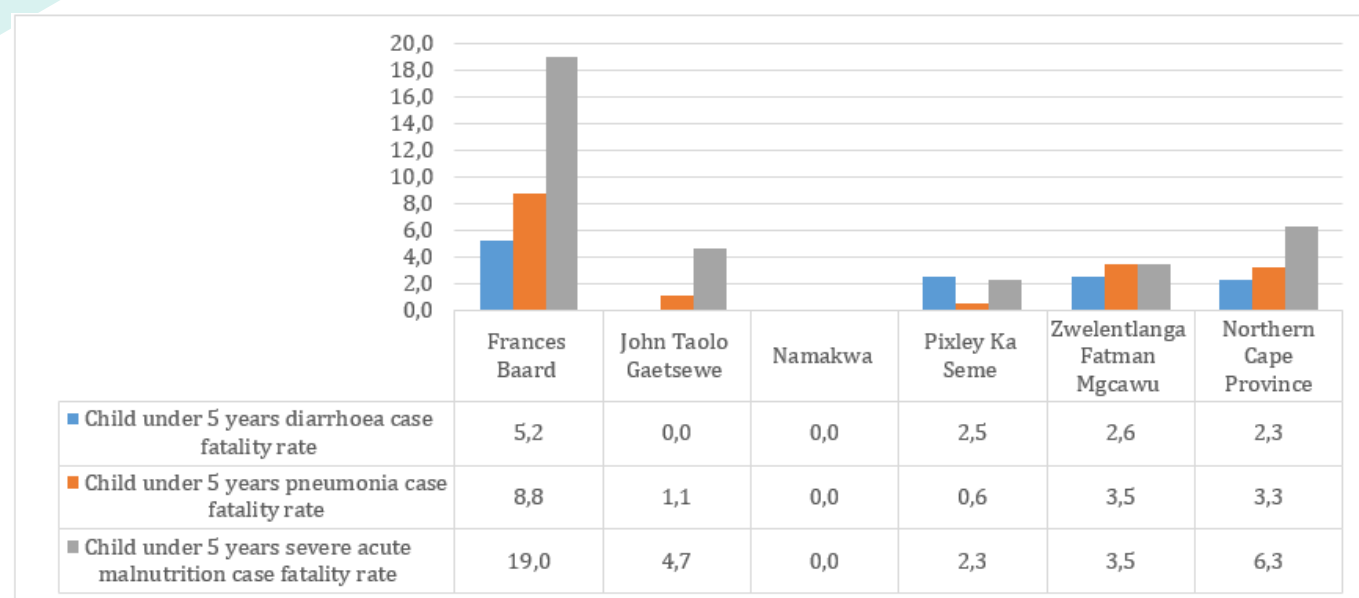
All districts are rendering the CTOP services, however it is still limited to at least one facility per district. It is envisaged that the number of facilities providing the service at all levels of care must be increased during the new financial year.

Child Health, Integrated School Health Programme (ISHP), Expanded Programme on Immunization (EPI) and Nutrition

The majority of under 5 deaths occurs in the neonatal category (0-28 days) and this drives up children under 5 mortality rate.

Child Under 5 Case Fatality Rate

Figure 8 Child under 5 Case Fatality rate



Source: WEBDHIS

The performance of the child under 5 case fatality rate indicators were as follows:

- Diarrhoea deaths were achieved ~ 2.3% against the target of $\leq 2.7\%$
- Pneumonia deaths were not achieved ~ 3.3% against the target of $\leq 2.7\%$
- Severe Acute Malnutrition (SAM) deaths were not achieved ~ 6.3% against the target of $\leq 6\%$

Death under 5 against live birth indicator was achieved with 2% against the target 3.8%. Even though the targets are achieved, there following challenges are still being experienced: poor compliance of mothers in child feeding practices, food insecurity due to poverty, comorbid conditions (Cerebral palsy, cardiac conditions, and TB & HIV), high rate of infections like syphilis during pregnancy, uncontrolled hypertension disorders, late diagnosis and presentation to facilities, etc.

Limited capacity of both Tertiary and Regional levels on neonatal services also impacted negatively on the goal of reducing under 5 deaths. Focus should be directed towards strengthening the implementation of the IMCI and promotion of neonatal interventions, such as early breastfeeding initiation, kangaroo mother care, etc. Collaboration with other departments such as Social Development and Agriculture is of great importance to address social ills contributing to morbidity and mortality.

Intervention strategies towards the reduction of under 5 deaths:

- Non-rotation and placement of experienced doctors is highly recommended in paediatric wards.
- Establishment of well-resourced neonatal and paediatric wards at district level.
- Addressing shortage of staff.
- Improving knowledge and skills of clinicians for optimal implementation of the relevant guidelines.
- Support visits and auditing of all under 5 deaths.

The implementation of the '1000 days', which is the window to ensure that children survive and thrive, should be strengthened in order to prevent under 5 morbidity and mortality.

The district nutrition teams are continuously supporting the Early Childhood Development (ECD) centres with regular outreach visits to provide vitamin A and deworming, as well as to screen children under 5 for the prevention and early detection of moderate and severe acute malnutrition, overweight and obesity.

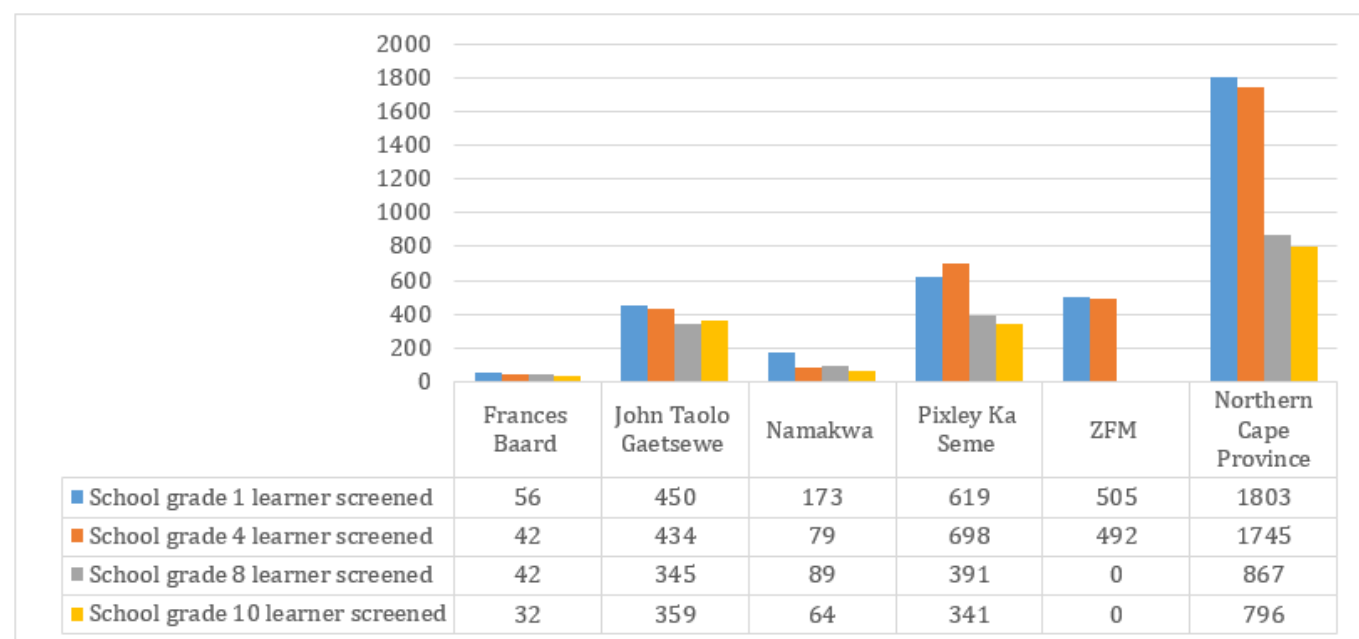
A National interdepartmental training was conducted for the two Department, namely Health and Education, to strengthen the implementation of the Nutrition ECD guidelines.

The performance of the Immunization under 1-year coverage was 72.5% against the target of 70% and Measles 2nd dose 1-year coverage was 73.5% against the target of 70%; both achieved for the year under review. The new Rubella Containing Measles Vaccine (MR) is being introduced in a phased-in approach in order to try and mitigate the high rate of Rubella cases currently experienced in the country and in the province. This has only been implemented in Namakwa and will be rolled out to the other Districts in the new financial year.

Integrated School Health Programme (ISHP)

Integrated School Health Programme (ISHP) did not perform as desired. Supporting partners (Innovo, SAIOC, Pathways to Change and Tshela) are conducting school health services in respective districts.

Figure 9 Integrated School Health Programme



Source: WEBDHIS- School Health Programme

Human Papillomavirus (HPV)

The 1st round of HPV campaign for 2025 was conducted during February to March 2025, which included a single dose vaccination for learners in both public and special schools. Performance achieved was 78% learner coverage and 91% school coverage against the target of 80% for both indicators.

ACHIEVEMENTS

- None.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 39 Challenges & measures planned to overcome them: MCYWH&N

CHALLENGES	CORRECTIVE ACTION
Non filling of vacant nutrition personnel.	Filling of budget posts.
No dedicated School Health Teams in the province.	School health nurses at sub-district level to be appointed.
Lack of transport.	Procurement of transport for district coordinators to conduct support visits.

Table 40 Outcomes, outputs, output indicators, targets and actual achievements: MCYWH&N

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Maternal, neonatal, infant and child mortality reduced	Couple Year Protection	IUCD Uptake			180	247	67
					REASONS FOR DEVIATION: <ul style="list-style-type: none"> Improved IUCD insertion uptake in the districts. Distribution of procured equipment to districts for insertion IUCD's. 		
					IMPROVEMENT PLAN: <ul style="list-style-type: none"> Emphasis on post-partum IUCD insertions post caesarean section to grand multiparas and advanced maternal age (AMA). Continuous public health education and awareness on LARC's. Continuous training and mentoring. Distribution of additional procured equipment. 		
	Delivery 10-14 years in facility	Delivery 10-14 years in facility			100	66	34
					REASONS FOR DEVIATION: <ul style="list-style-type: none"> Adolescent and youth friendly services (AYFS) are gaining momentum as facilities are implementing "happy hour" from 14h00 until 16h00 to accommodate the youth. AYFS trainings conducted in most facilities. Integrated campaigns held on teenage pregnancy with other stakeholders. 		
					IMPROVEMENT PLAN: <ul style="list-style-type: none"> Inter-sectoral collaboration. Appointment of Integrated School Health Programme Nurses. Implementation of Integrated School Health Programme in the catchment areas and by partners. Continuous public health education and awareness on contraceptives and behavioural change. Activation of youth zones. 		
	Antenatal 1 st visit before 20 weeks	Antenatal 1 st visit before 20 weeks rate	58.5%	57.2%	60%	66.6%	6.6%
					REASONS FOR DEVIATION: <ul style="list-style-type: none"> Improved antenatal care screening before 20 weeks and testing of women of reproductive potential. 		
					IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous public health education and awareness campaigns. Ongoing screening and testing of all women of reproductive potential at all levels of care. 		
	Still birth in facility	Still birth in facility rate (per 1000 births)			21%	23.7%	-2.7%
					REASONS FOR DEVIATION: <ul style="list-style-type: none"> Inappropriate response to decreased foetal movements. Late presentation to health facilities when experiencing danger signs. High rate of infections, e.g. Syphilis during pregnancy. Mismanagement of obstetric conditions especially HDP. Unexplained intrauterine death due to silent, undetected placental dysfunction. 		
					IMPROVEMENT PLAN: <ul style="list-style-type: none"> Public health education and awareness. Continuous training to emphasise. 		

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
	Neonatal deaths in facility rate	Neonatal deaths in facility rate	<ul style="list-style-type: none"> • Proper management of all pregnancy related infections and obstetric conditions to ensure. • Provision of quality ANC and intrapartum management. • Histology investigations recommended for all still births to identify causes of stillbirths. 	13.3 / 1 000	14 / 1 000	12.5 / 1 000	1.5 / 1 000
			14.2 / 1 000 Live births				
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> • Monthly and quarterly district and provincial Perinatal Morbidity and Mortality review meetings (PNMM) review meetings conducted. • Continuous Kangaroo Mother Care (KMC). • Improved coverage for Caesarean section high risk clinics services at district level. • Improved neonatal care interventions at district level. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> • Emphasise Kangaroo Mother Care (KMC). • Provision of quality ANC and intra-partum management. • Referrals for nutrition management and supplementation. • Availability of basic essential equipment (nasal prongs, pulse oximeters, etc.). • Continuous support visits and training. • Continuous engagement with EMS to address challenges identified. • Public health education and awareness campaigns. • Placement and non-rotation of experienced clinical staff for both neonatal and Paediatric care. • Adherence to infection control measures. • Establishment of resourced neonatal units at district level. 				
	Maternal death in facility	Maternal mortality in facility (ratio - per 100 000 live births)	80 / 100 000 Live births	115.8 / 100 000 Live births	110 / 100 000 Live births	90.4 / 100 000	19.6 / 100 000
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> • Monthly, and quarterly district and provincial PNMM review meetings conducted. • Provincial Maternal Death Assessors meeting conducted. • Continuous in-service training on ESMOE and Basic Antenatal Care Plus. • Improved coverage for Caesarean section and high risk clinics services at district level. • Improved working relationship between districts and Tertiary hospital. • Referral pathway and criteria clear between referring and the receiving facilities. • One DOA captured as an in-facility death (ZFM). 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> • All pregnant women to be seen at least once by the doctor during ANC. • Continuous training, support visits and public- health education and awareness. • Conduct Perinatal morbidity and mortality meetings at facility and district level as planned. • Adherence to the maternal death notification process, i.e. assessment of deaths at facility and provincial levels for targeted approach. 				
	Death in facility under 5 years	Death under 5-years against live birth rate	2.2	1.8%	3.8%	2%	1.8%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> • Support visits and training emphasised the implementation of treatment guidelines. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> • Continuous training and support visits. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
			<ul style="list-style-type: none"> Auditing of all deaths under 5. Placement and non-rotation of experienced clinical staff for both neonatal and Paediatric care. Emphasise adherence to guidelines. 				
	Live birth under 2500g in facility	Live birth under 2500g in facility rate	19%	17.7%	19%	18.7%	0.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Monthly and quarterly district and provincial Perinatal and Child Morbidity and Mortality review meetings conducted. Continuous in-service training on ESMOE and Basic Antenatal Care. Continuous public health education. Nutritional supplementation for eligible pregnant women. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> All pregnant women to have MUAC measurement done during their 1st ANC visit. Referral for nutritional supplements to all eligible pregnant women. Public health education and awareness. Provision of iron supplements to all pregnant women. Management of obstetric conditions and infections during pregnancy. 				
	Mother postnatal visit within 6 days	Mother postnatal visit within 6 days rate	64.4%	65.5%	64%	69.9%	5.9%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Continuous public health education. Linkage between delivery site and clinics emphasised. Postnatal clinic visits within 3-6 days emphasised on discharge. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Emphasise data collection at hospital level. Follow up post deliveries within 3-6 days up to 6 weeks by PHCWBOT's. Public health education and awareness campaigns. Monitoring of data capturing. 				
	Infant PCR test positive under 5 years	Infant PCR test positive around 6 months rate		0.7%	≤1%	0.23%	0.77%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Distribution of pamphlets on PCR testing timelines and estimation of targets in all facilities. Continuous support visits, training and monitoring of data. Emphasised linkages between delivering facilities and clinics on discharged of exposed babies. Track and tracing those missing appointments and integration of services. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Integration of EPI, IMCI and HIV services. Continuous public health education and awareness campaigns, training and support visits. HIV screening, testing and initiation on ART for all eligible pregnant women. Continuous track and tracing of treatment interrupters. Data monitoring. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
	Immunized fully under 1 year	Immunisation under 1 year coverage	75.9%	77.1%	70%	72.5%	2.5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Constant verification of data between Private Sector and public facilities. Support visits and training. Implementation of catch-up drives parallel with routine services. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Emphasis on implementation of the "Every day is an Immunization Day" Strategy. Continuous training on EPI data. Support visits and mentoring. Public health education and awareness campaigns. 				
	Measles 2 nd dose	Measles 2 nd dose 1 year coverage	73.6%	77.7%	70%	73.2%	3.2%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Constant verification of data between Private Sector and public facilities. Support visits and training. Implementation of catch-up drives parallel with routine services. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Emphasis on implementation of the "Every day is an Immunization Day" Strategy. Continuous training on EPI data. Support visits and mentoring. Public health education and awareness campaigns. 				
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate	1.5	2.1%	≤2.9%	2.3%	0.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Auditing of files. Monthly and quarterly district and provincial Perinatal and Child Morbidity and Mortality review meetings. Availability of rehydration corners in all districts. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Emphasise on auditing of deaths for targeted approach. Continuous public health education and awareness campaigns. Trainings, mentoring and support visits. Track and tracing by PHCWBOT's. 				
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate	2.4%	3.7%	≤2.7%	3.3%	-0.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Delay in seeking medical care by communities. Lack of skills and knowledge delay in implementing immediate care and investigations. Lost to follow up on chronic medication. Delays on referral to higher level of care. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continuous public health education and awareness campaigns, trainings, mentoring and support visits. Track and tracing by PHCWBOT's. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Improved access to cervical cancer services			<ul style="list-style-type: none"> Monthly and quarterly district and provincial Perinatal and Child Morbidity and Mortality review meetings. Emphasise the auditing of deaths for targeted approach. 				
	Severe Acute Malnutrition (SAM) death under 5 years	Child under 5 years Severe Acute Malnutrition case fatality rate	8.5%	5%	≤6%	6.3%	-0.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Suboptimal implementation of guidelines. Delay in seeking medical care. Delay or no referral to higher level of care. Poor nutritional assessment of all children seeking help. Late presentation at facility. IMPROVEMENT PLAN: <ul style="list-style-type: none"> EPI/IMCI visit to integrate all child health interventions. Tracking and tracing of children on chronic treatment. Public health education and awareness campaigns. Stakeholder collaboration to strengthen partnership between DOH and DSD. Continuous SAM death audits. Universal HIV testing at all levels of care. 				
Improved access to cervical cancer services	Cervical Cancer screening	Cervical Cancer screening coverage			30%	38.6%	8.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Improved cervical cancer screening at all levels of care. Cervical cancer screening targets achieved in all districts. Continuous training, support visits and monitoring of NHLs rejections. IMPROVEMENT PLAN: <ul style="list-style-type: none"> Target setting for cervical cancer screening in all facilities. Emphasise screening of all eligible women on demand at all levels of care. Continuous public health education, awareness campaigns, trainings and mentoring. 				
AIDS related deaths reduced by implementing the 95-95-95 strategy (Outcome as per reviewed Strategic Plan 2020-2025)	HIV test positive around 18 months	HIV test positive around 18 months rate		0.52%	≤1%	0.67%	0.33%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Distribution of pamphlets on PCR and HIV testing timelines to districts. Continuous support visits, training and monitoring of data. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Integration of EPI, IMCI and HIV services. Continuous public health education and awareness campaigns. Emphasise on Universal HIV testing at all levels of care. Track and tracing of those missing appointments. 				

14.2.4 Sub-Programme 2.4: Disease Prevention and Control

PURPOSE

Communicable Disease and Control

- Establish a Public Health Emergency Operations center 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).

Non-Communicable Disease (NCD)

- Prevent, promote healthy lifestyles 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-centered health services to prevent and control NCDs+.
- Promote and support a 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.

Environmental Healthcare Services

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

Eye Care

- Establish eye care health units in three constituents in the province (Dr. Harry Surtie, Robert Mangaliso Sobukwe and Kuruman Hospitals).

Mental Health

- Establish incremental district mental health teams in each district.
- Establish twenty-eight (28) mental health bed units in general hospitals.
- Beef up the provincial mental health directorate.

SITUATION ANALYSIS

Non-Communicable Diseases (NCDs) have emerged as a major global health challenge, affecting millions of individuals worldwide. A new report, released by Statistics South Africa (Stats SA), Non-communicable diseases: Findings from death notifications (2008-2018), explores the changing landscape of NCDs in South Africa over time, highlighting key trends and insights.

Data from the World Health Organization (WHO) indicates a notable increase in NCD's like cardiovascular diseases, diabetes, respiratory diseases, and cancers. These diseases are major contributors to global morbidity and mortality. Factors such as urbanisation, sedentary lifestyles, unhealthy dietary habits, tobacco use, and rising obesity rates have contributed to this upsurge. Cardiovascular diseases, cancer, diabetes, and respiratory ailments constitute a significant portion of NCDs, presenting a growing public health challenge. In South Africa, deaths due to major non-communicable diseases (NCD) such as cardiovascular diseases, cancer, diabetes and chronic lower respiratory diseases increased by 58,7% over 20 years, from 103 428 in 1997 to 164 205 in 2018. The median age at death in years was 65 for males and 69 for females. According to the data, males had higher Age Standardised Mortality Rates (ASMR) than females for all the non-communicable diseases

Advancements in medical diagnosis and treatment have led to improved life expectancies. However, this has also resulted in a rise in the overall burden of NCDs on healthcare systems. The increasing number of people living with NCDs necessitates more extensive and efficient healthcare services, posing financial and organisational challenges for health systems. Efforts to tackle NCDs have evolved over time, with a notable shift towards preventative strategies.

Health education campaigns, policy interventions, and public health initiatives focusing on promoting a healthier lifestyle, early detection, and regular health check-ups have shown promise in curbing the spread and impact of NCDs.

In line with the World Health Assembly global strategy and the South African national strategic plan for the prevention and control of non-communicable diseases, recommendations for a comprehensive surveillance and monitoring system for NCDs needs to be implemented to establish baselines and monitor the 90-60-50 target cascade for non-communicable diseases.

The information in this report will enable the formulation of targeted interventions to address the increasing burden of non-communicable diseases, allocate resources appropriately, and implement health promotion programmes to create awareness about the risk factors associated with non-communicable diseases such as smoking, exposure to air and industrial pollutants that increase the risk of chronic respiratory diseases, physical inactivity, consumption of highly refined foods and saturated fats, harmful use of alcohol, and inadequate intake of vegetables and fruit. Regular screening for NCDs at health facilities and community level needs to be reinforced to ensure timely diagnosis of these diseases and monitoring of patients to ensure that they are under control.

Table 41 Oncology Statistics

CANCER TYPE	Quarter 1	Quarter 2	Quarter 3	Quarter 4	2024/2025
Breast	802	872	918	890	3482
Prostate	352	445	424	424	1645
Cervical	216	317	256	310	1099
Head & Neck	144	162	199	128	633
Hodgkin's Lymphoma	68	37	22	47	174
Colon	23	30	24	32	109
Haematology	16	30	24	27	97
Kaposi Sarcoma	18	19	25	31	93
Colorectal	2	2	1	0	5
Lung	29	43	1	43	116
Non-Hodgkin's Lymphoma	11	10	46	0	67
Rectum	14	34	13	43	104
Mesothelioma	8	11	4	3	26
Endometrial	0	1	1	1	3
Peri-Anal	0	1	2	0	3
Ovarian	0	0	3	1	4
Gastric	0	0	0	3	3
TOTAL	1703	2014	1963	1983	7663

Source: Cancer Register RMSH

The table above is the data collected from RMSH registers in the absence of cancer register in the country. Regulation 380 of the National Health Act mandated the National Cancer Register to establish population-based cancer Register (including those diagnosed by clinical and radiological investigations) The population-based and pathology-based cancer registries will complement each other, enhancing the cancer incidence estimates derived for the provinces.

The purpose of cancer surveillance through registration is to determine the changes in national patterns of cancer as of result of changing risk factors and health care intervention, by examining long term trends, in the absence of NIDS provinces were mandated to collect their data. The table above is revealing, that northern cape top ten cancer are: Breast, prostate, cervical, head and neck, Hodgkin's lymphomas, colon, Haematomas, Kaposi sarcoma, lung & Rectal. Overall the burden of cancer remains poorly understood and existing research has not been synthesized.

NON COMMUNICABLE DISEASES: CHRONIC DISEASES MANAGEMENT

Diabetes screening among 18-44 years

Table 42 Diabetes screening (18-44 years)

Description	Total
Total clients screened for diabetes (18-44y)	387 393
Isolated and Requiring treatment	778
New clients initiated on treatment	939

The above figures reflect a total increase of 16,5% compared to the previous financial year which was 332 504. This achievement is as a result of many interventions that the province embarked on, one of the strategy is intensifying community based screening, utilising primary health care outreach teams. The performance translated to a provincial positivity rate for Diabetes 18-44years of 0.2% against the provincial target of 2%. All five Districts were within the normal ranges below 2%.

Diabetes Screening among 45 years & older

Table 43 Diabetes screening (≥45 years)

Description	Total
Total clients screened for diabetes (≥45 years)	263 338
Isolated and Requiring treatment	1019
New clients initiated on treatment	2017

The data above is an illustration of the total increase of 9.9% as compared to the last financial year due to the same interventions already noted amongst the 18-44 years cohort. It was observed that the total number of clients initiated on treatment was overlapping those that were requiring treatment interventions, this was as a result of investigations that were done before treatment initiation. The figures above translated to a provincial positivity rate of 0,4% for Diabetes 45 years and older, with a positive deviation of 1.6%% against the provincial target of 2%. All Districts were within acceptable range of less than 2%.

Hypertension screening among 18-44 years

Table 44 Hypertension screening (18-44 years)

Description	Total
Total clients screened for hypertension (18-44y)	547 126
Isolated and Requiring treatment	3447
New clients initiated on treatment	3371

The increase in the screenings from the previous financial year, which was at 468 535 amounted in the number of clients screened in the above category being to 16,7 % according the web DHIS. The achievement can only be linked to vigorous strategies that were put in place especially in the two Districts Namaqua and Frances Baard, that had recruitment drive for outreach team leaders. The interventions and the figures above translated to a provincial positivity rate for Hypertension clients 18-44 years of 0,6% with a positive deviation of 1,9% against the target of 2,5%. According to Web DHIS data analysis is also reflecting stability all the districts are below the 2,5 % range.

Hypertension screening among 45 years and older

Table 45 Hypertension screening (≥45 years)

Description	Total
Total clients screened for hypertension (≥45 years)	278 991
Isolated and Requiring treatment	3948
New clients initiated on treatment	3087

The figures above reflect a notable increase as compared to the previous financial year which was 253 951 and amounts to 20,4% increase for this financial year. Interventions translated to a provincial positivity rate of 1,4%% with a positive deviation of 1,1%. However according to DHIS it has been observed that Frances Baard District recorded slightly high incidence of 2.8% in this range.

Table 46 Overall performance on Chronic Diseases

Data Element	Screened	Referred for treatment	Newly diagnosed	Positivity rate	Deviation from Target (Hypertension - 2.5% Diabetes - 2%)
Hypertension 18-44 years	547 126	3447	3371	0,6%	1,9%
Hypertension 45 years and older	278 991	3948	3807	1,4%	1,1%
Diabetes 18-44 years	387 393	778	939	0,2%	1,8%
Diabetes 45 years and older	263 338	1019	2017	0,4%	1,6%

Source: WebDHIS

Table 47 Overall performance on Chronic Diseases per district

Chronic Diseases	FB	JTG	Nam	PKS	ZFM	TOTAL
Diabetes screening 18-44 years	123131	92857	47051	86253	38101	387393
Requiring/referred for Diabetes treatment: 18-44 years	177	251	173	76	101	778
Hypertension screening 18-44 years	165215	132321	58155	116652	74783	547126
Requiring/referred for Hypertension treatment: 18-44 years	939	604	401	1084	419	3447
Diabetes screening 45 years and older	65786	65003	43472	63833	25244	263338

Chronic Diseases	FB	JTG	Nam	PKS	ZFM	TOTAL
Requiring/referred for Diabetes treatment: 45 years and older	420	198	159	71	171	1019
Hypertension screening 45 years and older	72405	63245	47366	59133	36842	278991
Requiring/referred for Hypertension treatment: 45 years and older	2008	459	435	580	466	3948
Diabetes 18-44 years positivity rate (target 2%)	0.1%	0.3%	0.4%	0.1%	0.3%	0.2%
Hypertension 18-44 years positivity rate (target 2.5%)	0.6%	0.5%	0.7%	0.9%	0.6%	0.6%

Source: WebDHIS, NCDOH, 24/2025 FY

The table above is showing the provincial performance, reflection of a well-established integrated, person centered approach which promotes the introduction and strengthening of care cascades for Diabetes and hypertension.

REHABILITATION SERVICES

Many risk factors and common conditions may lead to Disability, Challenges experienced in implementing rehabilitation services in the province are related to numerous reasons:

- Medical Model resulting in poor access to a comprehensive disability and rehabilitation service especially to persons in rural and disadvantaged areas
- Inadequate provision of appropriate assistive devices/technology and accessories
- Non-existence of rehabilitation team in the Districts hence the performance in the other areas remains not improving.
- There is an inequitable distribution of resources.

The table below is an indication of performance for hearing aids and wheelchairs, illustrates the needs for comprehensive strategy for the provision of disability and rehabilitation services across the life course at all levels of health systems. ZFM continues to demonstrate a huge backlog for wheelchairs. No dedicated budget for assistive devices in the province, budget is only allocated for program 7. The programme is only relying on Donations. The donation is not catering for children and motorized wheelchairs of which there are clients in need of these devices in our system

Table 48 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	Required	Issued	Required	Issued (%)
FB	51	43	210	182	260	225
JTG	0	0	0	1	0	1
Namakwa	0	0	0	3	0	3
PKS	1	3	10	11	11	14
ZFM	24	18	167	186	191	204
TOTAL	76	64	387	383	462	447

Source: WebDHIS

Table 49 Provincial summary on Wheelchairs issued

District	Wheelchair provision child (0-18 years)		Wheelchair provision adult (19 years older)		Total	
	Required	Issued	Required	Issued	Required	Issued
FB	9	7	132	49	141	56
JTG	7	4	42	44	49	48
Namakwa	8	13	137	126	145	139
PKS	1	1	102	11	103	12
ZFM	199	43	1275	247	1474	290
TOTAL	224	68	1688	477	1912	545

Source: WebDHIS

Interventions that contributed to the success of the programme

The following topics were covered for cancer prevention jointly between the DOH and Cancer association, jointly with health promotion unit.

- Prostate cancer, colorectal cancers, uterine cancers, cervical cancers, Breast cancers, Lung cancers, Hodgkin's lymphomas, skin cancers and Melanomas.
- Training of community Health workers on foundation phase NCD module for community based screening of Diabetes and Hypertension
- Palliative care training for health care workers for supportive care at all levels
- Tobacco Bill hearing in JTG and Frances Baard.
- Distribution of IEC material
- Appointment of outreach Team leaders in the 2 Districts
- Radio interviews in all the Districts on NCD Calendar events
- Integrated and joint event with Hast for world Cancer Awareness Month in February 2025

MENTAL HEALTH

The province has an approved Provincial Mental Health Strategic Plan 2020-2030 which is in line with the National Mental Health Policy Framework and Strategic Plan and the following shortcomings:

- Mental Health Leadership and Governance.
- Mental Health Professionals
- Mental Health infrastructure in general hospitals.
- Community-based mental health services as well as licensed community based services.

ACHIEVEMENTS

NON COMMUNICABLE DISEASES: CHRONIC DISEASES MANAGEMENT

- The programme had a positive deviation regarding screening for Diabetes and Hypertension for all priority age groups, e.g. 18-44 years and 45 years and older. This can be attributed to community based intensified screening and interventions on healthy living as there was previously an influx in positive screening.

MENTAL HEALTH

- Professionals are continuously trained in mental health through Adult Primary Health Care Module that is now online.
- Identified two buildings for repurposing into a halfway house or step down facility.
- Include Mental Health Directorate posts, secretariat of the board and a coordinator for the mental health review board into critical posts list.
- Advertise mental health review board for eastern and western part of the province.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 50 Challenges & measures planned to overcome them: Disease Prevention & Control

CHALLENGES	CORRECTIVE ACTION
Insufficient human resources for the entire program NCDs	Recruitment and filling of vacant funded positions
Unknown/lack of budget allocation for NCDs	Require a Dedicated Budget for the unit
No District coordinators for NCD's	Creation and funding for the District co-ordinators
Limited resources for rehabilitation services e.g. no therapists in some of the districts	Allocation of budget for wheelchairs and filling of vacant and funded positions for therapists.

Table 51 Outcomes, outputs, output indicators, targets and actual achievements: Disease Prevention & Control

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Hypertension and diabetes prevalence managed	Positive Hypertension clients 18-44 years	Positivity rate for Hypertension 18-44 years		0.7%	2.5%	0.6%	1.9%
		REASONS FOR DEVIATION:	<ul style="list-style-type: none"> Responsive public health interventions through, social mobilisation and intensified community based screening. 				
		IMPROVEMENT PLAN:	<ul style="list-style-type: none"> Continue with social mobilisation. 				
	Positive Diabetes clients 18-44 years	Positivity rate for Diabetes 18-44 years		0.5%	2%	0.2%	1.8%
		REASONS FOR DEVIATION:	<ul style="list-style-type: none"> Responsive public health interventions through, social mobilisation and intensified community based screening. 				
		IMPROVEMENT PLAN:	<ul style="list-style-type: none"> Continue with social mobilisation. 				
Improve access to Mental Health services							
	PHC Mental Disorders treated	PHC Mental Disorders treatment rate new			2%	0.21%	-1.79%
		REASONS FOR DEVIATION:	<ul style="list-style-type: none"> No Psychiatrists at district level. 				
		IMPROVEMENT PLAN:	<ul style="list-style-type: none"> Make use of the Mental Health Grant to appoint Psychiatrists. 				

14.2.5 Sub-Programme 2.5: Health Promotion

PURPOSE

- *Improve Health outcomes in managing both Communicable and non-communicable disease in the province.*
- *Promote healthy lifestyles.*
- *Sustain health and wellness.*
- *Coordinate Advocacy, Communication and Social Mobilization (ACSM) activities.*
- *Distribute IEC materials.*
- *Participate in communication networks.*

SITUATION ANALYSIS

Health Promotion is defined by the World Health Organization as a strategy that enables people to increase control over their health. It covers a wide range of social and environmental interventions designed to protect individual's health and quality of life 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 which reduce the risk of developing acute and chronic diseases and other morbidities. Health Promotion aims to address the burden of disease which relates to HIV/TB, STI's, NCD's, as well as maternal, neonatal and child health.

The Directorate conducted a total of three hundred and twenty-six (326) health promotion activities, which were as follows:

Table 52 Health Promotion Activities

ACTIVITY	DESCRIPTION
Collaborated with the CDC Unit in conducting the Influenza Vaccination Campaign at various Health Facilities, a total of seventy (70) across the Province.	Activities included Meetings with NDOH, Facility Managers, Data Capturers and Peer Educators regarding Reporting templates; Utilization of all vaccines; Capturing of all vaccines administered; Health Education on the Importance of the Influenza Vaccine; Distribution of IEC material.
5 km TB Walk in Ganspan.	On-site services: TB, STI and HIV screening; BP testing; Glucose testing; HIV testing; TB testing; Condom distribution.
Health Facility Support Visits in Frances Baard District.	Health Talks on 5 Pillars of Healthy Lifestyle and the Importance of Influenza Vaccine, also conducted Meetings with Peer Educators regarding Reporting timelines and templates. The following Health Facilities were visited: MaDoyle Clinic, Kimberley (33 ppl); Mapule Matsepane Clinic, Kimberley (37 ppl); Betty Gaetsewe Clinic, Kimberley (25 ppl); Phutanang Clinic, Kimberley (21 ppl); Ma-Doyle Clinic (24 ppl).
AGWY (Adolescent Girls) Dialogue coordinated by Pathways to Change and Grassroots Edge NGO's at the Recreational Hall in Galeshewe.	Panelists included Representation from the Department of Health and the following topics were covered: Mental health issues that affect the adolescent girls and boys; PREP & PEP; Teenage Pregnancy; HIV/AIDs; Substance Abuse. Stakeholders in attendance covered the following topics: SAPS: Different types of drugs and the effects it has on your health; SAPS: Crime conducted by Adolescents and how to report Crime; Aurum: Health talks on TB; Pathways to Change & Grassroots: Programmes rendered for boys & girls; Higher Education: Fields of study after Matric. All Stakeholders had exhibition stalls rendering different Services (137 Girls attended). PREP Pamphlets; Dangers of Tobacco pamphlets were distributed.
MSP (Male Sexual Partners) Dialogue, coordinated by Pathways to Change and Grassroots Edge NGO's at the Greenpoint Community Hall (92 Men attended).	PREP pamphlets; MPOX pamphlets; 5000 male condoms IEC material was distributed. Stakeholders that were in attendance: SAPS; DSD; DOH.
NACOSA Outreach program.	Conducted one-on-one sessions with Youth out-of-school on Dangers of tobacco, PREP and Safe Sex, together with distribution of IEC (31 ppl).
Coordinated a Health Talk on Mental Health at UCC Church, Kimberley	This event was conducted by Ms Yvette Lucas from Careline Clinic; 128 ppl were in attendance.
Information session on STI's management for officials at the Department of Social Development	The presentation included: STI's Management; Prevention; Importance of Vaccination; Importance of Health screening (14 ppl). The following IEC material was distributed: Influenza vaccine flyers; How to use male condom pamphlets; How to use female condom pamphlet; Frequently asked questions on PREP pamphlets; TB APP flyers.
Virtual Employee Wellness Day for SALGA.	Twenty (20) participants were reached and the following Presentations were conducted: Healthy Eating Guidelines by Ms C De Lange; The 5 Pillars of a Healthy Lifestyle by Ms L Kesiamang; Pre and Post Exposure Prophylaxis by Ms M Olivier.

ACTIVITY	DESCRIPTION
Frances Baard District in the Child Protection Week build-up activities	Presentations were conducted by the following Stakeholders: Department of Health: Mental Health & Teenage Pregnancy; South African Police Services: Cyber Bullying; Department of Education: Psychosocial Support; South African Social Agency: Social Grant & Foster Support Grant; Department of home affair: Birth Registration. Build-up activities took place at Emmanuel High School and Vuyolethu High School in Kimberley (100 learners and 100 parents).
Child Protection Week Ministerial Event at Mittah Seperepere Convention Centre.	Exhibitions were held by the following Stakeholders: Department of Education; Department of Health; Department of Home Affairs; South African Police Service; South African Social Agency; Pathways to Change NGO; AURUM Institute.
Collaborated with the NCD Unit in conducting Health Facility support visits in relation to CCMDD and NCD's.	The support visits were conducted in the JTG District and a total number of 9 Health Facilities were reached.
Campaign on Substance Use.	Engagement with the SPU students.
Virtual Commemoration of World Breastfeeding Day	Hosted by the NDOH from the MCYWH&N programme.
Coordinated a Health Talk on Mental Health at the Vooruitsig Primary School, Kimberley	Conducted by Ms Yvette Lucas from Careline Clinic. 1200 Learners and 17 Educators in attendance.
Conducted health education on the Dangers of Tobacco in commemoration of World No Tobacco Day at Floors High School, Kimberley.	Thirty-six (36) Learners were reached.
Health Promoting Schools and HPS Baseline Assessments	Presentations at two Schools in the Frances Baard District and at two in the Pixley ka Seme District.
Conducted Health Education on Personal hygiene at Kimberley Boys High School.	One hundred and twenty-three (123) Learners reached.
Conducted Health Talks on Oral Health at the following Schools in Frances Baard District.	Kgabang Primary School, Ritchie (1200 Learners) Rietriver Primary School, Ritchie (1300 Learners)
Health Talks, together with distribution of IEC material (including Health Awareness Days Calendars), were conducted at various Schools within the Frances Baard District and Thembelihle Sub-district.	Topics: 5 Pillars of Healthy Lifestyle (Healthy Eating; Physical Activity; Dangers of Tobacco use; Dangers of Alcohol abuse; Safe sex practices); HPV; Teenage Pregnancy; Condom Use; PREP; MMC; STI's; TB; Prostate Cancer; Health screening methods for Breast & Testicular Cancer. <ul style="list-style-type: none"> • Pniel Landgoed Primary School, Barkly West (24 Learners) • GN Pressly Intermediate School, Longlands (60 Learners) • Delporshoop Intermediate School (60 Learners) • Taudiarora Primary School, Jan Kempdorp (22 Learners) • Olympic Primary School, Kimberley (76 Learners) • Tadcaster Intermediate School, Jan Kempdorp (84 Learners) • Steynville Primary School, Hopetown (105 Learners) • Oranje Diamant Primary School, Hopetown (120 Learners) • Masiza Primary School, Kimberley (72 Learners) • DL Jansen Primary School, Windsorton (139 Learners) • Tshiamo Primary School, Kimberley (94 Learners) • Isago Primary School, Kimberley (148 Learners) • Stilwater Intermediate School, Riverton (77 Learners) • Koopmansfontein Primary School (15 Learners) • Tlhomelang High School (aka Floors No.2) (40 Learners) • Floors No.2 High School, Kimberley (33 Learners) • Steynville Primary School, Hopetown (94 Learners) • Oranje Diamant Primary School, Hopetown (122 Learners) • Kim-Kgolo Primary School, Kimberley (107 Learners) • Letshego Primary School, Kimberley (63 Learners) • Thabane High School, Kimberley (118 Learners) • Montshiwa Primary School, Kimberley (83 Learners) • Boitshoko Primary School, Kimberley (91 Learners) • Emmang Mmogo Comprehensive School, Kimberley (76 Learners) • Reneilwe Primary School, Kimberley (75 Learners) • Sol Plaatjie Primary School, Kimberley (120 Learners) • Tshirileco High School, Kimberley (54 Learners) • Tshwarelela Primary School, Kimberley (160 Learners) • Zingisa Primary School, Kimberley (106 Learners)
Health education on Early Signs & Symptoms of MPOX, healthy lifestyle and distribution of IEC material done at Health Facilities in Frances Baard District.	<ul style="list-style-type: none"> • Jerry Botha Clinic, Hartswater (42 ppl) • Nomimi Mothibi Clinic, Pampierstad (23 ppl) • Sakhile Clinic, Pampierstad (68 ppl) • Valspan Clinic (22 ppl)
AYP Multi-Service Provision Dialogue at Bantu Hall in Galeshewe.	Attended and participated the event that was spearheaded by Bophelong NGO.
AYP Dialogue at One Stop Centre Library in Roodepan.	Attended and participated during the event that was spearheaded by Mobile HCT NGO.

ACTIVITY	DESCRIPTION
Facility visits (31) done on the functionality of structures in FB District.	Official training of all structures planned for October/November 2024 by NDOH.
TB dialogues in Port Nolloth, Upington and Kuruman	Attended and participated (170 ppl reached).
Conducted Health education and demonstration on the importance of Hand wash at eight ECD's (Frances Baard).	Three hundred and nine (309) learners reached.
Public participation sessions by Parliament Sub Committee on Health, on the new Tobacco Products and Electronic Delivery Systems Control Bill. The sessions took place in Upington, Kuruman and Kimberley	Attended and participated (650 ppl reached).
Conducted social mobilization for the NCD Campaign.	Loud hailing, IEC distribution, Blitz and liaison with local community radio stations.
Conducted Facility support visits.	Meetings were held with the Peer Educators to discuss the Reporting Templates and Weekly Reporting Timelines. Facilities: City Clinic, Greenpoint Clinic, Masakhane Clinic, MaDoyle Clinic, GDH and Betty Gaetsewe Clinic.
Kolomela Mine Wellness Day	Attended and participated (150 ppl reached). The following services were rendered on site: Health Education, Distribution of IEC and Distribution of Male and Female condoms.
World AIDS Day build up Men's Dialogue at the Multi-purpose centre in De Aar.	Attended (150 ppl reached).
World AIDS Day build up "Effect of Sex Workers in the Community" Dialogue at Kuyasa Hall in Colesburg.	Attended (200 ppl reached). The following services were rendered on site: Health Education, Distribution of IEC and Distribution of Male and Female condoms.
Conducted Health Education on 5 Pillars of Healthy Lifestyle, together with distribution of IEC material.	At the following healthcare facilities in the Sol Plaatje Sub-district: Greenpoint Clinic (21 ppl reached), Beaconsfield Clinic (37 ppl reached) and City Clinic (78 ppl reached).
Distributed Health Awareness Days Calendars (532).	<ul style="list-style-type: none"> Henrietta Stockdale Nursing College (HSNC): 20 NCDOH Provincial office at James Exum Building: 35 EMS: 20 NCDOH HOD's Office: 20 RMSH Wellness Centre: 50 JTG District: 100 Floors Clinic: 10 Masakhane Clinic: 10 Namaqua District: 100 Frances Baard District: 100 Sol Plaatje Municipality: 10 Phutanang Clinic: 10 Ritchie Clinic: 5 City Clinic: 10 Greenpoint Clinic: 10 Department of Justice: 7 Department of Social Development: 5 Thuthuzela Centre: 5 SAPS: 5
Integrated Program on Trafficking in Persons that took place on the N12 & at Tuckshops in Warrenton.	<ul style="list-style-type: none"> Road safety inspections were conducted on the N12 enroute to Warrenton. The aim was to ensure that vehicles meet roadworthiness standards and that drivers comply with traffic laws. Information sharing conducted on Human Trafficking and Gender Based Violence, together with distribution of pamphlets. Visits to Tuckshops: Authorities checked for proper food storage, cleanliness and expiration dates to prevent foodborne illnesses. Businesses which were found violating health regulations received warnings. The following Stakeholders formed part of the activities: Government Communications Information Systems (GCIS); National Prosecuting Authority (NPA); Department of Justice; Department of Social Development, Department of Health, South African Police Service (SAPS).
Departmental Healthy Lifestyle Awareness Day.	Participants: Forty-six (46) Activities: Physical Fitness activities, Health Screening, Partners/NGO's: Aurum Institute: Mobile Chest X-rays, Lifeline: HIV Testing, Pathways to Change: HIV Testing, EMS: Screening of Hypertension and Diabetes, GEMS: Medical Aid updates, Virgin Active: Physical activity.
TB dialogues held at Sol Plaatje University	Attended and participated, 80 students reached. The following services were rendered on site: Health education on different health issues, Distribution of IEC material and Condoms, BMI, TB screening and testing, HIV testing, Mental Health screening.

ACTIVITY	DESCRIPTION
Information session on the Prevention of Sexually Transmitted Diseases	Conducted the session and distributed IEC material and Health Awareness Days Calendars. The session took place at the Department of Economic Development and Tourism (15 participants).
Distribution of IEC material at various platforms.	Topics: PrEP, Dangers of Tobacco, How to use Male and Female Condoms, TB Check, Diabetes and Hypertension; Oral Health Care; Health Awareness Days Calendars.
Eighty-nine (89) Radio talkshows were conducted through six local radio stations.	Total of 2 323 327 listeners reached (data source NCRF).

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

Table 53 Summary of Health Promotion Activities addressing Health Programmes

ACTIVITY	HAST	MCYWH&N	NCD/CDC	TOTAL
Health talks	1868	1530	2112	5510
People reached through Health Talks	84055	66958	90313	241326
Service Delivery Outreach	135	59	52	246
People reached through Outreaches	7038	2153	2631	11822
IEC Material Distribution	160	20	147	327
IEC Materials Distributed	12103	1622	19155	32880
Community Dialogues	2	3	-	5
People reached through Dialogues	200	340	-	540
Condom demonstrations	81	-	-	81
People attended Condom Demonstrations	2958	-	-	2958
Condom distributions	646	-	-	646
Condoms distributed (male)	1109698	-	-	1109698
Condoms distributed (female)	17485	-	-	17485
Radio Talkshows	21	33	35	89
Total Listeners	625026	819678	878623	2323327

Various Stakeholders were collaborated with in the Unit's endeavours, these included the following:

Table 54 Health Promotion Stakeholders

DEPARTMENTS	Social Development; Education; Home Affairs; Justice; Economic Development and Tourism; Forestry, Fisheries & Environment; Co-operative Governance, Human Settlements & Traditional Affairs (COGHSTA); Transport, Safety and Liaison; Correctional Services; South African Police Service; SALGA; Government Communications Information Systems (GCIS); Office of the Premier.
NGO's	Red Cross, Mobile HCT, Lifeline, Grassroots, NACOSA, Love Life, Pathways to Change.
ORGANISATIONS	World Health Organization (WHO); UNICEF; Early Childhood Development Centres; Aurum Institute; Kolomela Mine; Finch Mine; Afrisam Mine; Black Mountain Mine; Sishen Mine; Khumani Mine.
RADIO STATIONS	Radio Riverside; Radio Kaboesna; Radio XKFM; Radio Core; Radio Teemaneng; Radio Kurara.
TRAINING INSTITUTIONS	Sol Plaatje University; City Campus Moremogolo TVET; Phatsimang TVET; Upington TVET College.

ACHIEVEMENTS

- The health promotion activities, through collaborative efforts with other health programmes, NGO's, Government departments and Stakeholders aimed to contribute to the TB case finding target, HIV testing rate, reduction in HIV positivity amongst 15-25 years, condom distribution, increase in the screening for hypertension and diabetes, reduction in mortality for under-5 due to diarrhea owing to intensive handwashing campaigns, couple year protection increase, immunization for children and Influenza campaigns.
- Collaborated with the CDC Unit in conducting the Influenza Vaccination Campaign at various Health Facilities across the Province. Activities included Meetings with NDOH, Facility Managers, Data Capturers and Peer Educators regarding Reporting templates; Utilization of all vaccines; Capturing of all vaccines administered; Health Education on the Importance of the Influenza Vaccine; Distribution of IEC material. A total number of 70 Health Facilities were visited throughout the Province.
- Part of the Provincial Outbreak Response Team.
- Part of the Operation Phuthuma Provincial Nerve Centre.
- The Health Promotion Unit formed part of the NHI/CUPS Provincial Project Team and attended and participated in Workshops and Meetings. An ACSM Plan was developed for the identified CUPS in the Frances Baard District.
- The Health Promotion Unit is part of the Provincial Mine Partnership Forum.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 55 Challenges & measures planned to overcome them: Health Promotion

CHALLENGES	CORRECTIVE ACTION
Shortage of District Health Promoters – only 2 are appointed on a permanent basis (FB & ZFM).	The filling of vacant Health Promoter posts in PKS (1), JTG (1) and Namaqua (2) Districts and one extra post (FB) has been included in the departmental HR submission. Awaiting advertising process from HR.
No budget for radio talkshows and jingles. Non-reporting of districts on radio talkshows done for free as per their relationship with radio stations and other talkshows sponsors	Discussions to obtain budget for departmental radio talkshows. Encourage districts to report on all radio talkshows conducted by them.
District Support visits could not be conducted due to non-approval of submission	Discussions continuing to get approval for district support visits to especially Namakwa, JTG and PKS Districts where there are no Health Promoters, not excluding the other districts that also need provincial support
Shortage of IEC material.	<ul style="list-style-type: none"> Integrated Health programs messages have been developed and the HAST Unit (CG) will assist with funding for translation of messages (Afr/Setswana/Isixhosa), design and printing of a booklet/pamphlet. Up to date, SCM did not activate the requisitions. Continuous engagement with HAST/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	Discussions ongoing to increase fleet for Province and Districts as well as implementing the Subsidized Vehicle Policy.

Table 56 Outcomes, outputs, output indicators, targets and actual achievements: Health Promotion

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Health and wellbeing of individuals improved	ACSM activities conducted	Number of ACSM activities conducted	1 999	3 553	1 200	5 386	4 186
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Improved recording and reporting as well as conducting of Health Promotion/RCCE activities from Peer Educators. Increase in stakeholders' engagements and support relating to health promotion/RCCE activities. Improved reporting on Health Promotion/RCCE activities from mines. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Sustain and improve further on Health Promotion outputs. Improve planning and implementation of Health Promotion/RCCE activities. Advocate for recruitment of District and Sub-District Health Promotion Officers to improve outputs. Continue capacity building training sessions for Mine- and Farm Peer Educators. Advocate for ring fenced budget for the Health Promotion Directorate to ensure better resource allocation. Engage and motivate the mines that are not reporting to submit the reports on health promotion/RCCE activities done and the number of people reached. 				
	People reached through ACSM activities	Number of people reached through ACSM activities	2 810 125	2 587 332	2 500 000	2 538 349	38 349
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Radio talksheets were conducted in the Districts, despite the absence of funded Departmental talksheets. Improved reporting from mines on health promotion/RCCE activities done. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Advocate for a budget for radio talksheets to ensure that more people are reached. Districts to submit reports of radio talksheets done for free as per their working relationship with community radio stations and other talksheets sponsors. Improve planning and implementation of Health Promotion/RCCE activities. Advocate for recruitment of District and Sub-District Health Promotion Officers. Continue capacity building training sessions for Mine- and Farm Peer Educators. Advocate for ring fenced budget for the Health Promotion Directorate to ensure better resource allocation. Engage and motivate the mines that are not reporting to submit the reports on health promotion/RCCE activities done and the number of people reached. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 2

Programme 2 - District Health Services has spent R3 080 327 or 100 per cent of its final budget of R3 080 327 million.

Table 57 Linking performance with budget: Programme 2 – District Health Services (DHS)

PROGRAMME 2: District Health Services	2024/25			2023/24		
	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
District Management	353 774	428 145	(74 371)	375 571	375 571	-
Community Health Clinics	679 767	652 303	27 464	634 504	634 504	-
Community Health Centres	446 868	461 536	(14 668)	451 175	451 175	-
Other Community Services	165 267	165 267	-	148 968	148 968	-
HIV/AIDS	632 833	622 534	10 299	560 889	560 889	-
Nutrition	6 804	6 324	480	2 971	2 971	-
District Hospitals	795 014	744 218	50 796	783 995	783 990	-
TOTALS	3 080 327	3 080 327	-	2 958 073	2 958 073	-

14.3. Programme 3 – Emergency Medical Services (EMS)

PROGRAMME PURPOSE & STRUCTURE

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.

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 province continued to face significant systemic pressures in terms of Emergency Medical Services (EMS), which was largely due to critical fleet and staffing shortages. On average, fewer than 60 ambulances were operational daily, which is well below demand. Twenty-two (22) ambulances have been procured during the fourth quarter, however, only nine (9) have been registered and integrated into service to date. Staff shortages, especially Emergency Care Officers, Drivers, and Call Centre Operators exacerbate service delivery issues across all districts.

Notably, the Priority-1 rural response indicator has declined, the reason therefore being directly linked to the limited number of available vehicles, operating with one-person crews and EMS stations that are closed in critical areas such as the Namakwa District.

Stakeholder engagement on Quality Learning Centres (QLC's) and EMS's role within clusters has been a positive step towards fostering collaborative regional planning and accountability, though outcomes remain pending.

Table 58 EMS District-Level Highlights

District	Key Issues
ZF Mgcawu	<ul style="list-style-type: none">• Operational Vehicles: 11/19 Ambulances; 2/5 PTV's.• Staff shortages result in one-person crews in remote towns.• Critical inter-facility transfers (e.g., Dr. Harry Surtie to Kimberley) affected.• Call registration delays due to system overload and lack of operators.
Call Centre (Upington)	<ul style="list-style-type: none">• Understaffed and overwhelmed with increased call volume from Namakwa.• Slower dispatch times and increasing operator fatigue.
Namakwa	<ul style="list-style-type: none">• Seven EMS stations shut down due to staff shortages, e.g. Hantam, Karoo-Hoogland.• No rotational shifts in some towns; areas covered with minimal presence.• District calls now diverted to Upington, further straining the capacity of the Upington Call Centre.

Despite incremental improvements such as new ambulance procurement and stakeholder dialogues, the provincial EMS system remains under critical strain. Until all new ambulances are operational and staffing challenges are addressed comprehensively, especially at call centres and district levels, service delivery will continue to decline; most notably in rural and inter-facility response metrics.

Key Recommendations:

- Fast-track registration of the remaining thirteen (13) ambulances.
- Urgent recruitment drive for ECO's, Call Centre Agents and Planned Patient Transport Drivers.
- Deploy mobile or temporary EMS stations to mitigate the closure impacts in Namakwa.
- Invest in shift balancing to reduce overtime burden and burnout.
- Leverage QLC engagement outcomes for localized EMS performance strategies.

ACHIEVEMENTS

- Fleet Expansion Initiated: Successfully procured twenty-two (22) new ambulances to strengthen service capacity.
- Stakeholder Engagement on QLC's: Initiated and conducted collaborative sessions with stakeholders to enhance understanding of EMS integration into QLC frameworks. Improved inter-sectoral dialogue and coordination at district cluster level.
- Operational Continuity despite constraints: Maintained core EMS services in rural and high-demand areas despite operating with fewer than sixty (60) ambulances daily.
- Data driven operations: Continuous use of Computer Aided Dispatch (CAD) systems to monitor and improve call handling efficiency.
- Appointments: A total of forty-four (44) posts (replacement and contractual) were filled during this reporting period.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 59 Challenges & measures planned to overcome them: EMS

CHALLENGES	CORRECTIVE ACTION
One-man crew operations.	Increase staff establishment with 350 staff members.
Non-operational EMS stations.	Increase staff establishment with 350 staff members.
Increase staff establishment with 350 staff members.	Interrogation of stats on management meetings and propose way forward for efficiency reports.
Crew Resource Management (burnout and fatigue due to staff shortage).	Increase staff establishment with 350 staff members.
Road infrastructure.	Procurement of more 4X4 ambulances for rural areas.
Staff Development and Training (HRD).	Appointment of district Facilitators and Activation of WSP.
Ambulances are used as PTV busses.	Appointment of 30 PTV drivers (with PTV busses) for District.
No access to call centre during load shedding.	Establish and implement District Call Centres with Back-up Generators.
Confusion amongst community regarding Emergency number.	Using radio to reach population and mitigate challenges and usage of the Botshelo App.
PTV Bus night driving with patients.	Prioritising the opening of Harmony Home or equivalent overnighting facility for patients.
Inability to maintain crew mandate (126 ambulances) for some districts.	Increase fleet (Ambulances, rescue vehicles and PTV vehicles) and staff establishment to meet National target.

Table 60 Outcomes, outputs, output indicators, targets and actual achievements: EMS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
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	76%	76.3%	60%	64%	4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Optimized dispatch, improved GPS routing, better ambulance placement and effective local collaborations in rural areas or traffic prioritization in urban zones.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Improve on inspection schedules and licensing, as well as Wesbank Authorization turnaround times.				
	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes rate	70%	73%	60%	65%	5%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Optimized dispatch, improved GPS routing, better ambulance placement and effective local collaborations in rural areas or traffic prioritization in urban zones.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Improve on inspection schedules and licensing, as well as Wesbank Authorization turnaround times.Procure fleet for the 2025/26 financial year.				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 3

Programme 3 - Emergency Medical Services spent R435 605 or 98.8 per cent of its final budget pf R440 808. 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.

Table 61 Linking performance with budget: Programme 3 – EMS

PROGRAMME 3: Emergency Medical Services	2024/25		2023/24		(Over)/Under Expenditure R'000	
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000		Actual Expenditure R'000
Emergency Transport	438 724	433 521	5 203	505 849	505 849	-
Planned Patient Transport	2 084	2 084	-	-	-	-
TOTALS	440 808	435 605	5 203	505 849	505 849	-

14.4. Programme 4 – Provincial Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

Render 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 (DHSB)
- 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.
4. Improved access to cervical cancer screening services.



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

PURPOSE

- *Improve accountability to regional hospital services by addressing resource challenges.*
- *Improve clinical governance in the hospital to safeguard high standards of care.*

SITUATION ANALYSIS

The Hospital is the only Regional hospital in the province and it renders regional health care services to all patients within the referral radius, as well as district level care to patients residing with the Dawid Kruiper municipal area due to the absence of a district level service. The gazetted bed capacity of the Hospital is three hundred and twenty-seven (327) beds but due to resource constraints only two hundred and twenty-seven (227) beds were commissioned.

The service package of the Hospital includes twenty-four-hour health care services in the following fields: Internal Medicine, Paediatrics, Obstetrics and Gynaecology, General Surgery, Accident and Emergency services, Orthopaedic surgery, Anaesthetics, Diagnostic radiology, Adult Critical Care and 72-hour Mental Health Observation Unit. Additional services provided on appointment basis and on selected days, includes Termination of Pregnancy services (gestational age of 12 weeks and less), Endoscopy clinic (introduced in 2023) and Mammography (introduced in February 2024).

Despite multiple challenges, however, the Hospital remains dedicated to deliver on its mandate of quality service delivery within the confinement of available resources.

CLINICAL SERVICES

Medical Services

The Dr Harry Surtie Hospital received support visits from Specialists that are enrolled and remunerated through the Discovery Grant due to the hospital's alignment with the University of Stellenbosch. The departments that benefit from this grant was the Internal Medicine, Accident and Emergency and General Surgery. These support visits were mainly for academic purposes as well as to address skill deficits in doctors. It had a positive impact on the empowerment of our Medical Doctors.

General surgeries are severely impacted with only one Surgeon managing both emergency and elective cases. Limited theatre time and recurrent issues with the sub-optimal functioning of the HVAC system further worsened delays.

Table 62 General Surgery backlog (DHS)

Type of Surgery	Backlog
Head and Neck	6
Cholecystectomy	41
Hernia Repair	140
Colorectal	30
Urology	20
Vascular	2
TOTAL	239

Nursing Services

The past year demonstrated a huge exodus of nurses due to resignations, deaths in service, retirements and transfer outs. The nursing complement also has the largest number of aging staff, explaining the continued exodus of nurses due to retirements. The effects of the staff exodus were mainly felt due to the absence of recruitment processes to mitigate the losses incurred.

The increasing demand for services was also crippled by the inadequate bed capacity, which was directly attributed to these human resource shortages. Addressing nurse staff shortages will increase theatre time, allow for the commissioning of more inpatient beds and reduce surgical backlogs.

Clinical Therapeutic Services (Allied Health)

Mammography services was introduced in February 2024 on outpatient basis but numbers of patient services are still low. The reason for this was that the only Medical Officer in the unit is responsible for reporting CT-scans, performing

and reporting sonars (absence of Sonographers) as well as reporting mammograms. The workload is too heavy to allow an increase in outpatient appointments for mammograms.

Both the Physiotherapy and Occupational Therapy departments have a staff complement of four (4) officials. Additional to attending to inpatient referrals, both these units operate outpatient services to the drainage area of the hospital on appointment basis. Emergency Physiotherapy services after-hours has already been suspended due to staff shortages.

Orthotics and Prosthetics services were delivered by an outreach team from RMSH. Repeated absence of such outreach clinics for extended periods of time resulted into a number of complaints from patients/clients who were waiting on the delivery of prosthesis as well as those who needed to be assessed for the first time. Orthotics is a critical rehabilitative service since it allows the person to regain a positive image and enjoy quality of life despite being disabled. Communication from the responsible unit has been found wanting, thus impacting negatively on the clients.

Pharmaceutical Services

The Pharmacy unit experienced a slight decrease in availability of medicine during the third quarter, which caused disruptions in patient care due to stock outs. However, overall 95% of the medicines were available and where needed alternatives were used. Reasons for the unavailability of medicine included the following:

- Budgetary constraints: Insufficient funding affecting purchasing power.
- Manufacturing Constraints: Delays and issues in production.
- Accounts on Hold: Delays in financial transactions affecting procurement.
- Supplier Out of Stock: Disruptions in supplier chain leading to shortages.
- Crashing of Ordering System: Technical failures affecting order processing.
- Prescriber Preference (Increased Demand): Surge in prescriptions beyond available stock.

The following mitigation strategies for stock outs were implemented:

- Use of available alternatives: Most items have alternative medications or therapies.
- Redistribution of Stock: Medicines were borrowed from other hospitals or districts and distributed in the hospital.
- Borrowing from Upington MediClinic: Leveraging external resources to meet demand.
- Move to adjustment in treatment regimen: Doctors were approached to change patient regimens where feasible.

Quality Management

Patient Experience of Care rate dropped from 76% in 2023 to 70% in 2024. A decline on five out of the six (5/6) focus areas was noted, which translates to 83%. Improvements on Access to care and Patient Safety were noted, although there is still room for improvement towards the national targets. Certain challenges were experienced during the assessment process, which was addressed with the district colleagues who were responsible for the external survey.

Most Clinical Governance Structures were functional with the exception of the Clinical Auditing Committee and Health Technology Team. The OHS Committee was revitalised in 2024 and has already received training presented by the Provincial SHERQ Coordinator. Representatives from the hospital are appointed members of the Provincial Clinical Governance structure that was commissioned in 2024 and are meeting on a quarterly basis.

Performance of key Hospital indicators

Table 63 Key Hospital indicator performance

Indicator	Performance
Admissions	51 752
Discharges	9 144
Transfer outs (RMSH and other hospitals)	977
ALOS	4.8 days
BUR	62.9%
Deaths (mainly attributed to non-communicable diseases and prematurity)	617
Maternal deaths	4
Deliveries	2 516
Caesarean Sections	946
Caesarean Section Rate	37,6%
Death in facility under 5 years	86
Diarrhoea deaths under 5 years	9
Pneumonia deaths under 5 years	6
SAM deaths under 5 years	6
Cervical Cancer screenings	80

There was a deviation of 0.4 days on ALOS due to problems with transport for down-referrals, transfers and discharges. The BUR performance was affected by the reduction of DRTB inpatient beds due to policy changes. Plans to incorporate Susceptible TB unit into these beds are in progress.

Dr Harry Surtie Hospital is still the only facility performing Caesarean sections in the Dawid Kruiper and Kai-Garib municipalities. Facilities such as the Kakamas Hospital, Groblershoop CHC and Rietfontein CHC experienced problems with the availability of midwives, resulting in an influx of low and high risk maternity cases.

The main causes for the under 5 deaths in facility included prematurity with lung immaturity and other associated complications, congenital cardiac defects, hypoxic episodes in neonates during intra-partum phase.

NON-CLINICAL SERVICES

Infrastructure

The Hospital received a visit from the Auditor- General to assess the preparedness of the hospital infrastructure towards the implementation of NHI. Various gaps were highlighted during the preliminary feedback session after the physical auditing. The Hospital was represented in the planning meeting for the allocation of the Provincial Infrastructure budget for 2025/26. Budgetary allocations to address the majority of the infrastructural needs were done. Although no budget allocation for health technology repairs were made, the hospital received an allocation of R5 million to spend on any other infrastructural or health technology needs.

Finance

The Finance and SCM unit functions with critical resource challenges. Currently only four appointed State Accountants, two Billing Clerks and one Case Manager are allocated to both the SCM and Finance units. The recruitment process for the appointment of Revenue Clerks were completed and approval from HOD is awaited. The staff in Finance, SCM and Revenue is augmented through the deployment of Covid brigades and internal shifting of staff members from different occupational classes in the hospital.

Human Resources

There was a great exodus of staff across all occupational classes as demonstrated above. The situation of staff shortages was exacerbated by the absence of timely replacements of staff due to tedious provincial recruitment processes.

Conditions of Service (COS)

The unit still experienced problems with timely submission of leave forms, incorrect leave recommendations and timely capturing thereof. An internal training session on leave management was held with all operational staff, managers and supervisors by a Provincial HR delegate to address shortcomings.

EPMDS and Grade Progression

There was a 95% compliance rate in the submission of midterm reviews, with a number of fifty-eight (58) staff members on condonation for different reasons. The grade progression submission has been compiled and submitted for approval.

Human Resource Development

The training committee was revitalised following the transfer-out of the Assistant Director: HR who was responsible for this function within HR unit. The institutional WSP was compiled and submitted to the provincial unit. Two applications for Recognition of prior learning were submitted for approval. Only one Professional Nurse is currently on part-time study leave and funding her own studies. No bursary application or awards were done. Four Professional Nurses (formerly appointed as Enrolled Nursing Assistants) assumed duty in June as Community Service Professional Nurses following the successful completion of the R425 course.

Labour Relations

The hospital has no established Labour Relations unit on site. Requests for formal disciplinary hearings were referred and managed by the Provincial Labour Relations unit. Seven (7) formal disciplinary hearings were done, resulting in the following: Three (3) dismissals, three (3) Two-month suspension without pay, three (3) Final written warnings and one (1) not guilty verdict. Appeals were submitted for the two dismissal and two suspension verdicts. Outcomes of appeals are still pending. Five (5) formal grievances were submitted, of which four (4) were referred to Provincial HRA for resolution and the remaining one (1) was internally resolved.

OTHER SUPPORT SERVICES

Food Services Unit (FSU)

The Internal food service audit was done on 11th November 2024 by the dieticians using the National Foodservice Monitoring Tool. The final score was 48.8%, denoting non-compliance and placing the FSU at high risk. Problems with food handling, meal serving, procurement of quality products and broken equipment played a huge role in the poor performance and non-compliance rating the unit received. A Quality Improvement Plan was compiled in collaboration with the Facility manager, food service employees and Dieticians to address the shortcomings over a period of six months.

Laundry Services

The hospital has two functional laundry units supplying the clinical units. Both laundry units faced continued challenges with machine breakdowns and staff shortages that impact negatively on the output of linen and the availability thereof to the clinical units. The current staff component only allows for the functioning of the laundry during office hours. Remunerative overtime is used to allow the unit to function during weekends (alternatively). For the past year the hospital also serviced RMSH and Kakamas hospital due to breakdowns of the laundries at these facilities. This practise added to the existing strain on the remaining machinery.

ACHIEVEMENTS

- A Continuous Professional Development programme for doctors have been initiated by the Senior Clinical manager's office through the University of Stellenbosch.
- A Continuous Professional Development for nursing was piloted with the Operational managers at the hospital. Great progress was made and the possibility of a roll-out to other nurse categories are been considered.
- Operating space was provided to SASSA to allow mothers to apply for a child support grant whilst in hospital.
- Two hundred and eighty-four (284) Cataract and twenty-one (21) Pterygium surgeries were performed on a quarterly basis in collaboration with two NGO's (Care 4 Sight and Mercy Air.), who also donated funding for patient lenses and flight expenses for each visit. Minimal cataract and Pterygium surgeries were also done by an outreach team from RMSH Ophthalmology unit.
- Computers for Health Patient Registration System were received and installed and champions were trained.
- The Church of Latter Day Saints donated two hundred and two (202) wheelchairs (excluding posture chairs) for distribution amongst the patients on Occupational Therapy waiting lists.
- Stellenbosch University sponsored Telemedicine equipment and also set-up the lounge.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 64 Challenges & measures planned to overcome them: Regional Hospital – DSH

CHALLENGES	CORRECTIVE ACTION
Limited financial resources and historic accruals.	<ul style="list-style-type: none"> • Adopt a payment plan following consultation with debtors. • Review procurement patterns by placing bulk orders at the start of the year and then request delivery of limited stock at a time that can be afforded. • Compile cost-containment strategy to eliminate wastage and over-stocking. • Introduce quarterly stock counts and mandate the compilation of minimum -, re-order and maximum stock norms to strengthen stock control.
Increasing surgical backlogs in Orthopaedics and General surgery due to: <ul style="list-style-type: none"> • Shortage of surgeons and skilled Medical officers • Reduced theatre staff – Nurse and Anaesthetists shortages • Shortage of beds –Ortho (20) and Surgical (22) 	<ul style="list-style-type: none"> • Motivate for appointments of additional specialists in both departments. • Motivate for appointment of nursing personnel to augment staffing in theatres and wards. • Explore feasibility of Surgical marathons in both disciplines. • Separation of Orthopaedics from Surgery – commission separate ward in unused Burns unit with additional nursing and medical staff.
Tedious HR recruitment and approval processes resulting in the failure to address staff shortage across the board.	<ul style="list-style-type: none"> • Review the submission signatory processes. • Approval of priority staffing list of the facility by the EMC. • Decentralisation of the processes for replacement of clinical staff.

CHALLENGES	CORRECTIVE ACTION
<p>Late presentations of patients from referring facilities due to</p> <ul style="list-style-type: none"> • Lack of emergency transport from referring facilities • Shortage of critical emergency stock at referring facilities • Lack of clinical skill coupled with not implementing treatment guidelines at referring facilities. 	<ul style="list-style-type: none"> • Engage with district health on addressing issues of adherence to treatment guidelines, transport availability from referring facilities and empowerment of clinicians. • Collaborate with community radio stations and free newspapers to allow educational talks and advertising of related material. Improve the access of the public to information.
<p>High incidence of prematurity results in overcrowding and complications such as hospital acquired infections, prolonged hospitalization and higher chance of death.</p>	<ul style="list-style-type: none"> • Draft a Project Plan to separate Neonatal High care from the Neonatal ICU that detail resource needs for submission to the EMC. • Appoint nursing and medical staff to improve infection control practices and effect separation mentioned. • Transfer babies to RMSH when the ward reach capacity of 12 babies.
<p>Lack of supervision in priority areas such as Clinical Support Services, i.e. Quality Assurance Coordinator, Infection Control Coordinator, Clinical Training Coordinator and non-clinical support staff in Laundry Manager, Kitchen Manager, AD Revenue, AD Finance, AD or AO Registry.</p>	<ul style="list-style-type: none"> • Allow permission to facilities to give presentations to EMC on such priority posts to fast track the approval process.
<p>Problems in records management due to:</p> <ul style="list-style-type: none"> • Lack of proper space for archiving • Lack of training on records storage function included in PAAB system – module not procured. 	<ul style="list-style-type: none"> • Request access to Infrastructural funds for refurbishment of storage area in basement to use as archive. • Request frequent training for all frontline workers on the tracking and storage function on PAAB. • Approval of request for remunerative overtime to recruit administrative staff after hours for sorting and storing of files.

Table 65 Outcomes, outputs, output indicators, targets and actual achievements: Regional Hospital - DHSH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Patient Experience of Care in public health facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	67%	76%	80%	70%	-10%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Waiting periods at Casualty unit is too long due to shortage of medical personnel and self-referrals. Complaints on staff attitudes and values are still high. Cleanliness of ablation facilities and some sections is sub-optimal. 				
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	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Strengthen efforts to increase community awareness on various levels of care and access criteria. Continued training of staff on customer care. Introduction of progressive discipline for employees who transgressed. Refresher training of all household staff on cleaning methods and processes. Restocking on cleaning materials and equipment. 				
			100%	25%	100%	25%	-75%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Late reporting and incorrect identification of (SAC)1 incidents. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Refresher trainings sessions to be held with all clinical health professional groups. Review SOP on the subject and communicate to staff. Establish a communication channel through the use texting to report (SAC)1 cases to the Quality Management Coordinator. 				
Maternal, neonatal, infant and child mortality reduced	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	93%	90.6%	100%	60.7%	39.3%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Late reporting of PSI cases – March cases were reported in April and were therefor not yet resolved. The 60-day threshold for PSI resolution is not adhered to. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Reinforcement of prompt reporting of PSI's from all units/departments. Refresher training sessions on PSI identification and management is planned for health professionals. 				
			5	3	≤4	4	0
	Maternal death in facility	Maternal deaths in facility	REASONS FOR DEVIATION: <ul style="list-style-type: none"> Effective implementation of Maternity care guidelines at referring facilities and at hospital level. Early referral of high risk patients to the High risk antenatal clinic for follow-up during pregnancy. Allowed proper management of such patients and timeous intervention where complications were diagnosed. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Maintain the status quo, especially relating to referrals from the Districts. 				
			53	65	≤20	83	-63
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Late presentation to facilities – disease progression already in an advanced stage upon presentation. Delayed transportation to the hospital. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
			<ul style="list-style-type: none"> Lack of antenatal care due to mothers not visiting clinics timeously. High rate of prematurity with associated physiological complications. Social determinants in communities such as poverty, substance abuse, etc. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Hospital to join district health on a large scale community education on pregnancy care and effects of substance abuse during pregnancy. Resuscitating educational talks in groups to patients visiting the High risk antenatal clinic and admitted to Maternity wards. Collaborate with ZFM District health team in exploring option of temporary accommodation for term mothers living in remote areas at district hospitals. Creating an open channel for referral and consultation for referring facilities. 				
	Diarrhoea death under 5 years	Diarrhoea deaths under 5 years	0.39	0.88%	≤4	9	-5
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Late presentation to facilities – disease progression already in an advanced stage upon presentation. Delayed transportation to the facility Underlying state of severe acute malnutrition. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Strengthen education of parents and care-givers on the use of oral rehydration. Introduce Oral Rehydration Stations (ORS) at Casualty, Paediatric wards and POPD clinics in the facilities with information on the mixing and use of ORS. Advocate for the strengthening feeding systems at local clinics. Adopt a comprehensive integrated approach with District Health that includes community education, providing access to nutritious foodstuffs, capacitating primary healthcare services with skill and material resources. 				
	Pneumonia death under 5 years	Pneumonia deaths under 5 years	1.10	8.16%	≤6	8	-2
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Seasonal increase in disease incidence during winter. Secondary complication of malnutrition that is greatly linked to poverty and poor socio-economic conditions of clients. Late presentation from home due to delay in seeking medical help and experiencing transport problems from referring facilities. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Embark on an awareness campaign through health education, pamphlets issuing to the public at Casualty, Paediatric Outpatient Department and units where children are treated and accommodated. Collaboration with the District to strengthen feeding systems at local clinics. Engage local radio stations and newspapers on broadcasting topics related to child care and child rearing to improve awareness and knowledge. Engage district health management on the EMS capacity and the improvement thereof. 				
	Severe Acute Malnutrition (SAM) death under 5 years	Severe Acute Malnutrition death under 5 years	9	4.31%	≤5	6	-1
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor nutritional status due to poverty and lack of food security. Public ignorance on correct nutrition for babies and children. Failure of clients to take responsibility for own health and that of their families. 				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Improved access to cervical cancer services	Cervical cancer screening	Cervical cancer screening	IMPROVEMENT PLAN: <ul style="list-style-type: none"> Advocate for the strengthening of feeding systems at local clinics. Adopt a comprehensive integrated approach with District Health that includes community education, providing access to nutritious foodstuffs, capacitating primary healthcare services with skill and material resources. Engage local radio stations and newspapers on broadcasting topics related to child rearing which includes nutrition, to improve awareness and knowledge 				
			<div> <div></div> <div></div> <div>5</div> <div>80</div> <div>75</div> </div>				
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Excellent uptake of cervical screening services by the public and staff. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue to have Cervical Cancer awareness campaigns. 				

14.4.2. Sub-Programme 4.2: Specialised Hospital – Northern Cape Mental Health Hospital (NCMHH)

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 continues to operate with one hundred and fifty-three (153) beds, which translates to 53% of the total bed capacity of this facility. However, the uptake of admissions and referrals to this facility remains high, thus the entire two hundred and eighty-seven (287) designated beds need to be operationalised.

The practice of admitting children and adolescents with adult users continued due to the dormant Child and Adolescent Mental Health Service (CAMHS) User ward.

A great need exists for retraining of Mental Health Care providers at Primary Health District Hospitals regarding the Mental Health Care Act and Legal Forms and the management of acutely ill mental health care users.

Recruitment of Clinical staff is still in the process in preparation for the migration of declared State Patients that are currently retained at the Kimberley Correctional Centre. Interviews were conducted and the submissions for appointment are still awaiting approval from Acting CFO. The request for support staff was postponed due to lack of funding in the previous financial year. However, it is worth noting that the category of support staff is very essential in the effective service delivery of State Patients within this facility.

ACHIEVEMENTS

- Appointments: Data Captures x2, Staff Nurses and Nursing Assistants.
- The latest DR-TB regimen proved to be extremely effective.
- The BUR decreased to be between 50-60%.
- The ALOS also decreased from 18 months to 6 months.
- The DR-TB Hospital has been selected in the Illumina NGS study.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 66 Challenges & measures planned to overcome them: Specialised Hospital – NCMHH

CHALLENGES	CORRECTIVE ACTION
Lack of a dedicated institutional Finance department severely hampers both clinical and non-clinical service platform.	This forms part of the list of priority post.
Lack of dedicated institutional Infrastructure department to promptly attend to both maintenance and repairs requirements.	Tangible planning on minimal Infrastructure personnel appointment during 2024/25 in line with Hospital Organisational Structure.
Limited available beds for Child and Adolescent Mental Health Care Services (CAMHS) and admission of minors in the adult wards presenting constant medico-legal risk to the patients and institution.	Soliciting funding for full operationalization of CAMHS Ward.
Severe staff shortages within all units in critical posts both Clinical and Non-clinical. 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 filling Direct Replacement Post Level 3-12 to Chief Directorate level to expedite turnaround times. • Addressing prolonged signing off by signatories and consequence management for delays.
Oxygen supply (orders not processed timeously by provincial Supply Chain sometimes even unable to trace VA2's received by the office).	Processing of oxygen bank upgrade as per previous approval by former Head of Department via DRPW. Attend to root cause of establishing hospital Finance Unit.
Leaking oxygen bank.	A request was sent through to Provincial SCM to assist in the repair of the oxygen bank as it is leaking, the Professional nurses are at the moment manually moving oxygen cylinders to the patients ward which is quite risky

CHALLENGES	CORRECTIVE ACTION
EMS challenges in the Pixley ka Seme District resulted in prolonged admission of patients.	All parties involved needs to improve on the service patients, our people receives
Mortuary refrigerator not working optimally.	The CEO is in the process of acquiring approval for new mortuary refrigerator as the one in the Hospital is old, has been repaired before but the temperature still fluctuates. It is unsafe to store a corpse in such a refrigerator.
Transport for Outreach Services.	Allocation of a dedicated vehicle for Outreach Services.

Table 67 Outcomes, outputs, output indicators, targets and actual achievements: Specialised Hospital (NCMHH)

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Patient Experience of Care in Public Health Facilities improved	Patient Experience of Care survey satisfied responses	Patient Experience of Care Satisfaction rate	63.8%	71%	80%	83,6%	3,6%
REASONS FOR DEVIATION: <ul style="list-style-type: none"> The hospital Quality Assurance Unit actively managed all complaints in collaboration with the affected Units. 							
IMPROVEMENT PLAN: <ul style="list-style-type: none"> All units will continue to register complaints as promptly as possible and will strive towards its reasonable conclusion. 							
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	0%	100%	100%	80%	-20%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> The incident was not reported within 24 hours as required as it occurred at 07h00 in the morning and the CEO was informed only at 08h00 the next morning. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> In-service training was conducted by the Provincial Quality Assurance Office and reporting times and lines were emphasised. 				
Patient Safety Incident (PSI) case closure rate	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate	100%	97%	100%	96.77%	3.23%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Poor understanding and implementation of the PSI Standard Operating Procedures and the guideline. PSI's not closed within the stipulated timeframe. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue capacity building on the PSI Standard Operating Procedures and the guideline at facility level for both clinical and non-clinical staff. All PSI cases to be closed within 60 days. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 4

Programme 4 - Provincial Hospital Services spent R529 531 million or 100 per cent of final budget of R529 531 million.

Table 68 Linking performance with budget: Programme 4 – Provincial Hospital Services

PROGRAMME 4: Provincial Hospital Services	2024/25			2023/24		
	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
General (Regional) Hospitals	341 388	336 361	5 027	355 710	355 710	-
Tuberculosis Hospitals	31 932	25 467	6 465	24 083	24 083	-
Psychiatric/Mental Hospitals	156 211	167 703	(11 492)	140 271	140 271	-
TOTALS	529 531	529 531	-	520 064	520 064	-

14.5. Programme 5 – Tertiary Hospital Services

PROGRAMME PURPOSE AND STRUCTURE

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.
4. Improved access to cervical screening services.



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 Hospital continued to provide secondary and tertiary services to the people of the Northern Cape and continuously strives for health excellence in service delivery to all communities across the province. The institution has performed satisfactorily during the financial year taking into consideration the challenges that were experienced.

There are currently one thousand two hundred and sixty-eight (1268) staff members at the hospital, which consist of permanent, fixed contract and sessional employees and there are three hundred and thirty-three (333) vacant posts; resulting in a vacancy rate of 26% against the DPSA norm of 10%. The high vacancy rate was negatively impacted by the non-filling posts, especially for support functions, which also had a serious impact on the efficient and effective functioning of the Human Resources, Finance, Cleaners, Porters, Artisans and IT Units, to name only a few.

The hospital spent 98% of the allocated budget as at the end of March 2025, which is 2% less than the average norm. This under expenditure was due to an under-spending on the Compensation of Employees (COE) on the voted funds.

The total number of gazetted beds for the Hospital is six hundred and four (604) and the current total number of useable/active beds is six hundred and twelve (612). A motivation has been submitted to the National Department of Health through the office of the HOD, to update/revise the gazetted beds for the institution. The Bed Utilisation Rate (BUR) for the hospital was at 80.5%, which is slightly above the national norm of 75% and the Average Length of Stay (ALOS) was at 9.2 days, being 3.7 days above the national norm of 5.5 days for tertiary hospitals.

The following are some of the contributing factors impacting on the increased length of stay:

- Limited theatre time impacting on the delay in surgical procedures.
- Patients presenting late for treatment, especially Oncology.
- Delay in transferring discharged patients back to the districts.

Nine (9) maternal deaths were reported in total. These reported cases can be broken down as follows:

Table 69 Maternal Deaths (RMSH)

Location	Number of Deaths
Kimberley	5
Colesburg	1
Ritchie	1
Barkly West	1
Platfontein	1
TOTAL	9

The caesarean section rate was at 60.3%, which is higher than the national norm of 35%. This can mainly be attributed to district hospitals not all having fully functional theatres resulting in high levels of referrals to RMSH. Districts need to be capacitated and strengthened to provide the correct package of services, with emphasis on the operationalisation of theatres in order to reduce waiting times.

Comparison of key hospital indicators

Table 70 Comparison of key Hospital indicators (2023/2024 vs 2024/25)

Data Element /Indicators	2023/24	2024/25
Hospital Bed Utilization Rate (BUR)	81.3%	80.5%
Hospital Average Length of Stay (ALOS)	9.4 days	9.2 days
Maternal death in facility	17	9
Caesarean section rate	57.7%	60.3%
Delivery 10-14 years	22	32
Delivery 15-19 years	464	525
Neonatal death	100	108
Theatre output, including caesarean sections	6 204	6 533

- There was an increase of 5% noted in the theatre output as compared to the previous year.
- The BUR and ALOS showed a slight decrease from the previous year, it is still above the national norm.
- The deliveries 10-19 years show an increase of 12.8%.

In our continued efforts to improve the facilities' infrastructure, work has commenced for the installation of two electrical transformers and the Ring Management Unit (RMU) in the Block B section of the Hospital; a similar transformer was successfully installed in Block KLM of the facility. These transformers are essential for the transmission, distribution and utilization of electrical power to the hospital, ensuring that the facility has adequate and stable power supply in order to deliver quality healthcare to the people of the Northern Cape.

The construction of the two million litre water tank is at 95% completion. These tanks will provide a reliable backup water supply to ensure the hospital can continue operating efficiently without any disruption. Furthermore, this project will ensure adequate, safe and reliable water supply for the facilities' various needs, including patient care, sanitation, and medical procedures; maintaining high hygiene standards which is vital to prevent the spread of infections.

In addressing the skills development and training for Clinical Personnel, the recruitment processes unfolded in November 2024 for the selection of three (3) Medical Officers to do their four-year Registrar Programme in their areas of speciality, i.e. Neurosurgery, General Surgery and Dermatology. Upon completion these Medical Officers will be translated to Medical Specialists.

The standard of care and quality of working has been improved through the procurement of various clinical and support equipment, which will go a long way in ensuring compliance with the Health Technology life cycle. Some of the issues raised by the Auditor General has also been addressed, which assisted with the facilities' compliance to the National Core Standards; and addressed the priorities of the National Minister of Health.

The institution is facing significant challenges regarding the full operationalization of all theatres as well as the growing surgery backlog; where limited health professionals, such as theatre nurses, and infrastructure challenges, such as broken air conditioners and even lift breakdowns, are affecting the facilities' surgery output. The waiting time for theatre cases is currently 9-12 months with the bulk occurring in Orthopaedics.

The institution has nine (9) operating theatres, eight (8) are fully equipped but only six (6) are currently operational with the assistance of the nursing agency (private Service Provider). As part of a short-term remedial action a collaboration has been formed with a private service provider and, as part of this partnership, theatre services have been rendered for three weeks per month for the past two years in an attempt to prevent the surgery backlog from further rising. This contract is up for extension.

Staff Exits

These posts in the table below were submitted for Advertising and Filling. It must be noted that the most common reasons as to why officials are leaving the institution that are cited during the exit interviews that are conducted is family dynamics and strain caused as a result of the general shortage of personnel. The staffing of theatres is a key priority and adequate Theatre Nurses and Anaesthetic Medical Officers are the most critical.

Table 71 Service Terminations (RMSH)

Category	Death	Dismissal	Relocation	Resignation	Retirement	Transfer-out	Total
Head of Anaesthesiology Unit	0	0	0	1	0	0	1
Nursing Services Operational Manager General	2	0	0	1	0	0	3
Medical Specialist Gr 1-3: Neurology, Surgery, Internal Medicine	0	0	0	3	0	1	4
Medical Officer Gr 1-3: Neurology, Surgery, Paediatrics, Internal Medicine, Trauma & Emergency	0	0	2	16	0	13	31
Professional Nurse General Gr1-3: Obstetrics & Gynaecology, Surgical, Theatre	0	1	0	10	5	3	19
Professional Nurse Speciality Gr 1-3: Paediatrics ICU, Theatre	1	0	0	1	1	0	3
Staff Nurse	0	0	1	4	1	0	6
Nursing Assistant Gr 1-3: Paediatrics ICU, Internal Medicine	0	0	0	5	3	0	8
Physiotherapist	0	0	0	1	0	0	1
Radiographer Gr 1-3	0	0	0	2	0	2	4
Occupational Therapist	0	0	0	1	0	0	1
Audiologist: Speech & Audiology	0	0	0	1	0	1	2
Orthotic and Prosthetic	0	0	0	0	1	0	1

Category	Death	Dismissal	Relocation	Resignation	Retirement	Transfer-out	Total
Deputy Director: Patient Support Services	0	0	0	0	1	0	1
Auxiliary Service Officer: CSSD	0	0	0	1	0	0	1
Administrative Officer: Radiology	0	0	0	0	1	0	1
Admin clerk: Recruitment & Selection, HRD, Patient Records	0	0	0	1	1	1	3
Switchboard Operator	0	0	0	0	1	0	1
Porter	1	0	0	0	1	0	2
Housekeeper	0	0	0	0	1	0	1
Cleaner	0	0	0	2	0	0	2
Tradesman	0	0	0	0	2	0	2
TOTAL	4	1	3	50	19	21	98

Appointments

In an endeavour to ensure that service delivery is not hampered, approval was granted for twenty-eight (28) Sessional and Contract Nurses Contract Extension for a further twelve (12) months period for 2025/26 financial year. Furthermore, request submission for appointment of Contract of Nine-teen (19) Nurses in the different categories is still circulating, this is a short-term measure to address the delay in the recruitment process in order not to hamper service delivery.

Table 72 Appointments (RMSH)

Permanent	Number
Medical Officers (Absorption- Bursary Holders)	7
Medical Officers Gr 1-3	34
Professional Nurse General Gr 1-3	13
Professional Nurse General Contract	7
Professional Nurse Speciality Gr 1-3	4
Professional Nurse Speciality Contract	1
Operational Manager General Gr 1-3	3
Operational Manager Speciality Gr 1-3	2
Clinical Programme Coordinator	1
Staff Nurse	2
Nursing Assistant	4
Physiotherapist	2
Radiographer	3
Medical Officer Gr 1	2
Medical Specialist	1
Physiotherapist	1
Head of Unit: Dermatology	2
Medical Specialist: Plastic and Burns	1
Assistant Manager Speciality: Emergency & Trauma	1
Operational Manager Speciality: Trauma and Theatre	2
Mammographer	1
Engineering Technician	1
Health Informatics Officers	2
Sub-Total: Permanent Appointments	97
Medical Doctors Community Service	39
Medical Officers Interns	31
Clinical Support Services Community Service (Physiotherapist, Speech, Radiology, Pharmacist, Environmental)	30
Pharmacy Intern	4
Sub-Total: Community Service Workers & Intern Appointments	104
TOTAL APPOINTMENTS	201

RMSH laundry renders services to all the Health facilities in the Frances Baard District and produces an average of 6000kg linen per day during normal operation. The laundry currently produces 22% of its required capacity which leads to ineffective service delivery to our clients and is constantly experiencing a backlog of linen supplies, currently the laundry is unable to deliver due to the breakdown of the boiler. This results in the theatre and Central Sterilizing Services Department (CSSD) not receiving enough linen to sterilize for our procedures.

The assessment was done on the replacement of the laundry equipment and refurbishment of the building. Critically the washhouse equipment need to be replaced in order to render a satisfactory service to our clients.

There was a fire around the 23rd September 2023 in the soil sorting area. The laundry lost the Continuous Batch Washer/Tunnel Washer, which is the biggest washing producer at the unit, in the process. The aforementioned washing machine produced 720 kg of washed linen per hour.

ACHIEVEMENTS

- The upgrading of Sharon Court has been completed and medical students, the Medicomed Team and possibly interns and community service staff will be accommodated as a means of revenue generation.
- Completion of the undercover pathway linking main facility with Orthotics and Ophthalmology Centre - Transfer of Patients.
- Canopy cover for the security personnel at the main gate has been completed.
- Replacement of the HVAC system is at 90% completion. This will improve the ventilation and temperature control at the facility and will provide warm water to patients and employees.
- Construction of the two (2) million litre water tank at the Hospital is at practical completion.
- Installation of two (2) electrical transformers and the Ring Management Unit (RMU) in the Block B section of the Hospital is at 50%.
- The new lifts were commissioned.
- Latter Church of Day Saints donated R4.8 million for Wheelchairs, walking aids and repair centres in the Province as well as R2.8 million for diagnostic equipment and hearing aids.
- The Church of Latter Day Saints basic wheelchair refresher training took place on the 4th March 2025; sixteen therapists were in attendance.
- Renovations to the entire Surgical Recovery wing has been completed.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 73 Challenges & measures planned to overcome them: Tertiary Hospital – RMSH

CHALLENGES	CORRECTIVE ACTION
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 as well as critical non-clinical posts. • Conduct staff satisfaction survey and implement appropriate measures to improve staff moral which can decrease patient and staff complaints.
Projected negative growth of the budget.	<ul style="list-style-type: none"> • Strengthen cost containment measures through staff awareness initiatives. • Identify alternative sources of income e.g. sponsorship, donations etc.
Long waiting time for surgical operations due to limited theatre time.	<ul style="list-style-type: none"> • Appointment of theatre trained nurses to ensure operationalization of additional 4 theatres. • Partnership with private sector as an attempt to reduce the backlog.
Non-functional laundry services - currently the laundry is unable to deliver due to non-replacement of equipment. The boiler machines are non – operational, resulting in backlog of linen supplies	<ul style="list-style-type: none"> • Assessment was done on the replacement of the laundry equipment and refurbishment of the building. • Plans developed for refurbishment and maintenance of the boilers and boiler house.
No dedicated budget for assistive devices and spare parts for patients accessing services at RMSH.	Additional funding is required at RMSH and districts need to budget for spares and new equipment.

Table 74 Outcomes, outputs, output indicators, targets and actual achievements: Tertiary Hospital – RMSH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Patient Experience of Care in public health facilities improved (Outcome as per reviewed Strategic Plan 2020-2025)	Patient Experience of Care survey satisfied responses	Patient Experience of Care satisfaction rate	73%	80%	80%	70%	-10%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Cleanliness and infection prevention control mainly due to staff shortage and overworked staff resulting in low staff morale.Waiting time for theatre procedures.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Urgent filling of most critical vacant funded posts in line with the functional organogram.Health facility Assistants (HFA's) appointed on contract to assist with cleaning.				
Management of patient safety incidents improved to reduce new medico-legal cases (Outcome as per reviewed Strategic Plan 2020-2025)	Severity Assessment Code (SAC)1 incident reported within 24 hours rate	Severity Assessment Code (SAC)1 incident reported within 24 hours rate	94%	100%	100%	100%	0%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">All fourteen (14) (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.				
Maternal, neonatal, infant and child mortality reduced (Outcome as per reviewed Strategic Plan 2020-2025)	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 fifty-four (54) Patient Safety Incidents were reported and resolved/closed.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Monitor and maintain the status quo.				
Death in facility under 5 years total (Outcome as per reviewed Strategic Plan 2020-2025)	Maternal death in facility	Maternal death in facility	9	17	≤17	9	8
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Essential steps in the Management of Obstetric Emergencies (ESMOE) training and compliance reinforced.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Adherence to ESMOE.Liaise with Health Promotion to continue with community outreach to promote ante natal clinic visits.Monitor and maintain the status quo.				
Diarrhoea death under 5 years	Death in facility under 5 years	Death in facility under 5 years	78	156	≤185	178	7
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Multidisciplinary approach.Early intervention, nutritional advice and appropriate management of the causes.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">Continue awareness and health education in the community about danger signs				
Diarrhoea death under 5 years	Diarrhoea death under 5 years	Diarrhoea deaths under 5 years	1.8	5.9%	14	8	6
			REASONS FOR DEVIATION:				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Improved access to cervical cancer services			<ul style="list-style-type: none"> Multidisciplinary approach. Early intervention, nutritional advice and appropriate management of the causes. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Continue awareness and health education in the community about danger signs 				
	Pneumonia death under 5 years	Pneumonia deaths under 5 years	4.2	11.3%	11	19	-8
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Low birth weight, compromised immune system, pre-existing illness and late presentation to the facility. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve the community education through health promotion. 				
	Sever Acute Malnutrition (SAM) death under 5 years	Sever Acute Malnutrition (SAM) deaths under 5 years	19.8	10.9%	15	17	-2
Improved access to cervical cancer services			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Low birth weight, compromised immune system, pre-existing illness and late presentation to the facility. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Improve the community education through health promotion. 				
	Cervical cancer screening	Cervical cancer screening			30	99	69
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> More Patients seen that require cervical cancer screening. 				
			IMPROVEMENT PLAN: <ul style="list-style-type: none"> Liaise with district health to ensure that screening is done at the Clinic before referral to the facility. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 5

Programme 5 - Tertiary Hospital Services spent R1 175 038 million or 100 per cent of its final budget of R1 175 038 million.

Table 75 Linking performance with budget: Programme 5 – Central Hospital Services

PROGRAMME 5: Tertiary Hospital Services	2024/25		2023/24		(Over)/Under Expenditure R'000
	Final Appropriation R'000	Actual Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	
Provincial Tertiary Hospital Services	1 175 038	1 175 038	1 256 822	1 249 376	7 446
TOTALS	1 175 038	1 175 038	1 256 822	1 249 376	7 446

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

- Develop staff continuously through Continuous Professional Development (CPD) points and Work Skills Programme (WSP).
- Develop Academic and Support Staff.
- Invest in human capital in order to enhance healthcare service delivery through the allocation of bursaries.
- Identify and address scarce and critical skills in the public health sector through research and development.
- Train and develop Emergency Medical Service personnel from the Northern Cape Province.

SITUATION ANALYSIS

HUMAN RESOURCE DEVELOPMENT (HRD)

The key focus areas of Human Resource Development (HRD) revolved around skills development programmes, bursaries and scholarships and the implementation of the Health and Welfare Sector Education and Training Authority (HWSETA) projects. The unit continued to sustain collaborative relations with HWSETA regarding the implementation of numerous projects, such as Work Integrated Learning (WIL) Programmes for college interns and university graduates to undertake experiential learning at the department. The unit also continued to manage both the international Mandela Castro Medical Collaboration Programme (MCMCP), as well as the locally based South African bursary programme. In addition to fostering relations with HWSETA, the Unit had also facilitated the signing of the Memorandum of Agreement between the Northern Cape Department of Health and National School of Government (NSG). Regular attendance of the Provincial HRD Forums was upheld in order to contribute to skills development in the province. This report is therefore based on the following thematic areas of outputs: Status on skills programmes, Management of international scholarship (MCMCP), HWSETA projects, Expression of Interest (EOI), Internship and Community Service Programme (ICSP), Collaborative relationships with NSG and HRD Forums.

Status on Skills Programmes

The approved Work Skills Programme (WSP) for 2024/25 could not be fully implemented due to the cost containment measures put in place by the National Treasury. Based on that decision the Unit could implement the following trainings:

Table 76 Implemented Skills Programme

Training Intervention	African		Coloured		Indian		White		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Basic Computer Training	3	37	2	5	0	0	0	0	47
Customer Care	4	14	5	10	0	0	0	0	33
Conflict Management	4	17	6	6	0	0	0	0	33
Irregular Expenditure Management	4	19	10	12	0	0	0	0	45
Supply Chain Management	2	14	8	12	0	0	0	0	36
Dry Needle	2	6	1	6	0	0	0		15
Advance Wheelchair Setting	2	6	2	6	0	0	0	3	19
Diabetes Management	4	8	4	12	0	2	0	2	32
TOTAL	25	121	38	69	0	2	0	5	260

Besides the implemented trainings in the above table, there were also committed trainings aimed at benefitting three hundred and twenty (320) employees. The committed trainings were deferred for implementation in the first term of the 2025/26 financial year and the details are as follows:

Table 77 Committed Trainings

Training Programme	Target Number	Target Group
First Aid	60	All
Transportation of Corpse and Patients	60	Porters, Nurses
Hygiene and Cleaning	60	Housekeepers, Cleaners
Risk Management	40	Clinicians
Effective Minutes Writing	20	Operational Managers, Pas and Admin Staff
Asset and SCM	40	Asset Personnel and Line Managers
Project Management	40	Infrastructure Personnel, Finance Personnel and SCM
TOTAL	320	

Management of International Scholarship Programmes

The HRU & D Unit had continued to manage the training and development of unemployed youth through the MCMCP. The implementation of this programme was aimed at addressing the scarcity of Medical Doctors in the province, especially in the far flung rural areas. The ten (10) Medical Trainees recruited by the NDOH are currently in their second year of studies. Continuous support was also provided in terms of procuring the basic essentials such as toiletries, foodstuffs and Laboratory coats due to scarcity of these items in Cuba due to the economic embargo placed by some countries in the West led by the United States of America. The distribution of these items had successfully taken place and all these students received and would still benefit from these essentials throughout the 2025 academic year. The details of the RSA-Cuban trained medical students are depicted in the table below:

Table 78 RSA-Cuba Medical Students in Cuban Universities

No.	Race	Gender	District	Town
1	African	Male	FB	Pampierstad
2	Coloured	Female		Gong-Gong
3	African	Female	JTG	Lotlhakajaneng - Cassel
4	African	Male		Cahar - Mothibistad
5	African	Female		Mapoteng
6	Coloured	Male	Namakwa	Steinkopf
7	African	Female	PKS	Colesberg
8	African	Female		Griekwastad
9	Coloured	Male	ZFM	Loubos
10	African	Female		Postmasburg

Besides the above ten (10) students studying in Cuba, there were four RSA-Cuban students in their final year of clinical training in South Africa. Three of these students have completed their clinical training in the 2024 academic year and one was academically excluded due to poor academic performance. There is also one medical student expected to complete her medical training by the end of the 2025 academic year. The summary of the students that completed their studies is shown in the table below:

Table 79 Status RSA-Cuban students in 2024/25 and South African trained medical student

No.	Race	Gender	District	Town	Status to date
1	African	Male	FB	Pampierstad	Completed
2	Coloured	Female	ZFM	Upington	Completed
3	African	Female	ZFM	Upington	Academically excluded
4	African	Male	JTG	Kuruman	Completed
RSA-Cuban Trained Medical Student					
1	Coloured	Female	ZFM	Upington	Student at UFS

The completion of the three RSA-Cuban medical students in July 2024 brought the total number of medical trained students through the MCMCP to one hundred and fifty-seven (157) out of the two hundred and fifteen (215). The table below provides a summary of the RSA-Cuban medical programme from the year 2000 to 2025.

Table 80 RSA-Cuban Medical Status (2000-2025)

Category	Number
Total Medical Doctors that completed training	157
RSA-Cuba Medical Students currently at Cuban Universities	10
Students that exited the programme due to various reasons: Medical (10), Academic (17), Death (3), Misconduct (10), Pregnancy (3) and Voluntary (5)	48
Total number of recruits	215

Health and Welfare Sector Education and Training Authority (HWSETA) Projects

There was continuous promotion and support of career development for the youth through the fostering of relations with HWSETA, which included various training interventions. This effort had resulted in the approval of funding for thirty (30) University Graduate Interns (UGI's), thirty (30) Occupational Bursaries (OB's) and fifteen (15) TVET Interns. Both the UGI's and OB's had been successfully implemented after administering the normal recruitment and selection processes guided by the HWSETA selection criteria and the subsequent approval of the HOD.

Occupational Bursaries

The twenty (20) external students (unemployed youth), as shown in the table below, was enrolled with the University of Johannesburg and had been studying towards a Higher Certificate in Emergency Medical Care (HC in EMC). The remaining five (5) students had been studying towards a Diploma in Emergency Medical Care (Dip. in EMC). Besides the twenty-five (25) unemployed youth, there were an additional three (3) employees who were also beneficiaries of this bursary programme and thus resulting in the actual output of twenty (28). The final recruitment process could only yield twenty-eight (28) bursary beneficiaries instead of the planned thirty (30).

Table 81 Occupational Bursaries for Unemployed Youth

Training Intervention	African		Coloured		Indian		White		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Higher Certificate In Emergency Medical Care (HC in EMC)	10	2	4	4	0	0	0	0	20
Diploma in Emergency Medical Care (Dip. in EMC)	1	2	0	2	0	0	0	0	5
Employee Beneficiaries of the Occupational Bursary	0	2	0	1	0	0	0	0	3
TOTAL	11	6	4	7	0	0	0	0	28

All the above indicated bursars had been studying with the University of Johannesburg. This has been a collaborative effort undertaken among EMS College, HRU&D and HWSETA.

University Graduate Interns

This programme was implemented in July 2024 and although the primary purpose of this programme was aimed at the provision of experiential learning to the trainees through workplace exposure, it also resulted in positive outcomes in addressing the capacity challenges. A breakdown of administrative and allied programmes is shown in the following table:

Table 82 University Graduate Interns

Training Intervention	African		Coloured		Indian		White		Total
	M	F	M	F	M	F	M	F	
Dip Human Resource Management	1	1	0	0	0	0	0	0	2
B. Com. Human Resource Management	1	0	0	0	0	0	0	0	1
B. Soc. Science (Counselling Psychology)	1	3	0	0	0	0	0	0	4
BA: Public Governance with Public Admin and Labour Relations Management Degree	0	0	0	1	0	0	0	0	1
B. Public Administration	1	1	0	1	0	0	0	0	3
Dip. Public Management	0	4	1	0	0	0	0	0	5
B. Tech. Public Management	0	1	0	0	0	0	0	0	1
B. Social Work	0	3	0	2	0	0	0	0	5
B. Com	1	1	0	1	1	0	0	0	4
National Diploma in Software Development	1	0	0	0	0	0	0	0	1
Diploma in Information & Communication Technology	2	0	0	0	0	0	0	0	2
Bachelor of Information Technology in Business Systems	0	0	1	0	0	0	0	0	1
TOTAL	8	14	2	5	1	0	0	0	30

College TVET Work Integrated Learning Programme

There was also an intake of forty-four (44) learners from the TVET College. This programme consisted of fifteen (15) HWSETA, which is collaboratively managed by the NCDOH and HWSETA and twenty-nine (29) Services SETA that is collaboratively managed by the Office of the Premier, Evers Xcellence (Private Service Provider) and the NCDOH. The breakdown of the number of trainees is shown in the table below:

Table 83 TVET Interns undertaking experiential learning

Training Intervention	African		Coloured		Indian		White		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Public Management N6	2	11	0	4	1	0	0	0	18
Human Resource Management N6	4	5	0	1	0	0	0	0	10
Business Management N6	1	1	0	0	0	0	0	0	2
Management Assistant N6	0	2	0	0	0	0	0	0	2
Financial Management	0	1	1	1	0	0	0	0	3

Training Intervention	African		Coloured		Indian		White		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Office Administration	3	4	0	2	0	0	0	0	9
TOTAL	10	24	1	8	1	0	0	0	44

The opportunity afforded by this programme, as depicted in the next table, serves as a baseline to provide TVET learners with work readiness experience and technical skills. Moreover, the completion of this training will result in the upgrading of their qualifications towards the attainment of National Qualifications Framework (NQF) Level 6, which is equivalent to a Diploma. It is within this context that this opportunity also serves as a platform for career readiness opportunities of the youth. In addition to these projects, HWSETA had conditionally approved three training projects for the Department. These include sixty (60) TVET learners, thirty (30) University Graduate Interns and twenty-three (23) Bursaries for internal employees.

Expression of Interest Applications

Besides the applications for HWSETA programmes made in September 2024/25, a supplementary application was made on the 14th March 2025. Numerous clinical and administrative programmes were applied for implementation in 2025/26 financial year. These included the TVET WIL Programme, University Graduate Programme, Basic Life Support Programmes, Higher Certificate in Emergency Medical Care, Drivers Training, Bursaries for Employed Staff and Postgraduate Studies.

Internship and Community Service Programme (ICSP)

The total number of posts gazetted for Annual and Mid-year 2024 was three hundred and sixty-one (361). Three hundred and fifty-four (354) have assumed duties until October 2024. Seventy-one (71) professionals had assumed duty in the second quarter. Plans for the new financial year was also signed off and gazetted online. For the year 2025, two hundred and ninety-five (295) posts have been gazetted and two hundred and fifty-two (252) posts were captured and authorised for Internship and Community service across the province. A numerical summary of the ICSP is shown in the table below:

Table 84 ICSP Placements for 2025

Post Category	Gazetted Posts (Annual)	Additional Posts	Assumption of duties (Jan - Mar)	Assumption of duties (Apr - Jun)	Gazetted posts MY and vacant Annual	Midyear Placement (Jul - Oct)
Audiologist	4	0	4	0	0	0
Clinical Psychologist	3	0	0	0	3	1
Dentist	14	0	13	0	0	1
Diagnostic Radiographer	15	0	11	0	4	1
Dietician	14	0	13	0	1	0
Environ. Health Practitioner	13	0	12	0	1	1
MO - Community Service	69	4	68	5	4	4
MO - Internship	40	0	38	0	4	3
Occupational Therapist	23	0	21	0	2	1
Pharmacist	37	0	34	1	10	9
Physiotherapist	27	0	27	0	0	0
Professional Nurse	27	0	0	27	50	50
Speech Therapist	9	0	9	0	0	0
TOTAL	295	4	250	33	79	71

Collaboration of Human Resource Utilisation and Development with the National School of Government (NSG)

The collaboration has been strengthened between the Department and the NSG through the 3-year Memorandum of Agreement entered into. This collaboration yielded positive results, as the NSG already conducted two transversal trainings for the Department with no costs, which consisted of Supply Chain Management and Managing Irregular Expenditure where thirty-six (36) and forty-five (45) employees were respectively trained with the intent to strengthen the audit outcomes.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

The College is still engaged with development of the following: College Statute and a business case to render the College self-sustainable and create financial accountability and viability, strategic plan, revision of policies and training plans. The College still has to address an Internal Audit recommendations conducted by the Data analytics – Nursing College Operations in quarter one of the financial year. The advanced Diploma in Midwifery curriculum is still under review by

the South African Nursing Council after which it has to be submitted to the Council on Higher Education. The College is planning for the intake of the Higher Certificate in Nursing.

The process of implementing Recognition of Prior Learning (RPL) is continuing for implementation in the 2026 Diploma in Nursing intake. The process for the differentiation plans to craft province-specific training plans to address local needs more effectively is continuing.

COLLEGE OF EMERGENCY MEDICAL CARE (CEMC)

The 2024/25 academic year began with the recruitment, selection, and registration of twenty students from all five districts, the majority of whom were 18.2 learners. There was only one 18.1 learner selected to study on the Higher Certificate programme, who unfortunately did not meet the entrance criteria of the program and was only able to access the program through Recognition of Prior Learning (RPL). The admission criteria remain a constant problem for the workforce development, the college and management of EMS operations.

The academic intake consisted of thirty (30) students, with the representation of twenty (20) from the Northern Cape and ten (10) Department of Defence (DOD). The presence of DOD students is part of a reciprocal agreement with the Department of Health, where students meeting the Diploma entrance criteria can study at the South African Military Health Service (SAMHS) College in Pretoria. Eight (8) students from the province were accepted into the Diploma program at SAMHS. Nineteen (19) from the thirty (30) Higher Certificate students and three (3) from the eight (8) Diploma students in Emergency Medical Care successfully graduated. Many challenges were encountered during the academic and finance year.

Table 85 CEMC Intake 2025 per district

DISTRICT	Higher Certificate	Diploma	Total
JTG	1	1	2
Namakwa	5	1	6
PKS	5	1	6
FB	8	3	11
ZFM	1	2	3
TOTAL FROM DISTRICTS	20	8	28
DOD	10	-	-
TOTAL PROVINCE	30	8	38

Approximately 60% of the EMS workforce were upskilled through the Continuous Professional Development (CPD) program. With the new scope of practice, it is anticipated that there will be a positive impact on the reduction of nursing escorts on ambulances. The college management was approached by DHS and the National Senior manager to support the DHS facilities with BLS training.

The International markets like the UAE, UK and Qatar recruit our lecturing staff with tax free salaries that are much more superior to the DPSA salary structures. The staff shortage at the college within the administrative and lecturing pool has worsened with the delay in the filling of the replacement posts of the Clerks, Deputy principal, coordinator, and four lecturers.

ACHIEVEMENTS

HUMAN RESOURCES DEVELOPMENT

- Approval of 2024/25 WSP by HWSETA.
- Recruitment and the placement of thirty (30) University Graduate Interns.
- Recruitment and the placement of fourteen (14) TVET Learners.
- Graduation of six (6) Medical Doctors in July 2024.
- Two (2) RSA-Cuban students passed their medical Board Examinations and are currently serving as Interns.

HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)

- Development of the Learning Management System (LMS) Moodle.
- A successful and last of its kind graduation ceremony was held on 01 November 2024. Total number of students graduating were 78, with 77 students from the four year programme and only one from the repeat programme of the two-year Diploma in General Nursing. Only 50 of the students who graduated were from the 2024/25 performance cycle, of which four did not pass, the rest are from the 2023/24 performance cycle who were delayed by repeating a year.
- Full accreditation for both the Higher Certificate in Nursing and Diploma in Nursing by the Council on Higher Education and the South African Nursing Council.
- Commencement of the new intake of thirty students for the Diploma in Nursing.

- Operationalisation and official opening of the students' residence.
- Appointment of eight new lecturers and two Heads of Department.

COLLEGE OF EMERGENCY MEDICAL CARE (CEMC)

- Three EMS employees from three districts successfully attained the Diploma in Emergency Medical Care. This was possible through a reciprocal training agreement between the College and the South African Military Health Services.
- The HWSETA has continued to partly fund the Lecturer Development and the Higher Certificate in Emergency Care Programmes.
- Approximately 60% of the EMS practitioners have attended the CPG updates.
- Dedicated student accommodation was officially launched for occupancy.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 86 Challenges & measures planned to overcome them: HST

CHALLENGES	CORRECTIVE ACTION
HUMAN RESOURCE DEVELOPMENT (HRD)	
Capacity Constraints in the Unit.	Fill vacant HRD positions with appropriate skilled personnel.
Implementation of Workplace Skills Plan (WSP).	SCM unit to improve its turn-around times.
Probation backlog increasing as new staff joins the department.	The NSG give proper guidance on how they plan on improving their effectiveness to avoid growing backlog.
Outstanding RSA-Cuban Students' Fee payments to NDOH.	This payment needs to be prioritised by Finance unit.
HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)	
Review of College budget to accommodate new developmental plans and projects	<ul style="list-style-type: none"> • College budget to be reviewed to include developmental plans and new projects like funding human resource capacitation for student residence and staffing the proposed additional campus. • A business case is being developed to indicate financial pressures. A draft already submitted to relevant stakeholders • College to be included in its budget plans/discussions and to have monthly /quarterly budget meetings • College to receive monthly/quarterly expenditure reports and commitments • To utilise correct objective codes on requisitions and when paying suppliers
Non-accreditation of Tshwaragano as an additional campus	<ul style="list-style-type: none"> • An approved submission for creating, funding, advertising and filling of posts has been approved and need to be implemented • An application has to be submitted to DHET for inclusion in the transitional arrangement of December 2019. Process has been initiated with the support of NDoH • Application to CHE for extension of programmes to an additional site • Secondment/transfer of staff and flexi time appointments to be considered. • Development of strategies for attraction and retention of staff as this is in a rural area. • Costing for minimal operationalisation already submitted to budget manager
Non implementation of the Internal Audit recommendations	<ul style="list-style-type: none"> • Process of opening an additional campus is continuing • Only eight of the 13 recruited lecturers accepted the job offers. Challenge created by the Occupation Specific Dispensation salary difference between education and practice. The five remaining posts need to be re-advertised • Full accreditation has been received • The increase in number of intakes depends on adequate growth of the college in terms of human and material resources required for a nursing education institution to function as it is supposed to. • Photocopy machines have been received
COLLEGE OF EMERGENCY MEDICAL CARE (CEMC)	
No formal lecturer development training was implemented.	The WSP must be implemented as planned.
Support Staff shortage - no administrative, cleaning and ground staff.	<ul style="list-style-type: none"> • Adoption and approval of the college organogram for inclusion into the new structure. • Appointment of staff to support college and student accommodation functions.

CHALLENGES	CORRECTIVE ACTION
Lecturer and management staff shortage.	<ul style="list-style-type: none"> • Filling of vacant and funded lecturer posts. • Filling of the deputy principal post to meet the academic legal governance structure.
Infrastructure – the septic Tank requires constant oversight and draining.	<ul style="list-style-type: none"> • Connection to the new student accommodation sewer line must be considered. • Formal arrangements must be made with the municipality or a private entity to empty the septic tanks on a monthly basis.
Delayed approval for the 2025 Higher Certificate submissions for stipends, transport, meals, and college budget. Academic governance structure deficiency and existing policy insufficiency.	<ul style="list-style-type: none"> • Autonomy to be granted to the college to improve student affairs and management. • Appropriate budget allocations for student allowances. • Develop Academic structure and Policy for approval.
Internet Connectivity - Unreliable broadband connectivity and infrastructure to support virtual and distance-based education.	Strengthen internet infrastructure and provide uncapped broadband connectivity to support the college functions and learning activities.
Student Accommodation and sporting facility access: <ul style="list-style-type: none"> • The accommodation has numerous electrical and plumbing challenges. • The limited sporting facilities (Swimming pools) 	<ul style="list-style-type: none"> • The HOD to consider granting greater autonomy to the colleges. • Collaboration with Virgin Active for using swimming pool facility. • Fast track construction of Phase 2a sporting facility.
Operational College budget allocation - The budget is not adequate to sustain academic operational functions and restricts the online Department of Higher Education and Training accreditation application process.	Senior Management must approve the college Business Case and allocate a realistic budget to sustain the college and its activities. Senior management to de-emphasize the reliance on the HWSETA funding.

Table 87 Outcomes, outputs, output indicators, targets and actual achievements: HST

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service	Basic Nursing students completing training	Total number of Basic Nursing students completing training	33	79	54	50	-4
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Failure to pass core modules. Repeat of full academic year. 				
	Bursary holders permanently appointed	Proportion of bursary holders permanently appointed	IMPROVEMENT PLANS: <ul style="list-style-type: none"> Teach out plan. Academic support. 				
			85%	92%	90%	44%	-46%
	Graduates who obtained Higher Certificate in Emergency Care	Percentage of graduates who obtained Higher Certificate in Emergency Care	REASONS FOR DEVIATION: <ul style="list-style-type: none"> The completion of the training of bursars has been delayed due to outstanding rotations. 				
			IMPROVEMENT PLANS: <ul style="list-style-type: none"> To improve on our forecasting to be able to yield better results. 				
				68%	60%	70.4%	10.4%
			REASONS FOR DEVIATION: <ul style="list-style-type: none"> Implementation of Quality Improvement Plan. Strengthened program support. 				
			IMPROVEMENT PLANS: <ul style="list-style-type: none"> Lobby for senior management support. Adjustment of target for subsequent year. 				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 6

Programme 6 - Health Sciences & Training spent R266 650 million or 93.4 per cent of its final budget of R285 547. 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.

Table 88 Linking performance with budget: Programme 6 – Health Sciences and Training (HST)

PROGRAMME 6: Health Sciences & Training	2024/25			2023/24		
	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
Nurse Training College	63 883	54 497	9 386	143 345	143 345	-
Ems Training College	10 484	10 484	-	9 304	9 304	-
Bursaries	25 061	15 550	9 511	19 782	19 782	-
Primary Health Care Training	1 650	1 650	-	-	-	-
Training Other	184 469	184 469	-	148 107	148 107	-
TOTALS	285 547	266 650	18 897	320 538	320 538	-

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

PROGRAMME PURPOSE AND STRUCTURE

Render health care support 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. *Reduce turn-around time on completion of autopsies.*
2. *Improve the turnaround time of submission of autopsy reports to stakeholders (SAPS).*

SITUATION ANALYSIS

Forensic Pathology Services

The Kuruman Forensic Mortuary was officially opened in May 2024, which serves the entire John Taolo Gaetsewe district comprising of three local municipalities and one hundred and eighty-six (186) towns and settlements, of which the majority are villages (80%), with a population of 272 454 (2022). A full service package is offered with a fridge capacity for thirty-six (36) bodies.

Seven new Forensic vehicles were operationalised to replace the old and indisposed fleet. This brought strengthened stability for mortuaries that were in serious need of mortuary vehicles.

The province tabled a request to be removed from Occupational Special Dispensation (OSD) as there were many disparities caused by OSD which resulted in the collapse of supervisory levels, reaching the ceiling of a post and non-advancement to Grade 3 and unavailability of a formal qualification for registration with HPCSA for Forensic Pathology Officers. The matter has been escalated to National level for tabling at the DPSA, as other provinces share the same sentiments.

The National Department has closely monitored the increasing number of unidentified and unclaimed bodies in the country in an attempt to deal with the problem. Provinces are experiencing shortages of storage space, especially Kimberley and Hartswater. In order to create additional storage a cold-room was constructed in Kimberley and twenty-two (22) bodies were buried as paupers during the financial year.

The National Forensic Pathology Service Committee was appointed and inaugurated in May 2024 and have concluded the review of the National Code of Guidelines for Forensic Pathology Services in South Africa. A Memorandum of Understanding (MOU) was signed by the National Commissioner of SAPS and the Director General for DOH. Currently an MOU between the Department and the Department of Home Affairs is also being discussed to allow access on the DHA system to assist in the identification of deceased persons. Regulations for the Rendering of Forensic Pathology Service are also under review to determine its relevancy.

CLINICAL FORENSIC SERVICES

Access to Post Exposure Prophylaxis was provided at public health facilities as well as five Thuthuzela Care Centres in the Province. Victims of sexual violence, however, still accessed the service after 72 hours and therefore become ineligible for PEP. Those who accessed the service on time are offered PEP if and when tested negative for HIV. Challenges of non-adherence that was reported was due to a number of factors including socio-economic conditions, fear of stigma and a lack of government vehicles, i.e. unmarked SAPS vehicles and DOH vehicles in remote districts. Sexual violence in the Frances Baard District remains significantly high and a peak in Namakwa District was reflected in the third quarter.

Since the commencement of PrEP in the country in 2016, the Northern Cape experienced challenges with the implementation and facility coverage thereof. Initially only the Frances Baard District implemented PrEP with the assistance of Lifeline Northern Cape. Performance gradually improved post-Covid, with Pixley Ka Seme exceeding their targets by achieving an initiation progress to target of 84%. Frances Baard improved facility coverage 100% to target. Overall, the initiation progress remains significantly low due to the low uptake in the Namakwa, JT Gaetsewe and ZF Mgcawu Districts. A number of severely underperforming facilities were identified in JT Gaetsewe.

Indicator Performance

Table 89 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%	92%	2%	386/418
Quarter 2	90%	94%	4%	461/491
Quarter 3	90%	88%	-2%	458/522
Quarter 4	90%	91%	1%	370/408
ANNUAL	90%	91%	1%	1675 / 1839

Table 90 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%	357/418
Quarter 2	80%	73%	7%	356/491
Quarter 3	80%	72%	-8%	376/522
Quarter 4	80%	72%	-8%	292/408
ANNUAL	80%	75%	-5%	1381/1839

Post-Mortems conducted

Table 91 Post-Mortems conducted

TYPE	Kimberley	Upington	De Aar	Calvinia	Springbok	Kuruman	TOTAL
Murder	162	77	44	14	16	85	398
Accident	105	49	23	3	16	26	222
MVA	145	62	64	13	19	118	421
Suicide	99	29	24	4	16	53	225
Undetermined	2	6	2	0	0	15	25
Natural	147	159	122	13	22	19	482
Fetus	9	0	0	0	0	1	10
Decomposed	3	0	0	0	0	0	3
Anaesthetic	3	0	0	0	0	0	3
Bones	4	0	7	0	3	1	15
Other	15	13	0	1	1	5	35
TOTAL	694	395	286	48	93	323	1839

Clinical Forensic cases

Table 92 Clinical Forensic Cases

Forensic Case	FB	PKS	ZFM	NAMAKWA	JTG	TOTAL
Sexual Assault (new)	393	88	160	131	205	977
HIV Counselling & testing	279	77	97	64	154	671
HIV Positive clients	59	3	1	6	3	72
Clients on ARV (PEP)	220	74	96	58	151	599
DNA testing perpetrators	0	0	4	0	0	4
Domestic violence	17	2	300	52	45	416
Common Assault	17	0	1315	0	0	1315
Drunken driving	0	0	45	0	0	45
TOTAL	985	244	2018	311	558	4099

ACHIEVEMENTS

- Official opening of Kuruman Forensic Mortuary.
- Distribution and operationalisation of the seven new Forensic vehicles.
- Twenty-two (22) unknown bodies buried as paupers.
- Installation of a cold-room at Kimberley Forensic Mortuary to improve body storage.
- Appointment of a Forensic Specialist for the province for high profile and complicated cases.
- Revision of National PEP Guidelines.
- Marketing material, comfort packs and clothing for survivors of sexual assault was distributed to all five districts.
- Several integrated outreach programmes conducted and participation in GBV dialogues initiated by SAPS for clinical Forensic Services.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 93 Challenges & measures planned to overcome them: FMS

CHALLENGES	CORRECTIVE ACTION
TCC's are unable to operate on a 24 hour basis due to a shortage of practicing forensic nurses.	Budget should be allocated for the permanent appointment of Forensic nurses to ensure continuum of care.
The victims who find it difficult to return to facilities discontinue the use of PEP, thus increasing the risk of sero-conversion.	Thuthuzela Kimberley is mitigating the risk by the following interventions: Home visits by Pathways, asking the police to bring the victim to the Centre and demand creation activities at facilities, district and at provincial office is ongoing.
Victims access health services after 72 hours due to a lack of knowledge, fear of stigma and victimization.	Continue to capacitate communities and stakeholders on the importance of accessing health care in time.
Shortage of body storage as a result of the increasing number of unidentified and unclaimed bodies stored for extended periods.	Engage with SAPS Investigating Officers to issue authorisation letters to start with pauper burial processes.

Table 94 Outcomes, outputs, output indicators, targets and actual achievements: FMS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Render health care support service through specialized forensic medical and medico-legal services	Autopsies completed and reported to SAPS	Percentage of autopsies completed within 4 working days	89%	90%	90%	91%	1%
		REASONS FOR DEVIATION: <ul style="list-style-type: none">A cold-room was constructed at Kimberley Forensic Mortuary to accommodate more bodies.					
	IMPROVEMENT PLAN: <ul style="list-style-type: none">None.						
	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	83%	81%	80%	75%	-5%	
		REASONS FOR DEVIATION: <ul style="list-style-type: none">Late/non-reporting and missed deadlines as a result of shortage of admin/management posts.Shortage of Specialists and Medical Officers to perform autopsies.					
IMPROVEMENT PLAN: <ul style="list-style-type: none">Continued quest to fill vacant management and administrative posts.Two Medical Officer posts were advertised for filling.Recruitment of a Forensic Specialist.							

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

Medicine Availability

The medicine availability at the Provincial Medical Depot (PMD) fluctuated throughout the year and this negatively affected the stockholding at health facilities throughout the Province. The main catalysts for the limited stockholding at the PMD were non-payment of suppliers (cash flow), renovations at the PMD (limited space and therefore limited stockholding) and challenges with the Warehouse Management System (no Service Level Agreement with the owners of the system as well as with the State Information Technology Agency - SITA). The low levels of available stock impacted on the multi-month dispensing (MMD) of chronic medicine-project announced by the Deputy Minister; however, the fact that facilities as well as patients do not have adequate and safe storage space to accommodate more than 1-month stock, assisted in some way.

The overall medicine availability of the Province was at 83.46%, however this did not impact on the provision of medicine to the patients. Facilities and districts were encouraged to rotate and interchange stock and the PMD would be engaged to acquire the critically needed items. Where manufacturing challenges were experienced, stock would be obtained from suppliers other than the tendered suppliers, or therapeutic alternatives were sourced. The following table reflects the average medicine availability for the Province:

Table 95 Average Medicine Availability per quarter

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Provincial Cumulative Average
76%	88%	85.7%	84.13%	83.46%

Stock Management Systems

The stock management systems play a pivotal role in ascertaining and determining stock availability of critical medicine at facilities. The Stock Visibility Systems (SVS) is utilized in the Primary Health Care setting and in most instances the nursing staff must update it on a weekly basis (Fridays), however there was never a 100% compliance rate on the system. Internet connectivity and lost reporting tools were some of the reasons provided for non-reporting. The incompleteness of information unfortunately has a negative impact on pre-emptive actions to be taken preventing stock-outs of critical medicine.

The Rx-Solution Stock Management System was utilized at the fifteen (15) hospitals for the same purpose as the SVS tool at the Primary Health Care facilities. Whilst some institutions did very well in utilizing this tool to manage stock availability, others had network challenges or hardware (computers) not being supported by Information Technology (IT) technocrats. This therefore also impacted on the overall reporting of information via this method.

The Warehouse Management System (WMS) at the PMD was also not fully functional due to maintenance of the system not being done during the year, which resulted in many system functions becoming redundant and stock-take could not be done for the previous financial year (2023/2024). Once this problem was resolved, however, the WMS could still not be accessed to manage stock as the SITA Service Level Agreement (SLA) were not signed-off, resulting to the same issue.

During the last quarter of the financial year, the National Surveillance Centre (NSC) Dashboard, which provides a country wide snapshot of the medicine availability on a monthly and quarterly basis and per Province was not operable. All information on the Stock Management Systems (SVS & Rx Solution) as well as the Warehouse Management System of the PMD aggregates onto the NSC Dashboard. Thus, besides the non-functioning of the Dashboard, the incomplete reporting of data hampered effective decision-making.

Central Chronic Medicine Dispensing and Distribution (CCMDD)

The District Health Services (DHS) Chief Directorate, in conjunction with the District Management Teams, will initiate the revitalisation of the CCMDD programme. Whilst patients have the choice to either use an internal pick up point (normally the public health facility) or an external pick up point, extra effort should be made to encourage the use of the external pick up points as part of an effort to decant our health facilities.

The following table reflects the average totals on the internal and external pick up points (PUPs) as well as information on the average registered and active patients on the CCMDD programme:

Table 96 CCMDD Programme

District	Average internal PUP Utilized	Average External PUP Utilized	Average registered patients	Average active patients
FB	37	21	37 560	10 933
JTG	46	7	28 257	6 312
Namakwa	25	0	5 754	921
PKS	33	4	26 485	4 272
ZFM	34	1	14 997	3 998
TOTAL	175	33	113 053	26 496

Human Resources

The shortage of pharmacy personnel throughout the country, and especially in the Northern Cape, is a cause for huge concern as this inadvertently impacts on the service delivery initiatives as well as on the realisation of ideal facilities towards enhancing future developments with regard to the National Health Insurance (NHI) roll-out. It is hoped that the filling of these vacancies will be dealt with speedily as discussions have been entered into with relevant stakeholders. Posts, such as that of the Deputy Manager, Assistant Managers, District Pharmacists, Pharmacists, Community Service Pharmacists, Pharmacy Interns as well as Pharmacist Assistants are very much needed to enhance and improve pharmaceutical services throughout the Province. The stringent rules that are governed and overseen by the authoritative and regulative bodies, i.e. the South African Pharmacy Council (SAPC) and the South African Health Products Regulatory Authority (SAPHRA), will also be difficult to adhere to and implement in the absence of the requisite pharmaceutical cadres.

Other matters

The reports received from the districts as well as the hospitals indicated a positive momentum in the Anti-Microbial Stewardship (AMS) programme. During the fourth quarter the Clinical Governance and Pharmaceutical Therapeutic Committees (PTCs) in the facilities as well as districts were more effectively dealing with pertinent clinical issues.

Transport challenges throughout the districts were limiting very much needed oversight and inspection visits, which could prevent unnecessary queries arising from oversight bodies viz. Portfolio Committees, Auditor General Staff, to mention but a few. The adherence to Good Pharmacy Practice (GPP) standards are also failing due to pharmacy personnel not having accessibility to transport resources in the various districts.

The process of reviewing the agreement between the private sector and the department in the form of Service Level Agreements (SLA's), Memorandums of Understanding (MOU's), Memorandums of Agreement (MOA's) in providing medicine and related items commenced during the latter part of the financial year and will be concluded in the next financial year.

ACHIEVEMENTS

- Although there were various challenges that impeded medicine availability, the re-distribution of stock, "buying-out" processes instituted, as well as issuing of therapeutic alternatives prevented huge crisis.
- Inspections conducted by the SAPC culminated in pharmacies achieving A-grade status and also a Responsible Pharmacist in the Namakwa District receiving a letter of commendation.
- The problem of the over use of antibiotics, which results in antibiotic resistance in patients and thus making infections harder to be treated, was adequately addressed in the JTG District and the clinicians have been brought in alignment with the relevant protocols in this regard.
- Various donations in the form of printers for the computers provided by the National Department of Health (NDOH) as well as label printers were received and installed in all the facilities in the respective districts.
- The ZFM District received three "Collect & Go" lockers from the Right to Care (RTC) NGO. These devices, containing a total of one hundred and fourteen (114) lockers, were installed in the Postmasburg (CHC) and will go a long way in enhancing the CCMDD programme.
- All three hospitals (Specialized, Regional and Tertiary) including the PMD conducted a successful stock take at the end of the financial year, albeit that some were done manually.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 97 Challenges & measures planned to overcome them: Pharmaceuticals

CHALLENGES	CORRECTIVE ACTION
Renovations at the PMD, warehouse management system challenges and limited cash flow caused issues with medicine availability.	Engage with the Infrastructure, Department of Public Works, IT Directorate and SITA as well as Chief Financial Officer to address these challenges at the PMD.
Dedicated transport, infrastructural shortcomings, IT and staff issues.	Engage the respective managers on these issues and provide feedback to the relevant stakeholders.
CCMDD, stock management and inadequate reporting.	Engage with DHS management including district teams to improve on the challenges raised.
Absence of dedicated Adverse Event Investigation Committees.	Engaged with Provincial Quality Services Directorate and awaiting feedback on the matter.

Table 98 Outcomes, outputs, output indicators, targets and actual achievements: Pharmaceuticals

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
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	84.6%	85.5%	90%	83.46%	-6.54%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">• Renovations at the Provincial Medical Depot.• No SLA with the owners of the Warehouse Management System or with SITA.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">• Engage with the relevant stakeholders.• Complete signing of SLA with the owners of the Warehouse Management System.• Approved SLA to be provided to SITA.				

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

PURPOSE

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

SITUATION ANALYSIS

During the year under review the Unit experienced mixed outcomes. For the first three quarters the Outreach Team had less difficulty with travelling to the facilities in the various districts, however, travelling was still not optimal, especially during the fourth quarter. There were also continuous delays in obtaining the requisite stock that was requested through the SCM team at the Robert Sobukwe Mangaliso Hospital (RMSH). This had a negative impact towards the patients that were supposed to receive follow-up treatment and who were dependent on receiving the necessary and required assistive devices. This phenomenon repeated itself throughout the year to the extent that, at some point in the latter part of the third quarter, some stock had to be purchased out of the Orthotist's pocket.

As from the second quarter there were challenges with transportation, which reduced the seeing of patients that was arranged by the Therapists in the respective districts. This resulted in the target being grossly underachieved in the fourth quarter. During quarter one and two, as well as the earlier part of quarter 3, whilst the outreach programme still went ahead (although not optimally) it was found that the rehabilitation teams in the districts, as well as at the RMSH, had issued incorrect prescriptions for the treatment of patients. It was during this earlier period of the financial year that the backlog was steadily being reduced in respect of patients awaiting service from the Orthotist. The lack in transport and the failure in making proper accommodation arrangements by the SCM team at RMSH during the latter part of the financial year conversely affected the progress made during the earlier part of the reporting period.

Furthermore, the shortage of certain cadres within the Unit, for example Leather Workers and a Leather Shoe Maker, as well as the lack in other areas of speciality, does not allow the rendering of adequate services in this highly specialised discipline. This Human Resource challenges were reiterated with the Chief Director for Corporate Services during the fourth quarter.

ACHIEVEMENTS

Although the necessary stock was not delivered, the O&P Team managed to mould and produce the much needed prosthetics for some patients using off-cuts and old materials. This was also achieved despite the machinery and tools at the Team's disposal being old and outdated.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 99 Challenges & measures planned to overcome them: O&P

CHALLENGES	CORRECTIVE ACTION
Transport, SCM and HR challenges.	Engage with the relevant managers at the Provincial Office in order to resolve these long standing issues.
Increasing patient backlog.	Besides the above-mentioned action, also to engage with the relevant District Managers and Chief Executive Officers of strategically placed Hospitals.
No O&P Services Structure in place in the various Districts.	Embark on a project to have a permanent structure in place to ultimately be able to render this service in the periphery.

Table 100 Outcomes, outputs, output indicators, targets and actual achievements: O&P

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
Re-integration of orthotic and prosthetic patients into society	Patients assessed and issued with assistive devices	Percentage of patients issued with assistive devices	26%	76.6%	80%	78.4%	-1.6%
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Transport, SCM and HR issues.				
			IMPROVEMENT PLANS: <ul style="list-style-type: none">Engage with the Senior Managers of the relevant Units to assist in clearing these impediments to effective service delivery.				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 7

Programme 7 - Health Care Support Services spent R138 465 million or 100% of its final budget of R138 465 million.

Table 101 Linking performance with budget: Programme 7 – Health Care Support Services (HCSS)

PROGRAMME 7: Health Care Support Services	2024/25			2023/24		
	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	19 799	28 492	(8 693)	29 503	29 503	-
Engineering	10 920	8 785	2 135	9 350	9 350	-
Forensic Services	44 732	40 854	3 878	49 135	43 400	5 735
Orthotic and Prosthetic Services	7 037	6 115	922	5 431	5 431	-
Medicine Trading Account	55 977	54 219	1 758	38 802	38 802	-
TOTALS	138 465	138 465	-	132 221	126 486	5 735

14.8. Programme 8 – Health Facilities Management (HFM)

PROGRAMME PURPOSE

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

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 clinical briefs for the Mental Health wards at the Tshwaragano, Postmasburg, De Aar, Dr Harry Surtie, Springbok and Abraham Esau Hospitals have been 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. Professional Service Providers have been appointed for the Construction of the New Lerato Park Clinic and Glenred Clinic as well as for the upgrading of the Galeshewe Day Hospital. The appointment for Professional Service Providers for the New Roodepan CHC and Ritchie Clinic are in the planning phase.

PLANNED MAINTENANCE

A contractor for the planned maintenance of the water reticulation, HVAC systems, upgrading of Plant at KLM and the replacement of the transformers and capacitors at RMSH has been appointed and is on site. The Department has also appointed service providers on a 36-month term contract for the maintenance of the HVAC, standby generators and firefighting equipment at the Mental Health, De Aar and Dr Harry Surtie Hospitals.

INFRASTRUCTURE DELIVERY

Table 102 Infrastructure Delivery

HEALTH FACILITY	PROGRESS
New Frances Baard Mortuary	Construction work is in progress and completion is expected in July 2026.
Nursing College Phase 2 Main Campus	The Phase 2 of the Nursing College (Main campus) construction works resumed in June 2024 and completion is expected in June 2026.
New Schmitsdrift Clinic	Construction work is ongoing in the New Schmitsdrift Clinic and completion is expected in December 2025.
Tshwaragano Maternity, Gateway Clinic and Walkways	Construction work is ongoing and completion is expected by the end of September 2025. This project has been split into two phases.
Dr. Arthur Letele Depot	Construction works is ongoing on the upgrading of the Depot and completion is expected in September 2025.
Boegoeberg Clinic	The project has reached practical completion and was handed to the Department of Health by the implementing agent. The procurement of outstanding Health Technology was completed in the fourth quarter.
Nursing College Student Accommodation	The project was completed and handed over to the end-user in the fourth quarter.
Upgrading of Keimoes CHC	The contractor is on site and the project is expected to reach completion in January 2026.
Upgrading of Griekwastad CHC	The contractor is on site and the project is expected to reach completion in July 2025.
Upgrading of Logobate CHC	The contractor is on site and the project expected to reach completion in December 2025.

ACHIEVEMENTS

- The Nursing Student Accommodation was handed over to the end-user.
- Bankhara Bodulong Clinic was handed over to the end-user.
- The Department received the Incentive Grant which will assist as a top up to the HFRG budget for addressing infrastructure challenges in the Province. This was as a result of a better performance in terms compliance during the financial year.

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 103 Challenges & measures planned to overcome them: HFM

CHALLENGES	CORRECTIVE ACTION
Delays in procurement by Implementing Agents.	The Department must meet with the DRPW on a regular basis and receive feedback on the delays in appointing service providers for the implementation of projects.
Slow 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 a three-year contract to ensure proper and effective maintenance of equipment.

Table 104 Outcomes, outputs, output indicators, targets and actual achievements: HFM

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2022/23	AUDITED ACTUAL 2023/24	PLANNED ANNUAL TARGET 2024/25	ACTUAL ACHIEVEMENT 2024/25	DEVIATION 2024/25
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)	33% (1/3)	100% (6/6)	33% (2/6)	67% (4/6)
			REASONS FOR DEVIATION: <ul style="list-style-type: none">Slow delivery by implementing agent.				
			IMPROVEMENT PLAN: <ul style="list-style-type: none">The Department must meet with the DRPW on a regular basis in order to get feedback on the delays in appointing service providers for the implementation of projects.				

LINKING PERFORMANCE WITH BUDGET – PROGRAMME 8

Programme 8 - Health Facilities Management spent R445 449 million or 99.8 per cent of its final budget. 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.

Table 105 Linking performance with budget: Programme 8 – Health Facilities Management (HFM)

PROGRAMME 8: Health Facilities Management	2024/25			2023/24		
	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	185 441	160 176	25 265	168 168	168 168	-
Provincial Hospital Services	260 774	285 273	(24 499)	284 717	284 717	-
TOTALS	446 215	445 449	766	452 885	452 885	-

15. TRANSFER PAYMENTS

15.1. Transfer payments to public entities

No transfer payments were made to Public Entities.

Table 106 Transfer payments made to public entities

Name of public Entity	Key Outputs of the public entity	Amount transferred to the public entity	Amount spent by the public entity	Achievements of the public entity
-	-	-	-	-

15.2. Transfer payments to all organisations other than public entities

Table 107 Transfer payments made to all organisations other than public entities

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Compliance with s38(1)(j) of the PFMA	Amount transferred R'000	Amount spent by the Entity	Reasons for the funds unspent by the Entity
Households	Employees	Leave gratuity	Yes	10 727	10 727	Not applicable
Households	Employees	Injury on duty	Yes	1	1	Not applicable
Households	Private Firms	Claims against the state	Yes	28 129	28 129	Not applicable
Households	University	Bursary non-employees	Yes	148	148	Not applicable
Households	Community/ Non-profit organisations	Donations	Yes	1 214	1 214	Not applicable

15.3. Transfer payments budgeted for, but no payments made

Not applicable as there were no transfer payments budgeted for and not paid.

Table 108 Transfer payments budgeted for, but no transfer payments made

Name of transferee	Type of organisation	Purpose for which the funds were to be 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

There were no Conditional Grants and earmarked funds paid.

16.2. Conditional grants and earmarked funds received

16.2.1. District Health Programmes Grant (DHPG) - District Health Component

Table 109 Conditional grants & earmarked funds received: District Health Programmes Grant – District Health Component

Department who transferred the Grant	National Department of Health
Purpose of the Grant	<ul style="list-style-type: none"> To enable the health sector to develop and implement an effective response to 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 WBPHCOTs by ensuring Community Health Workers (CHW's) receive remuneration, tools of trade and training in line with scope of work.
Expected Outputs of the Grant	<ul style="list-style-type: none"> Number of malaria-endemic municipalities with 95 per cent 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 per cent of grade five school girls aged 9 years and above vaccinated for HPV first dose. 80 per cent of schools with grade five girls reached by the HPV vaccination team with first dose. 80 per cent of grade five school girls aged 9 years and above vaccinated for HPV second dose. 80 per cent of schools with grade five girls reached by the HPV vaccination team with second dose. Number of Community Health Workers received a stipend. 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	114 902
Amount received (R'000)	114 902
Reasons if amount as per DORA not received	100% received
Amount spent by the Department (R'000)	114 902
Reasons for the funds unspent	N/A
Reasons for deviation on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.
Measures taken to improve performance	-
Monitoring mechanism by the receiving Department	Monthly and quarterly reviews

16.2.2. District Health Programmes Grant (DHPG) - Comprehensive HIV/AIDS Component

Table 110 Conditional grants & earmarked funds received: District Health Programmes Grant – Comprehensive HIV/AIDS Component

Department who transferred the Grant	National Department of Health
Purpose of the grant	<ul style="list-style-type: none"> To enable the health sector to develop and implement an effective response to HIV/ADS. Prevention and protection of health workers from exposure to hazards in the workplace To enable the health sector to develop and implement an effective response to TB.
Expected outputs of the grant	<ul style="list-style-type: none"> Number of new patients started on antiretroviral therapy Total number of patients on antiretroviral therapy remaining care Number of male condoms distributed Number female condoms distributed Number of infants tested through the polymerase chain reaction test at 10 weeks Number of clients tested for HIV (Including antennal) Number of tested for HIV Number of medical male circumcision performed. Number of clients started on pre-Exposure Prophylaxis New Sexual Assault Case HIV negative with Post Exposure Prophylaxis Number of HIV positive clients initiated on TB preventative therapy Number of TB contacts initiated on TB preventative treatment (under 5yts and 5yrs and older Combined) Number of eligible HIV patients tested for TB using TB Nucleic Acid Amplification using urine lateral flow lipoarabinomannan (LF-LAM) essay. Drug susceptible TB treatment start rate (under 5 years and 5 years and older). Rifampicin resistant/multidrug resistant TB Confirmed treatment start rate
Actual outputs achieved	Yes
Amount per amended DORA	632 950
Amount Received (R'000)	632 950
Reasons if amount as per DORA was not received	100% received
Amount Spent by the Department (R'000)	632 950
Reasons for funds unspent by the entity	N/A
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	-
Monitoring Mechanism by the receiving department	Monthly and quarterly reviews

16.2.3. Health Facility Revitalisation Grant

Table 111 Conditional grants & earmarked funds received: Health Facility Revitalisation Grant

Department who transferred the Grant	National Department of Health
Purpose of the Grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology, organisational development systems and quality assurance. To enhance capacity to deliver health infrastructure.
Expected Outputs of the Grant	<ul style="list-style-type: none"> Number of new facilities completed. Number of facilities maintained. Number of facilities upgraded and renovated. Number of facilities commissioned Number of TB clients lost to follow traced.
Actual outputs achieved	Yes
Amount per amended DORA	437 961
Amount received (R'000)	437 961
Reasons if amount as per DORA not received	100% received
Amount spent by the Department (R'000)	437 961
Reasons for the funds unspent	N/A
Reasons for deviation on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.

Measures taken to improve performance	-
Monitoring mechanism by the receiving Department	Monthly and quarterly reviews

16.2.4. National Health Insurance Grant

Table 112 Conditional grants & earmarked funds received: National Health Insurance Grant

Department who transferred the Grant	National Department of Health
Purpose of the Grant	<ul style="list-style-type: none"> Implementation of strategic purchasing platform for primary healthcare providers Strengthen mental healthcare service delivery in primary health care and community-based mental health services Improved forensic mental health services.
Expected Outputs of the Grant	Health Professionals Contracting <ul style="list-style-type: none"> Number of health professionals contracted Number of sessions covered by contracted health professionals. Mental Health <ul style="list-style-type: none"> Number of mental health care providers contracted (per category: psychiatrists, psychologists, registered counsellors, occupation therapists, and social workers) Number of users seen by the contracted mental health care providers Number of forensic mental observations conducted by the contracted mental health care providers
Actual outputs achieved	Yes
Amount per amended DORA	24 264
Amount received (R'000)	24 264
Reasons if amount as per DORA not received	100% received
Amount spent by the Department (R'000)	24 264
Reasons for the funds unspent	N/A
Reasons for deviation on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.
Measures taken to improve performance	-
Monitoring mechanism by the receiving Department	Monthly and quarterly reviews

16.2.5. National Tertiary Services Grant

Table 113 Conditional grants & earmarked funds received: National Tertiary Services Grant

Department who transferred the Grant	National Department of Health
Purpose of the Grant	<ul style="list-style-type: none"> Ensure the provision of tertiary health services in South Africa To compensate tertiary facilities for the additional costs associated with the provision of these services.
Expected Outputs of the Grant	<ul style="list-style-type: none"> Number of inpatient separations Number of day patient separations Number of outpatient first attendances Number of outpatient follow-up attendances Number of inpatient days Average length of stay by facility (tertiary) Average length of stay by facility (psychiatry) Bed utilisation rate by facility (tertiary) Bed utilisation rate by facility (psychiatry)
Actual outputs achieved	Yes
Amount per amended DORA	488 803
Amount received (R'000)	488 803
Reasons if amount as per DORA not received	100% received
Amount spent by the Department (R'000)	488 803
Reasons for the funds unspent	N/A
Reasons for deviation on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.

Measures taken to improve performance	-
Monitoring mechanism by the receiving Department	Monthly and quarterly reviews

16.2.6. Statutory Human Resources, Training and Development Grant

Table 114 Conditional grants & earmarked funds received: Statutory Human Resources, Training and Development Grant

Department who transferred 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 phase-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.
Actual outputs achieved	Yes
Amount per amended DORA	152 820
Amount received (R'000)	152 820
Reasons if amount as per DORA not received	100% received
Amount spent by the Department (R'000)	152 820
Reasons for the funds unspent	N/A
Reasons for deviation on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.
Measures taken to improve performance	-
Monitoring mechanism by the receiving Department	Monthly and quarterly reviews

16.2.7. Social Sector Expanded Public Works Programme Incentive Grant

Table 115 Conditional grants & earmarked funds received: Social Sector Expanded Public Works Programme Incentive Grant

Department who transferred the Grant	National Department of Health
Purpose of the Grant	<ul style="list-style-type: none"> 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	9 556
Amount received (R'000)	9 556
Reasons if amount as per DORA not received	100% received
Amount spent by the Department (R'000)	9 556
Reasons for the funds unspent	N/A
Reasons for deviation on performance	The Department has spent 100% of the allocated funds in line with the approved business plan.
Measures taken to improve performance	-
Monitoring mechanism by the receiving Department	Monthly and quarterly reviews

17. DONOR FUNDS

17.1. Donor funds received

Table 116 Donor funds received

NAME OF DONOR	National Skills Fund Growth and Development Strategy
Full amount of the funding	R3 138
Period of the 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)	R2 204
Amount spent by the department (R'000)	R4 067
Reason for the funds unspent	R1 275
Monitoring mechanism by the donor	Bi-Annual reports

18. CAPITAL INVESTMENT

18.1. Capital investment, maintenance and asset management plan

Table 117 Capital investment, maintenance & asset management plan

Infrastructure Projects	2024/25			2023/24		
	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
New & replacement assets	156 959	94 730	62 229	217 400	189 861	27 539
Existing infrastructure assets	270 256	348 924	(78 668)	248 223	213 871	34 352
· Upgrades & additions	162 502	130 669	31 833	93 944	164 846	(70 902)
· Rehab, renovations & refurbishments	11 000	34 073	(23 073)	42 345	1 841	40 504
· Maintenance & repairs	96 754	184 182	(87 428)	111 934	47 184	64 750
Infrastructure transfer	-	-	-	-	26 398	(26 398)
Current	115 754	185 979	(70 225)	353 689	77 457	-
Capital	330 461	259 472	70 989	111 934	358 626	-
TOTAL	446 215	445 451	764	481 423	436 084	45 339

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

Risk Management remains one of the areas that the Department of Health continues to prioritize in its quest to ensure the improvement of corporate governance and audit outcomes and this will further ensure that the Department implements the Risk Management Implementation Plan and Strategy.

In terms of the PFMA section 38 a(i), the Accounting Officer must ensure that an effective, efficient and transparent system of financial and risk management and internal control are in place. To this end, the Department has developed a Risk Management Strategy, Risk Management Policy, Risk Management Implementation Plan and an Operational and Strategic Risk Register that are linked to the Department's objectives.

The department has a Risk & Ethics Management Committee (REMCO), but was unable to have meetings due to the resignation of the independent Chairperson. However, the Department with the assistance of Provincial Treasury Risk Management has established and appointed a new Risk & Ethics Management Committee as well as an Independent Chairperson; this appointment was concluded in December 2024. Capacity building has been provided to strengthen the REMCO.

Furthermore, the appointment of Risk Champions has been finalised for the Provincial Office.

Table 118 Risk Management Governing Documents/Frameworks

POLICY DOCUMENT	STATUS
Risk Management Policy	Approved
Risk Management Strategy	Approved
Risk Management Implementation Plan	Approved
Risk & Ethics Management Committee Charter	Approved
Risk Tolerance & Appetite SOP	Draft

The Risk Assessments/Reviews

The Risk Management unit reviewed the previous risk registers of various units within the Provincial Office as well as the Robert Sobukwe Mangaliso and New 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 Frances Baard District during 29th April 2024 to 4th June 2024, in which thirty-two (32) facilities were assessed. A risk assessment was conducted for the Dr. Van Niekerk District Hospital on the 27th August 2024, as well as in the JTG District, where seventeen (17) facilities were assessed from the 16th – 20th September 2024. After the completion of the risk assessments, risk registers and risk profile reports were compiled for these facilities and submitted to management. Due to the national cost containment, this process was unfortunately halted and no further assessments took place within the districts.

Emerging risks were reported to the unit by means of an emerging risk template and were also identified during the reviews and reported to management and Audit committee.

Risk Monitoring

The Internal Control Unit assisted in monitoring the progress of risk management. 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. Monitoring and evaluation plays as important role in the risk management process. However, there was a lack of reporting on the progress of mitigating of risks.

Way Forward

The Risk Management Strategy will continuously be implemented to instil a positive risk culture within the department. All departmental staff members should make every effort to embed risk management into their day-to-day activities and to ensure that risks are not only managed on paper but that the implementation thereof yields positive results for the department.

21. FRAUD AND CORRUPTION

Fraud and corruption remains one of the areas that Department of Health continues to prioritize in its quest to focus and commit to the reduction and possible eradication of incidences of fraud and financial misconduct. As instances of fraud and corruption remain a threat to public trust and confidence, it becomes essential to recognize fraud risk management as an integral part of strategic management.

Section 38 of the Public Finance Management Act outlines the general responsibilities of Accounting Officers in this regard. This includes, amongst others, that the Department:

- a) has and maintains effective, efficient and transparent systems of financial and risk management, including internal controls.
- b) is responsible for the effective, efficient, economic and transparent use of the departmental resources.
- c) takes effective and appropriate steps to prevent unauthorised, irregular, fruitless and wasteful expenditure, as well as other losses resulting from criminal conduct.
- d) is responsible for the management, including the safeguarding and maintenance of the departmental assets.

Governing Documents/Frameworks

Table 119 Status of Fraud & Corruption Governance Documents

POLICY DOCUMENT	STATUS
Anti-Fraud & Corruption Policy	Approved
Financial Disclosure and Gift Policy	Approved
Whistle-Blowing Policy	Approved
RWOPS Policy	Reviewed

Fraud Prevention Plan

The Fraud Prevention Plan for the Department was prepared to give effect to the implementation of the Anti-Fraud and Corruption and Whistle-Blowing Policies and set out all the activities planned for 2024/2025 financial year. To provide best practices within the Department and thus eliminate or drastically reduce occurrences of fraud and corruption. To raise awareness to all stakeholders around fraud and corruption. Any preliminary investigation activities carried out internally are referred directly to SAPS (DPCI) or SIU units to investigate. Reporting the outcome of these unethical matters are done through the Risk & Ethics Management Committee (responsible for Governance and Oversight Monitoring).

There was only one case of fraud and corruption relating to possible price inflation reported during the 2024/25 financial year. The investigation is still underway and had not been concluded by the end of this financial year.

Way Forward

It remains the Integrity Management Unit's desire to continue with the reduction and possible eradication of Fraud and Corruption in the Department by continuously implementing its Fraud and Corruption Prevention Strategy and Implementation Plan to achieve its objectives and to instil a positive ethical culture within the department.

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 signs 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 tone for good governance, such as an established framework for ethical and legal expectations from both the employees and the service providers within the department; and is aligned to the departmental values of Integrity, Excellence, Teamwork and Professionalization. These values led to informed decision making and guiding the actions required which ensured improved integrity, transparency and accountability with adherence at all times.

The department fully adopted the Public Service Code of Conduct and service Charter, which seeks to ensure adherence. Internal capacity building sessions were held and ongoing reminders were issued on compliance with e-Disclosures.

The department has strengthened the internal control system that conducts assessments and any irregularity and or whistle blowing are further investigated through the risk management unit and reported to management for final decision making.

24. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

During 2024/25 a total of eighty-two (82) hazardous substance licences for dealers in hazardous substances were issued. The NCDOH procured the services of a health care risk waste contractor, namely Tshenolo Waste, for the next 3 years.

Provincial Environmental Health Services were audited in all five districts. All the 2024 Environmental Health Practitioners completed and presented their community service projects. The Environmental Health unit chaired weekly Environmental / Municipal Health meetings in response to the Foodborne Illness disaster in South Africa and also chaired the weekly Provincial Joint Operations Coordinating Committee (Prov. JOCCOM).

For the year under review, the Provincial Employee Health and Wellness (SHERQ) Unit encountered a number of concerns, which had significant negative effects with regard to Occupational Health and Safety (OHS) within the Department. The following table summarises these concerns:

Table 120 SHERQ concerns and effects on the department

Title	Concern	Effects
Governance	<ul style="list-style-type: none"> The Department currently has only one designated SHERQ practitioner at Provincial level and there are no appointments made in the Districts and Hospitals. There are either no or only partially functional OHS Committees in place. There are also no designated fire fighters or first aiders available. The lack of adequate support for the program. 	The absence of effective program management and accountability poses significant risks, including the potential for omissions that may adversely affect the department's reputation and lead to an increase in litigation.
Infrastructure	There is an absence of SHERQ in infrastructure projects, both new and existing, design phase and renovations.	Non-compliance with building regulations and OHS Act and regulations that can effect work flow, compliance , hamper services, security, water supply, electricity, etc.
Wellness Centres	Medical Surveillance not conducted and increase of PILLIR and Injury on Duty cases that result in prolonged sick leave.	<ul style="list-style-type: none"> Prolonged sick leave Increased workload for other employees in the unit if an employee is off sick for long periods Increased revenue loss due to claims Risk of litigations and false ill health claims against the department

25. PORTFOLIO COMMITTEES

RECOMMENDATION 1: The Department must ensure that all planned targets are aligned with the allocated budget

In 2023/24 financial year, the Department reported to the Audit Committee a comparison of performance aligned to plans and in the Annual Performance Plan of 2024/25, upon consultation with various programmes, the Performance targets are aligned to the budget allocated per programme.

RECOMMENDATION 2: The Department must prioritize the implementation and monitoring of the Audit Action Plan to address its internal and external audit findings

The Department developed an Audit Action Plan that was submitted to Internal Audit for adequacy and completeness review. The plan was presented to the Audit Committee and progress on its implementation serve at the Committee on a quarterly basis. The Chief Financial Officer also presents progress on the implementation of the Audit Action Plan to the Executive Management Committee, chaired by the Head of Department, on a monthly basis.

The table below provides a summary of the Audit Action Plan:

Table 121 Audit Action Plan

Qualification	Issue	Action	Key Activities
Immovable Assets	Fair value adjustment on S42 transfer	Engagement with key stakeholders on the matter (Department of Public Works, Provincial Treasury, National Treasury)	<ul style="list-style-type: none"> Discussion of the treatment of fair value in progress. Engagement with DPW to commence with transfer of immovable assets. Incorporate the treatment of immovable assets in the Asset Management Policy.
Asset Management	Incomplete Asset Register	<ul style="list-style-type: none"> Digital verification of all assets. Utilisation of LOGIS on all asset procurement. Support from key stakeholders. 	<ul style="list-style-type: none"> Digital verification of all assets currently in progress. Disposal of assets in progress. Digital verification. Discussion with key stakeholders on the extent of support currently in progress. Asset register fully integrated on LOGIS.
Supply Chain Management	Non-compliance with key regulations	<ul style="list-style-type: none"> Filling of key vacancies. Improvement of monitoring mechanisms. Appointment of key Committees. Implementation of key policy requirements. 	<ul style="list-style-type: none"> Appointment of key staff in progress. Bid Committee in place. Implementation of PPR 2022. Training of SCM practitioners to be undertaken. Implementation of key demand management functions. Implementation of key controls on the procurement of Information Technology equipment. SCM Policy to be reviewed at the Policy Committee.

Qualification	Issue	Action	Key Activities
Contingent Liabilities	Non-compliance with MCS (Assets criteria)	<ul style="list-style-type: none"> Benchmark with sector departments. Revision of the assets criteria. 	<ul style="list-style-type: none"> Review of the assessment and evaluation criteria underway: AGSA & NDOH.
Accruals	Understatement / Overstatement	<ul style="list-style-type: none"> Implementation of regular data cleaning measures. Standard and regular review of the accrual system register. 	<ul style="list-style-type: none"> Standardisation of the reporting process through the LOGIS System. Review and cleaning of the LOGIS accrual register underway.
Irregular Expenditure	<ul style="list-style-type: none"> Overstatement (Occurrence issue with prior year restatement) Completeness 	<ul style="list-style-type: none"> Enhancement of Human resource capacity. Implementation of irregular Expenditure Framework. 	<ul style="list-style-type: none"> Issued financial delegations to all responsible officials. Post auditing of payments for detection of irregular expenditure. Regularisation of contracts. Loss Control Committee in place.
Goods and Services	Occurrence of Goods and Services	<ul style="list-style-type: none"> Verification of payments prior to processing to ensure validity and accuracy. 	<ul style="list-style-type: none"> Payments being verified on the system prior to being processed to ensure validity and accuracy.
Prior Period Error	Differences identified.	<ul style="list-style-type: none"> AFS preparation schedule with emphasis on monthly and quarterly review. 	<ul style="list-style-type: none"> Schedule for the review of IFS and AFS developed to address accuracy and completeness of disclosure notes.

RECOMMENDATION 3: The Department must strengthen its internal controls to ensure that accounts of service providers are settled within the prescribed timeframe:

The Department is strengthening a number of areas to prevent over commitment of the budget and speedy processing of suppliers' payments. These interventions include:

- Alignment of planning with budget processes to ensure that all planned targets are adequately funded,
- Implementation of the budget confirmation process to ensure that procurement is effected only upon confirmation of availability of funds
- Enforce compliance with the procurement and payment checklist to ensure seamless processing of suppliers claims and timely payment of these claims.
- Monthly monitoring of accruals to ensure that long outstanding claims are dealt with.
- Implementation of this improvement plan will be monitored by the Departmental Executive Management Committee and Internal Audit Unit.

26. SCOPA RESOLUTIONS

Table 122 SCOPA Resolutions

No.	Subject	Details	Response by the department	Resolved (yes / no)
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 and the department developed a service level agreement. The SLA captured the key goals and deliverables that are measured on a quarterly basis, the SLA is part of the quarterly reports send to provincial legislature.	Yes
2	Weaknesses in Records Management.	Weaknesses in internal controls on the Annual Financial Statements (AFS) 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.	<p>As part of the intervention strategy to submit quality AFS and improving on reporting the department has in the 2023/24 financial year prepared and submitted Interim AFS to Provincial Treasury (Accounting Services) for review. In addition to the review process Internal Audit has committed to monthly the review of monthly AFS.</p> <p>Performance information a quality improvement plan (QIP) was developed and shared with the office of the Auditor General (AG). The QIP was monitored on a quarterly basis by Office of the Premier and the dash board shared with the AG.</p>	Yes
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	The department has an approved audit action plan as approved by the accounting office in the 2023/24 financial year, however due to capacity	Yes

No.	Subject	Details	Response by the department	Resolved (yes / no)
		other oversight structures is not effectively implemented.	<p>constrains especially in the area of SCM there has been slow progress.</p> <p>The Accounting Officer has since assigned the Acting Chief Director responsible for risk management to provide support towards the implementation of Action Plan.</p>	
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.	<p>The department has started with the investigation of irregular expenditure (IR) and the next phase will be the application of condone the IR.</p> <p>Fruitless and wasteful expenditure (F&W) 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 our accruals and contingent liabilities (medico-legal) plays a significant role on the F&W expenditure.</p> <p>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.</p>	Yes
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 constrains, however there are considered efforts to ensure that small service providers are not affected.	Yes
6	Vacancy Rate for senior positions.	The instability at the Department due to vacancies at senior positions is a very grave concern.	<p>The department has its organisational structure approved in January 2024, the first phase of the implementation process is aimed at strengthening management structures by filling all vacancies of Senior Managers (SM).</p> <p>Some of the critical SM post have been submitted to Treasury and OTP for concurrence in March 2024 in line with the DPSA requirements, awaiting approval once granted it will be followed by the recruitment process. Currently the posts are advertised and will be filled in due course</p>	Yes
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, poor collection system, medical aid rejections and RAF repudiations.	Yes
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.	Yes

27. PRIOR MODIFICATIONS TO AUDIT REPORTS

Table 123 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
<p>Movable tangible capital assets</p> <p>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</p>	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.

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
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.		<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 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 any adjustments were necessary to accruals included in accruals and payables not recognised stated at R537 426 000 in note 19.1 	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.
Contingent Liabilities <ul style="list-style-type: none"> • 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. • 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. • 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. 	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
Prior Period Errors <p>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.</p>	2024	<ul style="list-style-type: none"> • AFS preparation schedule with emphasis of monthly and quarterly review by Acting Director: Financial Accounting and Acting CFO and ensure that prior period error note accurate and supported by sufficient and appropriate supporting document. • Quarterly compliance review by Internal Control Unit.

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>Irregular Expenditure</p> <ul style="list-style-type: none"> 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. 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. 	2012 and beyond	<ul style="list-style-type: none"> The process of revisiting the entire population to correct comparative figure is under way and will be completed by the end of November 2024. Issued financial delegations to the district directors and CEO's in all nine (9) different pay points across the province. Post auditing of payments for detection of current year figure irregular expenditure is also under way. National Department of Health to assist with dedicated team (additional resources) to address completeness of irregular expenditure.
<p>Good and Services</p> <p>Goods and services were materially misstated by R3 945 268 due to the cumulative effect of individually immaterial uncorrected misstatements in the following items:</p> <ul style="list-style-type: none"> 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. 	2024	<ul style="list-style-type: none"> Payments are verified prior being processed on the system to ensure validity and accuracy. Strengthening of contract management function.

28. INTERNAL CONTROL UNIT

Internal Audit (IA) provides management with independent and objective assurance designed to add value and to continuously improve the operations of the Department. It also assists the Department to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of Governance, Risk Management and Control processes. The following key activities were performed in this regard:

- Assessed and made appropriate recommendations for improving the governance processes in achieving the Department's objectives.
- Evaluated the adequacy and effectiveness and contributed to the improvement of the risk management process.
- Assisted the Accounting Officer in maintaining efficient and effective controls by evaluating those controls to determine their effectiveness and efficiency, and by developing recommendations for enhancement or improvement.

Project Scope

1. All programmes under the Office of the Chief Financial Officer.
2. Financial Management.
3. Financial Accounting programme(s).
4. Supply Chain Management programme(s).

Internal Control Work Completed

- The unit reviewed the Supply Chain management of the department and assisted the directorate in aligning it to the updated prescripts; the policy is currently awaiting approval.
- The unit engaged the Supply Chain Management unit and Accounts Payable and has assisted with the development of a standardised departmental checklist.
- Assessed the recognition and reporting of irregular and wasteful expenditure by accounts payable which is a determinant of whether the controls implemented have had the desired effect.
- Provided support to supply chain management by providing training to all district on the revised standardised checklist and amended legislative prescripts.
- Chaired the meetings to assist with the clean-up process of the commitments for Supply Chain management.
- Followed-up on the outstanding Internal Audit findings that were handed over to Internal Control and further pursued them in liaison with the relevant managers.
- The Internal Assessment is a batch audit instrument mainly used for evaluating compliance of transactions to relevant procurement prescripts. The instrument consists of a number of tests to determine whether the procurement process that was followed is regular, as well as whether the batch is complete and audit ready, the following programmes batches were evaluated for compliance.
 - Supply Chain Management.
 - Accounts Payable.

Internal control deficiencies and recommendations were communicated with the relevant Programme Managers in order to align processes and procedures with updated prescripts.

29. INTERNAL AUDIT AND AUDIT COMMITTEES

Purpose and mandate

The Internal Audit Function (IAF) has been performed by the "Provincial Internal Audit Service". The function was setup 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 function fulfils an independent assurance function and is housed within Provincial Treasury.

In light of Treasury Regulation 3.2.6, which stipulates that internal audit must be conducted in accordance with the Standards™ set by the Institute of Internal Auditors, the IAF is guided by the International Professional Practices Framework® (IPPF®) published by the Institute of Internal Auditors (IIA); to act independently and objectively in providing assurance and advisory services in respect of the department's overall governance, risk management, and internal control processes. The IAF's functional reporting to the Audit Committee (AC) as prescribed by the PFMA is intended to protect its independence and objectivity.

The AC is established as prescribed by the PFMA and its core functions and responsibilities are spelled out in the Treasury Regulations and the AC Charter, approved by the Executive Authority.

The AC plays a pivotal role in assessing, and based on such assessment, advising the Accounting Officer and Executive Authority regarding:

- the effectiveness of the department's overall governance, risk management and internal control system;
- the effectiveness of the internal audit function;
- the adequacy, reliability and accuracy of financial and performance information produced by the department
- accounting and auditing concerns identified through internal and statutory audits; and
- the department's compliance with legal and regulatory provisions.

The AC thus assists the department in enhancing its integrity and operational effectiveness through good governance and adherence to the legislative, accounting, and auditing frameworks.

Vision and strategy

The IAF placed emphasis on the department's strategic priorities and focus areas to assist them to reach their objectives. Assignments were specifically conducted on the core mandate of the department, projects and infrastructure spending. Various assurance and advisory assignments were conducted to assist with the initiatives to achieve clean audits. Specific attention was given to those areas that attracted qualifications from the AGSA and non-compliance findings. The audit action plans were reviewed for completeness and adequacy. Thereafter, follow-up assignments were conducted to review the implementation of the audit action plans, internal audit recommendations as well as audit committee recommendations.

The IAF continued to assist in the digitization processes of institutions and include such training and demonstration activities in their interactions with clients. The aim is to assist in improving the information technology maturity levels and to promote the use of technology to create efficiency.

Charter, methodology and internal audit plans

The IAF is guided by an internal audit charter, endorsed by the Accounting Officer and approved by the Audit Committee and performs its functions as provided in the PFMA and the internal audit charter. The IAF reviewed its methodology to be aligned to the Global Internal Audit Standards 2024.

The IAF 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 AC reviewed and approved the plans.

Independence and authority

The independence of IA is considered by the Chief Audit Executive and AC on an ongoing basis. It has been determined and confirmed that the IAF has remained independent and objective of all operational functions and that the functional reporting to the AC and administrative reporting to the Treasury Head of Department have enabled appropriate organisational positioning. Internal Audit has access to all stakeholders as well as free and unrestricted access to all areas within the department.

Internal audit modality

A shared internal audit model is in place, stationed in Provincial Treasury and operates in four clusters of three departments each. This contributed positively to independence.

Staffing

Several appointments were made during the year which reduced the internal audit vacancy rate to 14% at year-end. Consequently, a revised internal audit plan was developed and approved by the Accounting Officer and Audit Committee during the year to respond to the change in capacity. Training and development of internal audit staff took place through bursary program of the Department, courses at the IIA, free online training as well as on the job training. The collective skills and experience of IAF staff are appropriate.

Stakeholder relationships

The IAF maintains combined assurance agreements with the Office of the Premier (performance information), the Northern Cape Provincial Treasury (Infrastructure unit, FIMS unit, Accounting Services) and the Auditor General (regulatory and ISA units).

Clean audit drive

Internal Audit aligned its processes to meet the vision of the Operation Clean Audit drive. Internal audit reviewed the completeness and adequacy of the AGSA audit action plan and furthermore conducted follow up audits in November and March to monitor the implementation thereof.

Quality Assurance and Improvement Programme

The compulsory 5-yearly external quality assurance review was concluded in December 2022. The outcome was again the highest rating, namely general conformance to the Standards for the Professional Practice of Internal Auditing. For the last eleven consecutive years, the Auditor-General did not raise any negative findings during their annual review of Internal Audit. The IAF's annual self-assessment indicates general conformance to the Standards.

Planned and completed audits

A total of twenty-five (25) audits have been completed and there were no ad hoc audits requested during the period under review. Internal audit findings were communicated timely and management implemented measures to mitigate the risks. Significant matters identified during the year were reported to the AC.

Table 124 Planned and completed audits

Assignment	Status	Type
AFS & Annual Report	Completed	Assurance
Contract management - accuracy & completeness	Completed	Assurance
Nursing College operations	Completed	Advisory
Medico-claims	Completed	Advisory
OHS (Laundry services, medical waste)	Completed	Assurance
AGSA - effectiveness review (quarter 1)	Completed	Assurance
Pharmaceutical audit - follow up	Completed	Assurance
ICT	*Completed	Assurance
Assets - Moveable and Immoveable assets	Completed	Assurance
Mental Health operations	Completed	Advisory
Pre-Determined Objective (quarter 2)	Completed	Assurance
Overtime - medical personnel	Completed	Advisory
Quarterly - Consolidated follow up IA	Completed	Assurance
AGSA - adequacy review	Completed	Assurance
S&T audit	Completed	Advisory
Interim Financial Statement (quarter 3)	Completed	Assurance
Pre-Determined Objective (quarter 3)	Completed	Assurance
Risk, Fraud and Ethics	Completed	Advisory
Interim Financial Statement (quarter 4)	Completed	Assurance
SCM - Tenders and quotes	*Completed	Advisory
DORA - Infrastructure grant	Completed	Assurance
DORA - HIV/Aids (follow up)	Completed	Assurance
Pre-Determined Objective (quarter 4)	Completed	Assurance
AGSA - effectiveness review (quarter 4)	Completed	Assurance
Quarterly - Consolidated follow up IA	Completed	Assurance

*These audits have been completed, however could not be issued due to outstanding management responses.

Internal Audit recommendations

During the current year nineteen out of two hundred and thirty-five (19/235), amounting to 8% of the internal audit recommendations have been implemented. For the previous year's findings five out of one hundred and forty-four (5/144), a total of 3%, of the internal audit recommendations have been implemented.

AUDIT COMMITTEE

Throughout the year under review, the Audit Committee (AC) operated in terms of an approved AC Charter, which was the committee's approved terms of reference. The AC reports to the Accounting Officer and Executive Authority.

Independence

The AC operated freely in exercising its independence.

Protecting the independence of the IAF

The AC has reviewed the organizational positioning, and all aspects related to the independence of the IAF, including what safeguards were in place to protect the independence of internal auditors, as well as from threats and victimization. The AC had no reason to intervene to protect internal auditors during the period under review.

Performance against statutory duties

The AC fulfilled its functions and responsibilities as set out in the PFMA, Treasury Regulations, Global Internal Audit Standards™ and the approved AC Charter. The AC has, as part of its oversight responsibility on a quarterly basis, followed up on audit findings to ensure that issues raised were addressed timely. Further information relating to the AC, as required by the PFMA and Treasury Regulations is included in the Audit Committee's Report, which is incorporated in the annual report of the Department.

Combined assurance

The AC provided oversight on the combined assurance process and the maturity of combined assurance.

Resolution of AC recommendations

AC is satisfied regarding how its recommendations are received and implemented.

AC performance evaluation

The AC conducts an annual evaluation of its own performance and effectiveness during the period under review. A satisfaction survey from its key stakeholders was also done. The key outcomes were found to be satisfactory for both these processes.

Audit committee Composition & Meeting Attendance

The AC has the appropriate number of persons, mix of skills and experience, and balance between internal and external members to fulfil its mandate considering the size, geographic dispersion, supply chain and general complexity of the department. In terms of the PFMA, section 77(b), an Audit Committee must meet at least twice a year. In addition, Treasury Regulations, section 3.1.16 provides that an Audit Committee must meet at least annually with the Auditor General.

The Audit Committee met four times during the year in compliance with the PFMA and also met with the Auditor General (refer to table 125 on the next page).

Remuneration of Audit Committee Members

The National Treasury rates were used as basis and amended to include remuneration for preparation time, research and overhead costs. A fixed rate per meeting is used. External AC members were not employed by organs of state and were remunerated in accordance with the National Treasury guidelines, with payments limited to meeting attendance rates. The internal members were not remunerated, but their contributions were recognised in performance evaluations. All meetings during the reporting period were held virtually. No additional reimbursements were incurred. The total cost of AC remuneration was provided for under Programme 6 of the Provincial Treasury budget.

The total Audit Committee remuneration for the Department amounted to R140 000 for the 2025/26 financial year.

Attendance of Audit Committee Meetings by Audit Committee Members

Table 125 Audit Committee Meeting Attendance

Name	Qualifications	Professional Affiliation	Date appointed	No of meetings attended	Has the AC member private and business interest in every meeting?	Is the AC member an employee of an organ of state?	No. of other AC's that the member served on during the reporting period (whether in the public sector or not)	No. of other governance structures the member served on during the reporting period
Mr. K. Maja	<ul style="list-style-type: none"> • MBL • B. Compt (Hons) • B. Com (Accounting) • CIA 	IIA	01/12/2023 – 31/11/2026	5 out of 5	Yes	No	3	1
Mr. 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 	-	01/12/2023 – 31/11/2026	5 out of 5	Yes	No	1	0
Adv. S. Kholong	<ul style="list-style-type: none"> • BA (Law) • LLB • BA (Hons) • Master's in Business Leadership 	Legal Practice Council Pretoria Bar	01/12/2023 – 31/11/2026	5 out of 5	Yes	No	2	0
Mr. W. Molelekwa	<ul style="list-style-type: none"> • Bachelor of Laws, Planning, • Bachelor of Law: Financial • Btech: Internal Auditing, Btech: Cost & Management Accounting • National Diploma: Cost & Management Accounting 	-	01/12/2023 – 31/11/2026	5 out of 5	Yes	Yes	0	1

30. AUDIT COMMITTEE REPORT

The Audit Committee has adopted formal terms of reference, as its Audit Committee Charter and has regulated its affairs in compliance with this charter, and 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 3.1.8 - 3.1.16. The Audit Committee has functioned without hindrance or limitations throughout the financial year.

1. CHAIRPERSON'S BRIEF REFLECTIONS ON KEY OBJECTIVES AND ACTIVITIES OF THE AUDIT COMMITTEE

1.1 Purpose, Mandate and Values of the Audit Committee

Vision Statement:

To be a trusted, collaborative, and value-adding assurance partner that strengthens governance, risk management, and control across all Northern Cape Provincial Departments.

Strategy Statement:

Through a shared internal audit service model, we will deliver coordinated, risk-based, and high-quality audit services that support each department's strategic objectives while promoting efficiency, accountability, and continuous improvement across the province. The Audit Committee is established as prescribed by the PFMA and its core functions and responsibilities are spelled out in the Treasury Regulations and the Audit Committee Charter, approved by the Executive Authority.

The Audit Committee plays a pivotal role in assessing, and based on such assessment, advising the Accounting Officer and Executive Authority regarding:

- the effectiveness of the department's overall governance, risk management and internal control system;
- the effectiveness of the internal audit function;
- the adequacy, reliability and accuracy of financial and performance information produced by the department
- accounting and auditing concerns identified through internal and statutory audits; and
- the department's compliance with legal and regulatory provisions.

1.2 Strategic focus

To provide audit committee oversight to provincial government departments.

1.3 Independence

The Audit Committee operated freely in exercising its independence.

Protecting the independence of the Internal Audit Function: The Audit Committee has reviewed the organizational positioning, and all aspects related to the independence of the Internal Audit function, including what safeguards were in place to protect the independence of internal auditors, as well as from threats and victimization. The Audit Committee had no reason to intervene to protect internal auditors during the period under review.

1.4 Conflict of Interest

There was no conflict of interest declare declared during the period under review.

1.5 Positioning of internal audit

The internal audit function is housed as a shared internal audit function under the Northern Cape Provincial Treasury. The Audit Committee achieved the target as set out per the Annual Performance Plan for the period under review.

1.6 Audit Committee evaluation

The Audit Committee conducts an annual evaluation of its own performance and effectiveness during the period under review and achieved a total score of 90%. A satisfaction survey from its key stakeholders was also done and achieved a total score of 77%. The key outcomes were found to be satisfactory for both these processes.

1.7 Key challenges and solutions

- Head of Department and various executive management positions remains vacant.
- Late submission of Auditor General of South Africa action plans to Internal Audit and Audit Committee.

- Management of the high medico legal claims.
- Several non-compliance identified on supply chain management, contingent liabilities, goods and services and contract management.
- Clean up of asset register and integration into LOGIS system.
- Poor record management and data reporting challenges.
- Performance targets were not achieved at year end.

2. AUDIT COMMITTEE COMPOSITION AND MEETING ATTENDANCE

The audit committee consists of four (4) members. The committee is properly constituted, with a balanced representation of independent members with a diverse and appropriate mix of qualifications, skills, and experience. The committee convened five times during the year with four being ordinary meetings and one being a special meeting:

Name (Position)	Qualification	Is the AC Member an employee of an organ of state?	Ordinary meetings attended	Special meetings attended
Mr. K. Maja	<ul style="list-style-type: none"> • MBL • B. Compt (Hons) • B. Com (Accounting) • CIA 	No	4	1
Mr. 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 	No	4	1
Adv. S. Kholong	<ul style="list-style-type: none"> • BA (Law) • LLB • BA (Hons) • Master’s in Business Leadership 	No	4	1
Mr. W. Molelekwa	<ul style="list-style-type: none"> • Bachelor of Laws, • Bachelor of Law: Financial Planning, • Btech: Internal Auditing, Btech: Cost & Management Accounting • National Diploma: Cost & Management Accounting 	Yes	4	1

3. AUDIT COMMITTEE FOCUS AREAS

3.1 Effectiveness of the Internal Control Systems

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.



3.2 Effectiveness of the Internal Audit Function

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. During the assessment of the Internal Audit function it scored a total of 90%. The Internal Audit function transitioned to the Global Internal Audit Standards.

3.3 Activities of the Internal Audit Function

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

- Nursing College
- Auditor General of South Africa Follow up - March 2024
- Medico legal claims
- Contract Management
- Review of Annual Financial Statements and Annual Report
- Occupational Health and Safety - Medical Waste and Laundry Services
- Division of Revenue Act HIV/AIDS follow up
- Pharmaceutical follow up
- Internal Audit consolidated follow up - Sept 2024
- Mental Health operations
- Performance information
- Overtime
- Subsistence & Travel Allowance
- Auditor General of South Africa adequacy and completeness
- Supply Chain Management
- Asset Management
- Infrastructure
- Interim Financial Statements Q3
- Interim Financial Statements Q4
- Auditor General of South Africa Effectiveness
- Risk, Fraud and Ethics
- Internal Audit consolidated follow up - March 2025

3.4 Effectiveness of Risk Management

The departmental risk management committee did not function for the year under review. The chairperson of the risk management committee was vacant during the year and therefore risk management committee did not meet on a quarterly basis for the year under review and the implementation of risk mitigation action plans not being monitored on an ongoing basis.

3.5 Adequacy, Reliability and Accuracy of Financial and Performance Information

From the various reports of the department and assessments of Internal Audit, it can be concluded that the internal control environment is inadequate and ineffective. However, the efforts of the department have been noted towards enhancing the control environment.

3.6 Accounting and Auditing Concerns Identified as a Result of Internal and External Audits

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
- Extremely high overtime payments made to medical personnel
- Extremely high travel and subsistence and travel allowances paid
- Maintenance matters that are not being attended to at the Mental Hospital
- Occupational Health and Safety measures not adhered to
- The low number of nurses produced for the province
- The high amount of medico legal claims against the Department

3.7 Compliance with Legal and Regulatory Provisions

Internal Audit included audit assignments in the approved internal audit plan that covered compliance with legislation. All internal audit reports have been reviewed by the Audit Committee and several areas of non-compliance have been identified

and action plans have been compiled accordingly and are included in the follow up audits of both Internal Audit and the Auditor General of South Africa, which are being monitored by the Audit Committee throughout the period under review.

3.8 In-Year Management and Monthly/Quarterly Report

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

3.9 Combined Assurance

The Internal Audit function maintains combined assurance agreements with the Office of the Premier (performance information), the Northern Cape Provincial Treasury (Infrastructure unit, FIMS unit, Accounting Services) and the Auditor General (regulatory and ISA units). The Audit Committee provided oversight on the combined assurance process and the maturity of combined assurance.

4. EVALUATION OF 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

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.

6. REPORT TO 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.

7. CONCLUSION

The Audit Committee wishes to express its appreciation to the management of the department, Auditor General of South Africa 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 2025

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 126 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 INFORMATION



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 recruitment and selection, life cycle events, employee relations, conditions of service and employee health and wellness. The year under review was still faced with same challenges of not responding accordingly to program needs as requested due to the cost containment controls that we put in place by the national treasury and monitored through the DPSA, Provincial Treasury and Office of the Premier. Focus was most placed on replacement of the clinical (core) posts, resulting in neglecting the areas in administration and support. The admin and support function have been provided by a lean staff component that was over worked and thus decrease in staff morale. All clinical post that were vacated were replaced within the required timeframe of six (6) months and if there was delay it was either the delayed confirmation process that were handled by the overseeing institution being the provincial treasury and office of the premier. The control measures put in place resulted in support and administration posts not being prioritised. The department fully welcomed the administrative policy reforms, which strengthens the public service and improve accountability through the Public Administration Amendment Bill and Public Service Amendment Bill. Which lead to the implementation of the Directive on Human Resource Management and Development for Public Service Professionalization into effect on the 01st April 2024. Towards implementing this directive, the department ensured that there is full adherence to Pillar 1 (Recruitment and Selection". The department managed to advertise ten (10) senior management posts that have been vacated and occupied through an acting capacity with the intent to stabilise leadership and also promote and improve accountability. Appointment of four (4) hospital CEO's to strengthen health facility management, aligned with the administrative bill objectives.

Towards improving the Pillar 1, the department also looked into improving the turn-around time of recruitment. The introduction of E-Recruitment system of which was considered as we have seen the bulk of application and this system enhance the whole recruitment and selection processes. Standardized reporting tools were put in place and control measures enhance performance outcomes which led to improve reporting and accountability.

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

The department prioritized the implementation of the Human Resources Plan (HRP). The first HRP implementation for the year under review report submitted to the office of the premier scored 85%. The implementation was also faced by some challenges which came with the cost cutting measures implemented. Not all post prioritized could be filled accordingly. Training planned were also not fully implemented as the cost cutting measures were also extended to the planned training. The department however, recorded an improved turn-around time with the filling and replacement of clinical posts.

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

The approved HRP served as the guiding tool to implement the approved organizational structure. The recruitment and selection process took place in line with the professionalization framework. The attraction of critical skills, however, still remains a challenge in the areas of medical officers the department could not retain them for a long period. The retention of specialist also hampers the delivery of services as they are not staying long in the province, however, the department still send them for registrar trainings and after serving their contractual period they leave the province. Shortage of nurses remains a big challenge, which poses a challenge as nurses are constantly resigning and or working at private during their off times. This practice impacts on overall performance as there is an increase in leave of absence when supposed to report back to work.

The absence of not having a human resource recruitment and retention strategy, also hampers the retention process. The human resource administration is currently busy developing a recruitment and retention strategy for the department, however, in the absence of the strategy the use of the National Health strategy on Human Resources of Health (2030) is helpful and serve as a true guide in terms of reaching the set provincial need and targets.

The limited funds to fill posts led to the development of basket of posts to prioritize. This The department has approved post list was approved by Executive Management and will be the guiding tool for the priority posts to be filled as per approved and available budget. Provision was also made to implement the district health model that is a national priority to strengthen service delivery at the periphery.

32.4. Employee performance management

Compliance in terms of the provincial policy on Employee Performance Management was monitored and adhered to, despite the late implementation for pay progression that happen later than the set period but payment took place within the final year. Structures were established where all stakeholders such as employer and organized labour participated in the process as required by the policy. Prior training was arranged to capacitate participants.

Based on previous experiences where the Department's compliance rate was low, the Provincial EPMDS office had embarked on an EPMDS advocacy roadshow in an effort to assist institutions to improve the 2024/25 EPMDS compliance. Additional to base documents' quality assurance provided by Provincial EPMDS office, they assisted Institutions to capture all submitted documents on PERSAL, as at date of the visit. These efforts yielded positive results, whereby an improved compliance rate for submission and capturing of EPMDS base documents for SL 3-12 employees was realised, from 40% last year (2023/24) to 77% for 2024/25.

Slight increaser recorded with the Senior Managers submission of Performance Agreement (PA's), this all due to the DPSA extension that was granted for the SMS' members because of the national general elections that took place during the year. By the end of Quarter 1 compliance was 50% and increased to 75% by end of Quarter 2.

Preparations for implementation of Grade Progression for the 2024/25 year began in April 2024, after the DPSA released new Costing of Living Adjustment (COLA) figures for year. Approved submissions were implemented accordingly.

32.5. Employee wellness programmes

Implementation of the Employee Health and Wellness framework is taking at a slow pace due lean staff establishment and absence of functional wellness centres across the province. The four established ones (Robert Mangaliso Sobukwe hospital, Dr Harry Surtie Hospital New Mental Hospital and John Taolo Gaetsewe District Office), some not being fully operational poses a challenge towards the implementation of the EHW policy. The EHW is also a standing item in the PHSCBC chamber agenda. To further strengthen wellness establishment of OHS committees were set in place in each of the five district offices, the tertiary hospital, regional hospital, specialised hospital (New Mental and provincial office. The role of the committees is to ensure that there is compliance and promote health and safety within health establishment.

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

Approval of the organizational structure and 85% implementation of the HR Plan. Challenge of not filling posts within the set timeframes as directed by the DPSA led to high vacancy rate that currently stands above 10%. Implementation of the approved organizational structure to guide on efficiency for future review of the HRP.

33. HUMAN RESOURCES OVERSIGHT STATISTICS

33.1. Personnel related expenditure

33.1.1 Personnel expenditure by programme

Table 127 Personnel expenditure by programme for the period 1 April 2024 to 31 March 2025

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	R 306139	R 145843	R 805 699	R 0	48%	R 494	295
District health services	R 2723832	R 1770746	R 873 001	R 0	65%	R 316	5608
Emergency medical services	R 416475	R 248850	R 127 020	R 0	60%	R 363	686
Provincial hospital services	R 493734	R 357382	R 489 245	R 0	72%	R 441	810
Central hospital services	R 1064321	R 687076	R 412 654	R 0	65%	R 603	1140
Health care support services	R 272529	R 73773	R 246 332	R 0	27%	R 444	166
Health sciences and training	R 170880	R 134497	R 310 384	R 0	79%	R 686	196
Health facilities management	R 373754	R 11595	R 84 621	R 0	3%	R 773	15
TOTAL (BAS)	R 5821664	R 3429762	R 3 348 956	R 0	59%	R 385	8916

33.1.2 Personnel Costs by salary band

Table 128 Personnel costs by salary band for the period 1 April 2024 to 31 March 2025

Salary Band	Personnel expenditure R'000	% of total personnel cost	No. of employees	Average personnel cost per employee R'000	Total personnel cost for Department including goods and services R'000
Skilled (Levels 3-5)	R 908134	26%	308051	R 3477466	R 2948
Highly skilled production (Levels 6-8)	R 706418	20%	443451	R 3477466	R 1593
Highly skilled supervision (Levels 9-12)	R 1259204	36%	953220	R 3477466	R 1321
Senior management (Levels >= 13)	R 31541	1%	1371348	R 3477466	R 23
Contract (Levels 3-5)	R 33302	1%	266416	R 3477466	R 125
Contract (Levels 6-8)	R 75938	2%	381598	R 3477466	R 199
Contract (Levels 9-12)	R 267316	8%	1028138	R 3477466	R 260
Contract (Levels >= 13)	R 3784	0%	3784000	R 3477466	R 1
Periodical Remuneration	R 53592	2%	439315	R 3477466	R 122
Abnormal Appointment	R 119783	3%	51854	R 3477466	R 2310
TOTAL	R 3459012	100%	387956	R 3477466	R 8916

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

Table 129 Salaries, overtime, home owners allowance & medical aid by programme for the period 1 April 2024 to 31 March 2025

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid		Total personnel cost
	Amount	Salaries as a % of personnel costs	Amount	Overtime as a % of personnel costs	Amount	HOA as a % of personnel costs	Amount	Medical aid as a % of personnel costs	
	R'000		R'000		R'000		R'000		R'000
Administration	R 118455	81%	R 867	1%	R 3663	3%	R 7888	5%	R 146871
Central hospital services	R 498770	73%	R 91469	13%	R 14731	2%	R 28601	4%	R 688160
District health services	R 1449745	81%	R 71607	4%	R 44993	3%	R 77552	4%	R 1795784
Emergency medical services	R 179704	70%	R 18698	7%	R 11937	5%	R 21713	9%	R 256583
Health care support services	R 56121	73%	R 4900	6%	R 2747	4%	R 6081	8%	R 76934
Health facilities management	R 10374	86%	R 13	0%	R 137	1%	R 330	3%	R 12110
Health sciences and training	R 107041	74%	R 28330	20%	R 912	1%	R 1836	1%	R 144600
Provincial hospital services	R 264219	74%	R 26753	8%	R 11651	3%	R 24349	7%	R 356425
TOTAL	R 2684430	77%	R 242637	7%	R 90772	3%	R 168350	5%	R 3477466

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

Table 130 Salaries, overtime, home owners allowance & medical aid by salary band for the period 1 April 2024 to 31 March 2025

Salary Band	Salaries		Overtime		Home Owners Allowance		Medical Aid		Total personnel cost
	Amount	Salaries as a % of personnel costs	Amount	Overtime as a % of personnel costs	Amount	HOA as a % of personnel costs	Amount	Medical aid as a % of personnel costs	
	R'000		R'000		R'000		R'000		R'000
Skilled (Levels 3-5)	R 640430	70%	R 32049	4%	R 52184	6%	R 93421	10%	R 911392
Highly skilled production (Levels 6-8)	R 548045	77%	R 20716	3%	R 23431	3%	R 45133	6%	R 710122
Highly skilled supervision (Levels 9-12)	R 971682	77%	R 133706	11%	R 14904	1%	R 29630	2%	R 1266807
Senior management (Levels >= 13)	R 28238	87%	R 0	0%	R 253	1%	R 166	1%	R 32551
Contract (Levels 3-5)	R 32559	97%	R 712	2%	R 0	0%	R 0	0%	R 33545
Contract (Levels 6-8)	R 75091	98%	R 834	1%	R 0	0%	R 0	0%	R 76376
Contract (Levels 9-12)	R 212173	79%	R 54607	20%	R 0	0%	R 0	0%	R 268221
Contract (Levels >= 13)	R 3784	99%	R 0	0%	R 0	0%	R 0	0%	R 3824
Periodical Remuneration	R 52657	96%	R 0	0%	R 0	0%	R 0	0%	R 54835
Abnormal Appointment	R 119770	100%	R 13	0%	R 0	0%	R 0	0%	R 119793
TOTAL	R 2684430	77%	R 242637	7%	R 90772	3%	R 168350	5%	R 3477466

33.2. Employment and Vacancies

33.2.1 Employment and vacancies by programme

Table 131 Employment & vacancies by programme as on 31 March 2025

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy rate	Number of employees additional to the establishment
Administration	338	248	26.70	19
District Health Services	1434	1115	22.30	95
Emergency Medical Services	4192	3284	21.70	226
Provincial Hospital Services	836	686	17.90	0
Central Hospital Services	221	166	24.90	0
Health Sciences and Training	23	15	34.80	3
Health Care Support Services	176	162	8	76
Health Facilities Management	983	808	17.80	65
TOTAL	8203	6484	21	484

33.2.2 Employment and vacancies by salary band

Table 132 Employment & vacancies by salary band as on 31 March 2025

Salary Band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of Employees Additional to the Establishment
Skilled (Levels 3-5), Permanent	3785	2948	22.10	1
Highly Skilled Production (Levels 6-8), Permanent	1971	1592	19.20	8
Highly Skilled Production (Levels 6-8), Temporary	1	1	0	0
Highly Skilled Supervision (Levels 9-12), Permanent	1797	1317	26.70	3
Highly Skilled Supervision (Levels 9-12), Temporary	4	4	0	0
Senior Management (Levels ≥ 13), Permanent	46	23	50	0
Other permanent	14	14	0	10
Contract (Levels 3-5), Permanent	125	125	0	77
Contract (Levels 6-8), Permanent	199	199	0	173
Contract (Levels 9-12), Permanent	260	260	0	212
Contract (Levels ≥ 13), Permanent	1	1	0	0
TOTAL	8203	6484	21	484

33.2.3 Employment and vacancies by critical occupations

Table 133 Employment & vacancies by critical occupations as on 31 March 2025

Critical Occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Administration Clerks, Permanent	47	47	0	42
Administrative And Governance Policy Manager, Permanent	1	1	0	0
Administrative Related, Permanent	166	114	31	4
All Artisans In The Building Metal Machinery Etc., Permanent	19	13	32	0
Ambulance And Related Workers, Permanent	569	543	5	0
Archivists Curators And Related Professionals, Permanent	1	1	0	0
Artisan Project And Related Superintendents, Permanent	10	5	50	2

Critical Occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Audiologist, Permanent	2	2	0	2
Authorised Pharmacist Prescriber, Permanent	7	6	14	6
Auxiliary And Related Workers, Permanent	50	26	48	0
Building And Other Property Caretakers, Permanent	1	0	100	0
Bus And Heavy Vehicle Drivers, Permanent	31	23	26	0
Caretaker/ Cleaner, Permanent	2	2	0	0
Cleaners In Offices Workshops Hospitals Etc., Permanent	755	547	28	3
Client Inform Clerks(Switchboard Recept Inform Clerks), Permanent	28	21	25	0
Clinical Nurse Practitioner, Permanent	8	8	0	0
Clinical Psychologist, Permanent	1	1	0	1
Community Development Workers, Permanent	4	4	0	0
Computer Programmers., Permanent	1	1	0	0
Construction Project Manager, Permanent	3	3	0	3
Data Entry Clerk, Permanent	4	4	0	0
Dental Practitioners, Permanent	32	25	22	0
Dental Specialists, Permanent	1	0	100	0
Dental Technicians, Permanent	1	1	0	0
Dental Therapy, Permanent	32	28	13	0
Dentist, Permanent	13	13	0	13
Dietician, Permanent	17	17	0	15
Dietician, Temporary	1	1	0	0
Dieticians And Nutritionists, Permanent	58	49	16	1
Emergency Service And Rescue Worker, Permanent	247	129	48	0
Emergency Services Related, Permanent	3	2	33	0
Engineering Sciences Related, Permanent	1	0	100	0
Engineers And Related Professionals, Permanent	5	3	40	0
Enrolled Nurse, Permanent	158	64	60	2
Environmental Health Officer, Permanent	14	14	0	14
Environmental Health*, Permanent	17	15	12	3
Financial And Related Professionals, Permanent	11	9	18	0
Financial Clerks And Credit Controllers, Permanent	137	103	25	0
Food Services Aids And Waiters, Permanent	69	49	29	0
Food Services Workers, Permanent	1	1	0	0
General Legal Administration & Rel. Professionals, Permanent	3	3	0	0
General Medical Practitioner, Permanent	200	174	13	114
General Medical Practitioner, Temporary	1	1	0	0
General Medicine Specialist Physician, Permanent	2	1	50	0
Health Sciences Related, Permanent	10	4	60	0
Healthcare Cleaner, Permanent	2	1	50	0
Hospital Pharmacist, Permanent	20	19	5	18
Household And Laundry Workers, Permanent	139	89	36	0
Housekeepers Laundry And Related Workers, Permanent	2	1	50	0

Critical Occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Human Resources & Organisational Development & Relate Prof, Permanent	1	0	100	0
Human Resources Clerks, Permanent	2	0	100	0
Human Resources Related, Permanent	1	1	0	0
Information Technology & Systems Manager, Permanent	6	6	0	6
Information Technology Related, Permanent	1	1	0	0
Leather Workers, Permanent	2	0	100	0
Legal Related, Permanent	8	4	50	0
Library Mail And Related Clerks, Permanent	4	3	25	0
Light Vehicle Driver, Permanent	1	1	0	1
Light Vehicle Drivers, Permanent	34	23	32	0
Managers Not Elsewhere Classified, Permanent	4	3	25	0
Material-Recording And Transport Clerks, Permanent	4	1	75	0
Medical Diagnostic Radiographer, Permanent	6	6	0	4
Medical Practitioners, Permanent	332	298	10	52
Medical Research And Related Professionals, Permanent	1	1	0	0
Medical Specialists, Permanent	62	33	47	0
Medical Specialists, Temporary	2	2	0	0
Medical Technicians/Technologists, Permanent	8	7	13	0
Messengers Porters And Deliverers, Permanent	84	59	30	0
Middle Manager: Administrative Related, Permanent	7	4	43	3
Middle Manager: Engineering Sciences Related, Permanent	1	1	0	0
Midwife, Permanent	4	4	0	0
Motor Vehicle Drivers, Permanent	8	6	25	0
Nurse Educator, Permanent	12	12	0	7
Nursing Assistants, Permanent	764	714	7	12
Nursing Support Worker, Permanent	7	7	0	6
Occupational Therapist, Permanent	21	21	0	20
Occupational Therapy*, Permanent	44	25	43	1
Optometrists And Opticians, Permanent	2	1	50	0
Oral Hygiene, Permanent	2	2	0	0
Other Administration & Related Clerks And Organisers, Permanent	886	705	20	3
Other Administrative Policy And Related Officers, Permanent	35	29	17	0
Other Information Technology Personnel., Permanent	10	5	50	0
Other Machine Operators, Permanent	2	2	0	0
Other Occupations, Permanent	10	6	40	0
Paediatrician, Permanent	1	1	0	0
Paramedical Practitioner, Permanent	1	1	0	0
Pharmaceutical Assistants, Permanent	176	157	11	0
Pharmacists, Permanent	107	93	13	3
Pharmacologists Pathologists & Related Professional, Permanent	49	42	14	0
Physiotherapist, Permanent	29	29	0	26
Physiotherapy, Permanent	38	30	21	0
Professional Nurse, Permanent	1757	1365	22	12
Professionals Not Elsewhere Classified, Permanent	1	1	0	0
Programme Or Project Manager, Permanent	1	1	0	0

Critical Occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Psychologists And Vocational Counsellors, Permanent	22	16	27	1
Public Health Medicine Specialist, Permanent	2	2	0	0
Radiographic Technician, Permanent	11	11	0	11
Radiography, Permanent	91	68	25	0
Registered Nurse (Community Health), Permanent	16	12	25	11
Registered Nurse (Critical Care And Emergency), Permanent	2	2	0	0
Registered Nurse (Medical Practice), Permanent	2	2	0	0
Registered Nurse (Medical), Permanent	129	113	12	41
Road Workers, Permanent	1	1	0	0
Secretaries & Other Keyboard Operating Clerks, Permanent	4	4	0	0
Security Guards, Permanent	72	64	11	0
Senior Managers, Permanent	30	11	63	0
Shoemakers, Permanent	1	0	100	0
Social Work And Related Professionals, Permanent	44	41	7	0
Speech Therapist, Permanent	7	7	0	7
Speech Therapist, Temporary	1	1	0	0
Speech Therapy And Audiology, Permanent	21	13	38	2
Staff Nurse, Permanent	8	5	38	2
Staff Nurses And Pupil Nurses, Permanent	274	199	27	9
Supply Chain Manager, Permanent	1	0	100	0
Systems Administrator, Permanent	1	1	0	1
Trade Labourers, Permanent	17	10	41	0
Trade/Industry Advisers & Other Related Profession, Permanent	1	0	100	0
TOTAL	8203	6484	21	484

33.3. Filling of SMS Posts

33.3.1 SMS post information (31 March 2025)

Table 134 SMS post information as on 31 March 2025

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
DG / HOD	0	0	0%	0	0%
Salary Level 16	1	1	100%	0	0%
Salary Level 15	1	0	0%	1	100%
Salary Level 14	9	1	11.11%	8	88.88%
Salary Level 13	35	22	62.85%	13	37.14%
TOTAL	46	24	52.17%	22	47.86%

33.3.2 SMS post information (30 September 2024)

Table 135 SMS post information as on 30 September 2024

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
DG / HOD	0	0	0%	0	0%
Salary Level 16	1	1	100%	0	0%
Salary Level 15	1	0	0%	1	100%
Salary Level 14	9	2	22%	7	77.7%
Salary Level 13	35	22	63%	13	37%
TOTAL	46	25	54.34%	21	45.65%

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 136 Advertising & filling of SMS posts for the period 1 April 2024 to 31 March 2025

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
DG / 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 137 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 2024 to 31 March 2025

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 12 months
Due to the cost containment measures put in place sector departments had to follow a certain process which was guided by the DPSA directive on filling of vacant posts. Provincial Treasury issued a cost containment measure with a standard operating procedure to be followed by sector departments. The process was tedious and created delays in having final outcomes.	The same process led to a prolong period of 12 months, however, some senior management posts were eventually approved by the Office of Premier and advertised in the Public Service Vacancies Media 24 on the 28 th February 2025.

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

Table 138 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 2025

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 6 months
No disciplinary steps taken as the delay was due to the set DPSA and provincial treasury processes.	No disciplinary steps taken as the delay was due to the set DPSA and provincial treasury processes.

33.4. Job Evaluation

33.4.1 Job evaluation by salary band

Table 139 Job evaluation by salary band for the period 1 April 2024 to 31 March 2025

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)	3785	1	37.85%	0	0%	0	0%
Highly skilled Production (Levels 6-8)	1972	2	39.44%	0	0%	0	0%
Highly skilled Supervision (Levels 9-12)	1801	2	36.2%	0	0%	0	0%
SMS Band A	35	10	3.5%	0	0%	0	0%
SMS Band B	9	3	0.27%	0	0%	0	0%
SMS Band C	1	0	0%	0	0%	0	0%
SMS Band D	1	0	0%	0	0%	0	0%
Other	14	0	0%	0	0%	0	0%
Contract (Levels 3-5)	125	0	0%	0	0%	0	0%
Contract (Levels 6-8)	199	0	0%	0	0%	0	0%
Contract (level 9-12)	260	0	0%	0	0%	0	0%
Contract Band D	1	0	0%	0	0%	0	0%
TOTAL	8203	18	0%	0	0%	0	0%

The above number of posts Job Evaluated for the financial year are all vacant posts that did not have job evaluations records and neither of these posts were upgraded nor downgraded, hence the zero on the upgraded and downgraded columns. All the other tables will also not have data as these job evaluated posts were vacant therefore no employee was affected in the previous financial year.

33.4.2 Upgrading of positions due to posts being upgraded

Table 140 Profile of employees whose positions were upgraded due to posts being upgraded for the period 1 April 2024 to 31 March 2025

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 141 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2024 to 31 March 2025

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 142 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2024 to 31 March 2025

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 143 Annual turnover rates by salary band for the period 1 April 2024 to 31 March 2025

Salary band	Number of employees at beginning of period 1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Skilled (Levels 3-5) Permanent	3116	60	110	4
Highly Skilled Production (Levels 6-8) Permanent	1516	99	94	6
Highly Skilled Production (Levels 6-8) Temporary	1	0	0	0
Highly Skilled Supervision (Levels 9-12) Permanent	1321	87	108	8
Highly Skilled Supervision (Levels 9-12) Temporary	4	0	0	0
Senior Management Service Band A Permanent	22	0	1	5
Senior Management Service Band B Permanent	1	0	0	0
Senior Management Service Band D Permanent	1	0	0	0
Other Permanent	5	0	0	0
Contract (Levels 3-5) Permanent	113	14	5	4
Contract (Levels 6-8) Permanent	174	152	131	75
Contract (Levels 9-12) Permanent	303	155	184	61
Contract Band A Permanent	1	0	1	100
Contract Band B Permanent	1	0	1	100
Contract Band D Permanent	1	0	0	0
TOTAL	6580	567	635	10

33.5.2 Annual turnover rates by critical occupation

Table 144 Annual turnover rates by critical occupation for the period 1 April 2024 to 31 March 2025

Critical Occupation	Number of employees at beginning of period- 1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Administration Clerks Permanent	2	8	0	0
Administrative Related Permanent	133	0	10	8
All Artisans in The Building Metal Machinery etc. Permanent	14	0	1	7
Ambulance and Related Workers Permanent	690	0	7	1
Ambulance Officer Permanent	0	1	0	0
Anaesthetist Permanent	0	2	0	0
Archivists Curators and Related Professionals Permanent	1	0	0	0
Artisan Project and Related Superintendents Permanent	5	0	0	0
Audiologist Permanent	0	2	5	0
Authorised Pharmacist Prescriber Permanent	0	6	43	0
Auxiliary and Related Workers Permanent	27	0	1	4
Bus and Heavy Vehicle Drivers Permanent	23	0	0	0
Cleaners in Offices Workshops Hospitals Etc. Permanent	572	0	21	4
Client Inform Clerks(Switchboard Reception Inform Clerks) Permanent	22	0	1	5
Clinical Nurse Practitioner Permanent	0	10	21	0
Clinical Psychologist Permanent	0	2	0	0
Community Development Workers Permanent	4	0	0	0
Computer Programmers. Permanent	1	0	0	0
Data Entry Clerk Permanent	0	4	0	0
Dental Assistant Permanent	0	0	1	0
Dental Practitioners Permanent	39	0	0	0
Dental Specialists Permanent	1	0	0	0
Dental Technicians Permanent	1	0	0	0
Dental Therapy Permanent	29	0	0	0
Dentist Permanent	0	13	14	0
Dietician Permanent	0	18	13	0
Dieticians and Nutritionists Permanent	60	0	1	2
Dieticians and Nutritionists Temporary	1	0	0	0
Emergency Service And Rescue Worker Permanent	0	8	16	0
Emergency Services Related Permanent	3	0	0	0
Engineering Sciences Related Permanent	3	0	0	0
Engineers and Related Professionals Permanent	4	0	0	0
Enrolled Nurse Permanent	0	39	39	0
Environmental Health Officer Permanent	0	13	13	0
Environmental Health Permanent	28	0	0	0
Financial and Related Professionals Permanent	10	0	1	10
Financial Clerks and Credit Controllers Permanent	108	0	1	1
Food Services Aids and Waiters Permanent	50	0	1	2
Food Services Workers Permanent	1	0	0	0
Forensic Technician Permanent	0	0	1	0
General Legal Administration & Rel. Professionals Permanent	3	0	0	0
General Medical Practitioner Permanent	7	157	27	386
General Medicine Specialist Physician Permanent	0	0	1	0
Health Sciences Related Permanent	4	0	1	25
Healthcare Cleaner Permanent	0	0	1	0
Hospital Pharmacist Permanent	12	19	1	8
Household and Laundry Workers Permanent	96	0	7	7
Housekeepers Laundry and Related Workers Permanent	1	0	0	0
Human Resources Related Permanent	1	0	0	0
Information Technology Related Permanent	8	0	0	0

Critical Occupation	Number of employees at beginning of period- 1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Intensive Care Ambulance Paramedic/Ambulance Paramedic Permanent	0	0	1	0
Legal Related Permanent	6	0	1	17
Library Mail and Related Clerks Permanent	3	0	0	0
Light Vehicle Driver Permanent	0	0	1	0
Light Vehicle Drivers Permanent	25	0	1	4
Managers Not Elsewhere Classified Permanent	0	1	0	0
Material-Recording and Transport Clerks Permanent	2	0	0	0
Medical Diagnostic Radiographer Permanent	0	5	15	0
Medical Doctors and Dentists Lv2 Permanent	0	0	1	0
Medical Practitioners Permanent	452	1	117	26
Medical Practitioners Temporary	1	0	0	0
Medical Radiation Therapist Permanent	0	1	0	0
Medical Research and Related Professionals Permanent	1	0	0	0
Medical Specialists Permanent	44	0	3	7
Medical Specialists Temporary	2	0	0	0
Medical Technicians/Technologists Permanent	8	0	0	0
Messengers Porters and Deliverers Permanent	62	0	3	5
Mid Manager: Human Resource & Organisational .Development Rel Permanent	0	0	1	0
Middle Manager: Administrative Related Permanent	0	1	0	0
Middle Manager: Life Sciences Related Permanent	0	1	0	0
Midwife Permanent	0	6	0	0
Motor Vehicle Drivers Permanent	7	0	0	0
Neurologist Permanent	0	1	0	0
Nurse Educator Permanent	6	10	2	33
Nurse Manager Permanent	0	2	1	0
Nursing Assistants Permanent	787	1	3	0
Nursing Support Worker Permanent	7	0	0	0
Nutritionist Permanent	0	1	0	0
Occupational Therapist Permanent	1	21	21	2100
Occupational Therapy Permanent	45	0	1	2
Oncologist Permanent	0	1	0	0
Optometrist Permanent	0	0	1	0
Optometrists and Opticians Permanent	2	0	0	0
Oral Hygiene Permanent	2	0	0	0
Orthotist/Prosthetist Permanent	0	0	1	0
Other Administrat & Related Clerks And Organisers Permanent	754	0	22	3
Other Administrative Policy and Related Officers Permanent	30	0	0	0
Other Information Technology Personnel. Permanent	5	0	0	0
Other Machine Operators Permanent	2	0	0	0
Other Occupations Permanent	6	0	1	17
Paediatrics Nurse Permanent	0	2	0	0
Paramedical Practitioner Permanent	0	1	0	0
Pharmaceutical Assistants Permanent	157	0	0	0
Pharmacists Permanent	132	1	6	5
Pharmacologists Pathologists & Related Professionals Permanent	43	0	0	0
Physiotherapist Permanent	0	29	29	0
Physiotherapy Permanent	60	0	1	2
Professional Nurse Permanent	1491	1	28	2
Professionals Not Elsewhere Classified Permanent	0	1	2	0
Psychologists and Vocational Counsellors Permanent	15	0	1	7
Psychotherapist Permanent	0	1	0	0
Radiographic Technician Permanent	0	13	0	0
Radiography Permanent	82	0	0	0

Critical Occupation	Number of employees at beginning of period- 1 April 2024	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Registered Nurse (Community Health) Permanent	7	15	0	0
Registered Nurse (Critical Care And Emergency) Permanent	0	0	1	0
Registered Nurse (Medical Practice) Permanent	0	1	0	0
Registered Nurse (Medical) Permanent	0	118	93	0
Registered Nurse (Surgical) Permanent	0	2	0	0
Road Workers Permanent	1	0	0	0
Secretaries & Other Keyboard Operating Clerks Permanent	4	0	0	0
Secretary (General) Permanent	0	1	0	0
Security Guards Permanent	65	0	0	0
Security Officer Permanent	0	0	1	0
Senior Managers Permanent	15	0	1	7
Social Work and Related Professionals Permanent	40	0	0	0
Social Worker Permanent	0	3	2	0
Speech Therapist Permanent	1	7	9	900
Speech Therapy and Audiology Permanent	27	0	0	0
Speech Therapy and Audiology Temporary	1	0	0	0
Staff Nurse Permanent	0	14	0	0
Staff Nurses and Pupil Nurses Permanent	204	1	14	7
Trade Labourers Permanent	11	0	1	9
Web Developer Permanent	0	1	0	0
Total	6580	567	635	10

33.5.3 Reasons why staff left the Department

Table 145 Reasons why staff left the Department for the period 1 April 2024 to 31 March 2025

Termination Type	Number	% of Total Terminations
Death, Permanent	21	3%
Resignation, Permanent	187	29%
Expiry of contract, Permanent	304	48%
Discharged due to ill health, Permanent	1	0%
Dismissal-misconduct, Permanent	20	3%
Retirement, Permanent	102	16%
TOTAL	635	100%

33.5.4 Promotions by critical occupation

Table 146 Promotions by critical occupation for the period 1 April 2024 to 31 March 2025

Critical Occupation	Employees as at 1 April 2024	Promotions to another salary band	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
Administration Clerks	2	0	0%	363	5,52%
Administration Officer	0	0	0%	114	1,73%
Administrative & Governance Policy Manager	0	0	0%	6	0,09%
Administrative Related	133	0	0%	2	0,03%
All Artisans in The Building Metal Machinery Etc.	14	0	0%	0	0,00%
Ambulance & Related Workers	690	0	0%	0	0,00%
Ambulance Officer	0	0	0%	1	0,02%
Archivists Curators & Related Professionals	1	0	0%	0	0,00%
Artisan Project & Related Superintendents	5	0	0%	0	0,00%
Assistant Midwife	0	0	0%	1	0,02%
Assistant Nutritionist	0	0	0%	8	0,12%
Audiologist	0	0	0%	2	0,03%

Critical Occupation	Employees as at 1 April 2024	Promotions to another salary band	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
Authorised Pharmacist Prescriber	0	2	0%	59	0,90%
Auxiliary & Related Workers	27	0	0%	0	0,00%
Bus And Heavy Vehicle Drivers	23	0	0%	0	0,00%
Caretaker/ Cleaner	0	0	0%	3	0,05%
Cleaners in Offices Workshops Hospitals Etc.	572	0	0%	2	0,03%
Client Inform Clerks(Switchboard Receptionist Information Clerks)	22	0	0%	0	0,00%
Clinical Nurse Practitioner	0	14	0%	36	0,55%
Clinical Psychologist	0	0	0%	10	0,15%
Community Development Practitioner	0	0	0%	1	0,02%
Community Development Workers	4	0	0%	0	0,00%
Computer Programmers.	1	0	0%	0	0,00%
Data Entry Clerk	0	0	0%	160	2,43%
Dental Assistant	0	0	0%	26	0,40%
Dental Practitioners	39	0	0%	0	0,00%
Dental Specialists	1	0	0%	0	0,00%
Dental Technician	0	0	0%	1	0,02%
Dental Technicians	1	0	0%	0	0,00%
Dental Therapy	29	0	0%	0	0,00%
Dentist	0	0	0%	14	0,21%
Dietician	0	0	0%	28	0,43%
Dieticians & Nutritionists	61	0	0%	0	0,00%
Elementary Workers not Elsewhere Classified	0	0	0%	61	0,93%
Emergency Medicine Specialist	0	0	0%	1	0,02%
Emergency Service & Rescue Worker	0	1	0%	499	7,58%
Emergency Services Related	3	0	0%	0	0,00%
Engineering Manager	0	1	0%	0	0,00%
Engineering Sciences Related	3	0	0%	0	0,00%
Engineers & Related Professionals	4	0	0%	0	0,00%
Enrolled Nurse	0	0	0%	200	3,04%
Environmental Health Officer	0	0	0%	8	0,12%
Environmental Health*	28	0	0%	0	0,00%
Filing & Registry Clerk	0	0	0%	1	0,02%
Finance Clerk	0	0	0%	35	0,53%
Financial Accountant	0	0	0%	17	0,26%
Financial & Related Professionals	10	0	0%	0	0,00%
Financial Clerks & Credit Controllers	108	0	0%	1	0,02%
Food Services Aids & Waiters	50	0	0%	0	0,00%
Food Services Workers	1	0	0%	0	0,00%
Food Trade Assistant	0	0	0%	11	0,17%
Forensic Pathologist	0	0	0%	9	0,14%
Garden Worker	0	0	0%	8	0,12%
General Legal Administration & Related Professionals	3	0	0%	0	0,00%
General Medical Practitioner	7	2	29%	108	1,64%
General Medicine Specialist Physician	0	0	0%	2	0,03%
Health Sciences Related	4	0	0%	0	0,00%
Healthcare Cleaner	0	0	0%	464	7,05%
Hospital Pharmacist	12	0	0%	14	0,21%
Household & Laundry Workers	96	0	0%	1	0,02%
Housekeepers Laundry & Related Workers	1	0	0%	0	0,00%
Human Resource Clerk	0	0	0%	36	0,55%
Human Resource Manager	0	0	0%	2	0,03%
Human Resource Practitioner	0	0	0%	1	0,02%
Human Resources Related	1	0	0%	0	0,00%
Information Services Manager	0	0	0%	1	0,02%
Information Technology & Systems Manager	0	0	0%	2	0,03%
Information Technology Related	8	0	0%	0	0,00%
Intensive Care Ambulance Paramedic/Ambulance Paramedic	0	0	0%	1	0,02%

Critical Occupation	Employees as at 1 April 2024	Promotions to another salary band	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
Kitchen Hand	0	0	0%	5	0,08%
Laundry Worker (General)	0	0	0%	44	0,67%
Legal Administration Officer	0	0	0%	2	0,03%
Legal Related	6	0	0%	0	0,00%
Library Mail & Related Clerks	3	0	0%	0	0,00%
Light Vehicle Driver	0	0	0%	59	0,90%
Light Vehicle Drivers	25	0	0%	0	0,00%
Managers not Elsewhere Classified	0	0	0%	3	0,05%
Material-Recording & Transport Clerks	2	0	0%	0	0,00%
Medical Diagnostic Radiographer	0	0	0%	49	0,74%
Medical Doctors & Dentists Lv2	0	1	0%	0	0,00%
Medical Practitioners	453	0	0%	0	0,00%
Medical Research & Related Professionals	1	0	0%	0	0,00%
Medical Specialists	46	0	0%	0	0,00%
Medical Technicians/Technologists	8	0	0%	0	0,00%
Medical Technologist	0	0	0%	1	0,02%
Messengers	0	0	0%	1	0,02%
Messengers Porters & Deliverers	62	0	0%	0	0,00%
Middle Manager: Administrative Related	0	0	0%	20	0,30%
Middle Manager: Legal Related	0	0	0%	3	0,05%
Midwife	0	0	0%	5	0,08%
Motor Vehicle Drivers	7	0	0%	0	0,00%
Network Analyst	0	0	0%	8	0,12%
Neurosurgeon	0	0	0%	1	0,02%
Nurse Educator	6	0	0%	11	0,17%
Nurse Manager	0	1	0%	16	0,24%
Nursing Assistants	787	0	0%	0	0,00%
Nursing Support Worker	7	0	0%	88	1,34%
Nutritionist	0	0	0%	1	0,02%
Occupational Therapist	1	0	0%	13	0,20%
Occupational Therapy*	45	0	0%	0	0,00%
Office Cleaner	0	0	0%	5	0,08%
Optometrist	0	0	0%	1	0,02%
Optometrists & Opticians	2	0	0%	0	0,00%
Oral Hygiene	2	0	0%	0	0,00%
Orthopaedic Surgeon	0	0	0%	1	0,02%
Orthotic & Prosthetic Technician	0	0	0%	1	0,02%
Other Admin & Related Clerks and Organisers	754	0	0%	14	0,21%
Other Admin Policy & Related Officers	30	0	0%	0	0,00%
Other Information Technology Personnel.	5	0	0%	0	0,00%
Other Machine Operators	2	0	0%	0	0,00%
Other Middle Manager	0	1	0%	1	0,02%
Other Occupations	6	0	0%	1	0,02%
Paediatrician	0	0	0%	3	0,05%
Paediatrics Nurse	0	0	0%	5	0,08%
Personal Assistant	0	0	0%	21	0,32%
Pharmaceutical Assistants	157	0	0%	0	0,00%
Pharmacists	132	0	0%	0	0,00%
Pharmacologists Pathologists & Related Professional	43	0	0%	0	0,00%
Physiotherapist	0	0	0%	25	0,38%
Physiotherapy	60	0	0%	0	0,00%
Professional Nurse	1491	0	0%	5	0,08%
Professionals not Elsewhere Classified	0	0	0%	63	0,96%
Psychiatrist	0	1	0%	0	0,00%
Psychologists And Vocational Counsellors	15	0	0%	0	0,00%
Radiography	82	0	0%	0	0,00%
Radiologist	0	0	0%	1	0,02%
Receptionist (General)	0	0	0%	13	0,20%
Registered Nurse (Community Health)	7	0	0%	0	0,00%
Registered Nurse (Critical Care & Emergency)	0	2	0%	2	0,03%

Critical Occupation	Employees as at 1 April 2024	Promotions to another salary band	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
Registered Nurse (Disability & Rehab)	0	0	0%	2	0,03%
Registered Nurse (Medical Practice)	0	0	0%	3	0,05%
Registered Nurse (Medical)	0	5	0%	302	4,59%
Registered Nurse (Mental Health)	0	0	0%	4	0,06%
Registered Nurse (Operating Theatre)	0	1	0%	12	0,18%
Registered Nurse (Surgical)	0	1	0%	13	0,20%
Registry & Mailing Clerk	0	0	0%	7	0,11%
Rehabilitation Counsellor	0	0	0%	1	0,02%
Road Workers	1	0	0%	0	0,00%
Secretaries & Other Keyboard Operating Clerks	4	0	0%	0	0,00%
Secretary (General)	0	0	0%	5	0,08%
Security Guards	65	0	0%	0	0,00%
Security Officer	0	0	0%	61	0,93%
Senior Managers	15	0	0%	0	0,00%
Social Work & Related Professionals	40	0	0%	0	0,00%
Social Worker	0	0	0%	15	0,23%
Specialist Medical Practitioners Lv3	0	0	0%	3	0,05%
Speech Therapist	1	0	0%	8	0,12%
Speech Therapy & Audiology	28	0	0%	0	0,00%
Staff Nurse	0	0	0%	58	0,88%
Staff Nurses & Pupil Nurses	204	0	0%	3	0,05%
Supply Chain Clerk	0	0	0%	46	0,70%
Switchboard Operator	0	0	0%	18	0,27%
Techn & Associate Techn Occupations NT Classified	0	0	0%	3	0,05%
Trade Labourers	11	0	0%	0	0,00%
Total	6580	33	1%	3376	51.31%

33.5.5 Promotions by salary band

Table 147 Promotions by salary band for the period 1 April 2024 to 31 March 2025

Salary band	Employees as at 1 April 2024	Promotions to another salary band	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
Skilled (Levels 3-5), Permanent	3116	0	0%	2064	66%
Highly Skilled Production (Levels 6-8), Permanent	1516	5	0%	697	46%
Highly Skilled Production (Levels 6-8), Temporary	1	0	0%	1	100%
Highly Skilled Supervision (Levels 9-12), Permanent	1321	28	2%	539	41%
Highly Skilled Supervision (Levels 9-12), Temporary	4	0	0%	2	50%
Senior Management (Levels >= 13), Permanent	24	0	0%	7	29%
Other, Permanent	5	0	0%	0	0%
Contract (Levels 3-5), Permanent	113	0	0%	39	35%
Contract (Levels 6-8), Permanent	174	0	0%	10	6%
Contract (Levels 9-12), Permanent	303	0	0%	17	6%
Contract (Levels >= 13), Permanent	3	0	0%	0	0%
TOTAL	6580	33	1%	3376	51%

33.6. Employment Equity

33.6.1 Total number of employees per occupational categories

Table 148 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2025

Occupational Category	Male				Female				Total
	A	C	I	W	A	C	I	W	
Senior Officials And Managers	4	0	0	0	2	1	0	0	7
Professionals	17	7	7	21	6	14	5	22	99
Technicians And Associate Professionals	36	7	0	0	72	37	0	5	157
Clerks	29	13	0	0	48	13	0	1	104
Service Shop And Market Sales Workers	11	6	0	0	62	19	0	2	100
Craft And Related Trade Workers	5	7	0	2	2	1	0	0	17
Plant And Machine Operators And Assemblers	4	3	0	0	1	2	0	0	10
Labourers And Related Workers	40	17	0	0	36	25	0	0	118
Clerical Support Workers	130	76	0	1	328	194	2	3	734
Elementary	151	73	0	0	256	151	0	0	631
Managers	21	8	0	2	14	2	0	3	50
Plant & Machine Operators & Assemblers	26	26	0	0	5	4	0	0	61
Professionals	355	134	24	69	885	767	29	254	2517
Protect Rescue Social Health Science Support Personnel	272	224	5	16	687	371	0	20	1595
Technicians & Associate Technical Occupations	68	19	1	2	102	61	3	28	284
TOTAL	1169	620	37	113	2506	1662	39	338	6484
Employees With Disabilities	5	5	0	0	3	1	0	0	14

33.6.2 Total number of employees per occupational bands

Table 149 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2025

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Top Management, Permanent	1	0	0	0	0	0	0	0	1
Senior Management, Permanent	10	4	0	1	4	2	0	1	22
Professionally qualified and experienced specialists and mid-management, Permanent	213	85	28	53	404	364	21	149	1317
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	1	0	0	0	3	4
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	248	122	2	16	624	492	4	84	1592
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	596	371	1	6	1295	668	1	10	2948
*Not Available, Permanent	5	1	0	0	3	1	0	4	14
Contract (Top Management), Permanent	1	0	0	0	0	0	0	0	1
Contract (Professionally Qualified), Permanent	36	22	5	34	50	52	10	51	260
Contract (Skilled Technical), Permanent	32	9	1	2	49	69	3	34	199
Contract (Semi-Skilled), Permanent	27	6	0	0	77	14	0	1	125
TOTAL	1169	620	37	113	2506	1662	39	338	6484

*The occupational dictionary was developed in terms of the provisions in regulation 39 (3) of the public service regulations, 2016. The occupational classification codes were revised and took effect on 1st May 2025. The code for occupational classifications that did not exist with the revised codes are currently a code for "clerical/elementary/professionals, not elsewhere classified". This also makes it difficult when using the occupational classification 'SASCO' codes still utilised on Vulindlela.

33.6.3 Recruitment

Table 150 Recruitment for the period 1 April 2024 to 31 March 2025

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Professionally qualified and experienced specialists and mid-management, Permanent	15	7	6	5	30	13	3	8	87
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	28	5	0	0	45	18	0	3	99
Semi-skilled and discretionary decision making, Permanent	8	6	0	0	21	24	0	1	60
Contract (Professionally qualified), Permanent	21	14	2	19	34	28	6	31	155
Contract (Skilled technical), Permanent	22	4	1	1	40	50	3	31	152
Contract (Semi-skilled), Permanent	1	1	0	0	5	6	0	1	14
TOTAL	95	37	9	25	175	139	12	75	567
Employees with disabilities	0	0	0	0	0	0	0	0	0

33.6.4 Promotions

Table 151 Promotions for the period 1 April 2024 to 31 March 2025

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Senior Management, Permanent	3	0	0	0	3	0	0	1	7
Professionally qualified and experienced specialists and mid-management, Permanent	89	42	13	26	127	179	9	82	567
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	0	0	2	2
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	113	62	2	10	220	247	2	46	702
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	431	288	0	3	867	469	1	5	2064
Contract (Professionally qualified), Permanent	7	2	0	3	4	0	0	1	17
Contract (Skilled technical), Permanent	5	1	0	0	2	0	0	2	10
Contract (Semi-skilled), Permanent	12	1	0	0	25	1	0	0	39
TOTAL	660	396	15	42	1248	896	12	140	3409
Employees with disabilities	3	4	0	0	2	1	0	0	10

33.6.5 Terminations

Table 152 Terminations for the period 1 April 2024 to 31 March 2025

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Senior Management, Permanent	0	0	0	0	0	0	0	1	1
Professionally qualified and experienced specialists and mid-management, Permanent	13	10	2	7	24	36	1	15	108
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	9	7	0	0	40	29	0	9	94
Semi-skilled and discretionary decision making, Permanent	31	19	0	0	35	21	0	4	110
Contract (Senior Management), Permanent	1	1	0	0	0	0	0	0	2
Contract (Professionally qualified), Permanent	33	12	6	24	38	22	9	40	184
Contract (Skilled technical), Permanent	17	9	0	2	29	33	1	40	131
Contract (Semi-skilled), Permanent	0	0	0	0	5	0	0	0	5
TOTAL	104	58	8	33	171	141	11	109	635
Employees with disabilities	0	0	0	0		0	0	0	0

33.6.6 Disciplinary Action

Table 153 Disciplinary action for the period 1 April 2024 to 31 March 2025

Disciplinary Action	Male				Female				Total
	A	C	I	W	A	C	I	W	
Prejudicing the admin of the Departm	0	1	0	0	0	0	0	0	1
None compliance	3	1	0	0	2	3	0	0	9
Assault	1	1	0	0	4	3	0	0	9
Insolence	2	0	0	0	1	2	1	0	6
Negligence	3	2	0	0	2	1	0	0	8
Intoxication(Alcohol)	0	1	0	0	0	0	0	0	1
Absenteeism	13	8	0	0	6	10	0	1	38
Insubordination	2	1	0	0	2	1	0	0	6
Misused of state vehicle	3	2	0	0	2	0	0	0	7
Refusal of lawful instruction	0	0	0	0	1	0	0	0	1
Fraud	3	0	0	0	2	3	0	0	8
Misrepresentation/dishonesty	1	0	0	0	1	0	0	0	2
Abuse of union power	1	0	0	0	0	0	0	0	1
Theft	4	5	0	0	0	0	0	0	9
Abscond	4	3	0	0	2	0	0	0	9
Irregular appointment	1	0	0	0	0	0	0	0	1
Working under the influence of alcohol	2	2	0	0	0	0	0	0	4
Desertion of patient	0	0	0	0	2	0	0	0	2
Unprofessional behaviour	0	0	0	0	3	2	0	0	5
Sexual harassment	3	0	0	0	0	0	0	0	3
Dereliction of duties	2	0	0	0	1	0	0	0	3
Irregular industrial action	3	2	0	0	11	4	0	0	20
Damage of state vehicle	3	0	0	0	0	0	0	0	3
Threats	2	0	0	0	0	0	0	0	2
Financial Embezzlement	1	0	0	0	1	0	0	0	2
Dereliction of duty	0	1	0	0	2	0	0	0	3
Usage of departmental premises for illegal delivery of drugs	0	0	0	0	1	0	0	0	1
Alleged failure to manage food supply	1	0	0	0	0	0	0	0	1
Loading of Hitch-hikers	1	0	0	0	0	0	0	0	1
Incarcerated for murder	1	0	0	0	0	0	0	0	1
Unauthorised use of state vehicle	1	0	0	0	0	0	0	0	1
RWOP	0	0	0	0	3	0	0	0	3
Disclosing sensitive information	0	0	0	0	1	0	0	0	1
TOTAL	61	30	0	0	50	29	1	1	172

33.6.7 Skills Development

Table 154 Skills development for the period 1 April 2024 to 31 March 2025

Occupational category	Male				Female				Total
	A	C	I	W	A	C	I	W	
Legislators, senior officials and managers	0	0	0	0	0	0	0	0	0
Professionals	56	30	1	0	180	113	0	2	382
Technicians and associate professionals	30	11	0	0	52	26	1	1	121
Clerks	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
TOTAL	86	41	1	0	232	139	1	3	503
Employees with a disability	0	0	0	0	0	0	0	0	0

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 155 Signing of Performance Agreements by SMS members as on 31 May 2024

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	0	0	0	0%
Salary Level 16	1	1	0	0%
Salary Level 15	0	0	0	0%
Salary Level 14	6	2	0	0%
Salary Level 13	24	21	18	86%
TOTAL	31	24	18	75%

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

Table 156 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2025

Reasons
Late and non-submission of EPMDS documents by Senior Managers.

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

Table 157 Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 March 2025

Reasons
Name list of non-compliant SMS members was submitted to the Office of the HOD through the office of the CD: Corporate Services 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.

33.8.1 Performance rewards by race, gender and disability

Table 158 Performance rewards by race, gender & disability for the period 1 April 2024 to 31 March 2025

Race & Gender	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Group	Cost R'000	Average cost per Employee
AFRICAN	1777	3646		R 9 099 930	
Male	612	1142	32%	R 3 226 194	R 2 825
Female	1165	2504	68%	R 5 873 736	R 2 345
ASIAN	21	79		R 288 789	
Male	9	40	51%	R 151 224	R 3 780
Female	12	39	49%	R 137 565	R 3 527
COLOURED	1205	2296		R 7 154 442	
Male	370	631	27%	R 1 770 807	R 2 806
Female	835	1665	73%	R 5 383 635	R 3 233
WHITE	161	470		R 1 919 832	
Male	37	116	25%	R 553 146	R 4 768
Female	124	354	75%	R 1 366 686	R 3 860
TOTAL	3164	6491	100%	R 18 462 993	

33.8.2 Performance Rewards by salary band

Table 159 Performance Rewards by salary band for personnel below SMS for the period 1 April 2024 to 31 March 2025

Salary Band	Beneficiary Profile			Cost		Total cost as a % of Total Personnel Expenditure
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Total Cost	Average cost per Employee	
Lower skilled (Levels 1-2)	0	0	0%	0	0	0%
Skilled level (Levels 3-5)	2019	3104	48%	R 6953268	R 2 240	0,195%
Highly skilled production (Levels 6-8)	656	1831	28%	R 4423026	R 2 415	0,124%
Highly skilled supervision (Levels 9-12)	489	1556	24%	R 7086699	R 4 554	0,198%
TOTAL	3164	6491	100%	R 18 462 993	-	-

33.8.3 Performance rewards by critical occupation

Table 160 Performance rewards by critical occupation for the period 1 April 2024 to 31 March 2025

Critical Occupation	Beneficiary profile			Cost	
	Number of beneficiaries	Number of employees	% of Total within occupation	Total cost	Average cost per employee
Social Workers	14	44	32%	R 135 051	R 3 069
Environmental Health Pract	8	28	29%	R 67 527	R 2 411
Orthotics & Prosthetics	1	5	20%	R 9 621	R 1 924
Psychologists	10	12	83%	R 146 517	R 12 209
Dietician	26	50	52%	R 170 427	R 3 408
Occupational Therapy	12	42	29%	R 73 320	R 1 745
Physiotherapy	24	60	40%	R 153 963	R 2 566
Radiography	42	80	53%	R 318 087	R 3 976
Speech Therapy	8	20	40%	R 52 251	R 2 612
Clinical Engineering	0	0	0%	R 0	R 0
Dentistry	39	75	52%	R 333 984	R 4 453
EMS Management	30	44	68%	R 204 630	R 4 650
Medical Officer	91	458	20%	R 1 834 830	R 4006
Medical Specialist	3	34	9%	R 72 405	R 2 129
Legal Administrators	5	6	83%	R 52 953	R 8 825

Critical Occupation	Beneficiary profile			Cost	
	Number of beneficiaries	Number. of employees	% of Total within occupation	Total cost	Average cost per employee
Pharmacist	52	128	41%	R 725 928	R 5 671
Professional Nurse	304	1194	25%	R 3 280 227	R 2 747
TOTAL	669	2280		R 7 631 721	R 3 347.00

33.8.4 Performance related rewards by salary band (SMS)

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

Table 161 Performance related rewards (cash bonus) by salary band for Senior Management Service for the period 1 April 2024 to 31 March 2025

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 162 Foreign workers by salary band for the period 1 April 2024 to 31 March 2025

Salary Band	1 April 2024		31 March 2025		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%	0	0%	-1	25%
Highly skilled supervision (levels 9-12)	45	96%	42	98%	-3	75%
Contracts (levels 9-12)	0	0%	0	0%	0	0%
Contracts (levels 13-16)	0	0%	0	0%	0	0%
TOTAL	47	100%	43	100%	-4	100%

33.9.2 Foreign Workers by Major Occupation

Table 163 Foreign workers by major occupation for the period 1 April 2024 to 31 March 2025

Major Occupation	1 April 2024		31 March 2025		Change	
	Number	% of total	Number	% of total	Number	% Change
Elementary occupations	0	0%	1	2%	1	-25%
Professionals and managers	46	98%	7	16%	-3	975%
Social natural technical and medical sciences & support	1	2%	0	0%	-1	25%
Technicians and associated professionals	0	0%	35	82%	-1	-875%
TOTAL	47	100%	43	100%	-4	100%

33.10. Leave Utilisation

33.10.1 Sick leave

Table 164 Sick leave for the period 1 January 2024 to 31 December 2024

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
Skilled level (levels 3-5)	13918	75.9%	2089	48.79%	7	R 14 517
Highly skilled production (levels 6-8)	7643	76.75%	1197	27.95%	6	R 12 885
Highly skilled supervision (levels 9-12)	6408	77.1%	985	23.00%	7	R 20 630
Top and Senior management (levels 13-16)	92	95.35%	11	0.26%	8	R 451
TOTAL	28061	81.2%	4282	100%	7	R 48 483

33.10.2 Disability leave (temporary and permanent)

Table 165 Disability leave (temporary & permanent) for the period 1 January 2024 to 31 December 2024

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
Skilled level (levels 3-5)	4066	100%	129	43%	32	R 4360
Highly skilled production (levels 6-8)	3323	100%	90	30%	37	R 6004
Highly skilled supervision (levels 9-12)	2231	100%	77	26%	29	R 7329
Contract (levels 9-12)	51	100%	2	1%	43	R 0
Senior management (levels 13-16)	67	100%	3	3%	22	R 341
TOTAL	9738	100%	301	100%	32	R 18 034

33.10.3 Annual leave

Table 166 Annual leave for the period 1 January 2024 to 31 December 2024

Salary Band	Total days taken	Number of Employees using annual leave	Average per employee
Lower skilled (levels 1-2)	0	0	0
Skilled level (levels 3-5)	64369.35	3103	21
Highly skilled production (levels 6-8)	34470.85	1728	20
Highly skilled supervision (levels 9-12)	30700.00	1593	19
Senior management (levels 13-16)	588.00	23	26
TOTAL	130 128.20	6447	20

33.10.4 Capped leave

Table 167 Capped leave for the period 1 January 2024 to 31 December 2024

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 2025
Lower skilled (levels 1-2)	0	0	0	0
Skilled level (levels 3-5)	1	1	1	16
Highly skilled production (levels 6-8)	1	1	1	27
Highly skilled supervision (levels 9-12)	2	2	1	30
Contract (levels 9-12)	0	0	0	22
Senior management (levels 13-16)	0	0	0	46
TOTAL	4	4	1	25

33.10.5 Leave payouts

Table 168 Leave payouts for the period 1 January 2024 to 31 March 2025

Reason	Total amount R'000	Number of employees	Average per employee R'000
Leave pay-out for 2023/2024 due to non-utilisation of leave for the previous cycle	R 22	1	R 22
Capped leave pay-outs on termination of service for 2024/2025	R 2310	38	R 60,789
Current leave pay out on termination of service 2024/2025	R 7392	240	R 40,243
TOTAL	R 9 723	279	-

33.11. HIV/AIDS & Health Promotion Programmes

33.11.1 Reduction of the risk of occupational exposure

Table 169 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
Employee Health and Wellness	Health Promotion (Preventative Information Sessions)
Clinical facilities	Provide testing, PREP and counselling for employees who might have been exposed to HIV, e.g. needle pricks.

33.11.2 Details of Health Promotion and HIV/AIDS Programmes

Table 170 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.	Yes		In terms of reporting the EHW reports to the senior manager Human Resource Administration, in collaboration with the senior manager for Health programmes and HIV/AIDS TB and STI.
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		Yes, there is an Employee Health and Wellness Unit that oversee the health wellness matters of employees in need of the service.
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		Yes, assistance and health promotion activities are facilitated through the EHW where activities such as, counselling services are available and wellness events are held, which include health screenings, information sessions, physical activity and various services, e.g. financial literacy.
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	No, committee established, however the staff oversee the wellness matters and are also a standing item at the PHSCBC.
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		Yes, policies are reviewed and aligned with national policies. Policies in place: <ul style="list-style-type: none"> • Policy on HIV, AIDS, STI and TB Management and Policy on Safety, Health, Environment, Risk and Quality • Policy on Reasonable Accommodation • Policy on Employment Equity • Policy on Sexual Harassment in the Workplace
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		Yes, the policy on Management of HIV/AIDS in the work[place clearly outlines the measures and processes to be followed.
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		Yes, through the health promotion and healthy lifestyle events platforms regular opportunities are provided where employees are encouraged to participate and are

Question	Yes	No	Details (if yes)
			provided with pre- and Post-counselling after testing, and options for further therapy. Client confidentiality is placed as the forefront of these activities to alleviate fears and possible stigma.
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		Yes, the department prioritized health promotion and also included its performance in the departmental annual performance plan. Adherence to the DPSA programme is also monitored. Systematic collection of medical surveillance reports and GEMS Medical Report are also tools that we use to track performance.

33.12. Labour Relations

33.12.1 Collective agreements

No collective agreements reached the Provincial Office, there were only National agreements that needed to be implemented.

Table 171 Collective agreements for the period 1 April 2024 to 31 March 2025

Total number of collective agreements.	None
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33.12.2 Misconduct and disciplinary hearings

Table 172 Misconduct & disciplinary hearings finalised for the period 1 April 2024 to 31 March 2025

Outcomes of disciplinary hearings	Number	% of Total
Corrective counselling	1	1%
Discharge	8	11%
Written warning	2	3%
Final written warning	27	36%
Suspended without pay	8	11%
Resignation	3	4%
Rehabilitation	2	3%
Dismissal	11	14%
Leave without pay	2	3%
Case withdrawn	11	14%
Verbal warning	1	1%
TOTAL	76	101%

33.12.3 Types of misconduct addressed

Table 173 Types of misconduct addressed at disciplinary hearings for the period 1 April 2024 to 31 March 2025

Type of misconduct	Number	% of Total
Prejudicing the administration of the department	1	1%
None compliance statutory requirements HPCSA registration	9	5%
Assault	9	5%
Insolence	5	3%
Negligence	8	4%
Intoxicating work hours	1	1%
Absenteeism	39	21%
Insubordination	6	3%
Misuse of government vehicle	7	4%
Refusal of lawful instruction	1	1%
Fraud	8	4%
Misrepresentation	2	1%
Abuse of union power	1	1%
Theft	9	5%
Abscond	7	4%
Irregular appointment	1	1%
Working under the influence of alcohol	4	2%
Desertion of patient	2	1%
Unprofessional behaviour	5	3%
Sexual harassment	4	2%
Illegal industrial action	20	11%
Damage of state vehicle	3	2%
Threats	2	1%
Financial Embezzlement	2	1%
Dereliction of duty	3	2%
None compliance of PMDS	4	2%
Usage of departmental premises for illegal delivery of drugs	1	1%
Alleged failure to manage food supply	1	1%
Loading of Hitchhikers	1	1%
Incarcerated for murder	1	1%
Unauthorised use of state vehicle	1	1%
RWOP	3	2%
Disclosing sensitive information	1	1%
Incarcerated for murder	1	1%
TOTAL	173	100%

33.12.4 Grievances

Table 174 Grievances logged for the period 1 April 2024 to 31 March 2025

Grievances	Number	% of Total
Number of grievance resolved	99	86%
Number of grievances not resolved	16	14%
Total number of grievances logged	115	100%

33.12.5 Disputes

Table 175 Disputes logged with Councils for the period 1 April 2024 to 31 March 2025

Disputes	Number	% of Total
Number of disputes upheld	15	71%
Number of disputes dismissed	6	29%
Total number of disputes logged	21	100%

33.12.6 Strike actions

Table 176 Strike actions for the period 1 April 2024 to 31 March 2025

Total number of persons working days lost	1
Total costs working days lost	R 6065.44
Amount recovered as a result of no work no pay (R'000)	R 6065.44

33.12.7 Precautionary suspensions

Table 177 Precautionary suspensions for the period 1 April 2024 to 31 March 2025

Number of people suspended	3
Number of people whose suspension exceeded 30 days	3
Average number of days suspended	27
Cost of suspension (R'000)	R 896 335.35

33.13. Skills Development

33.13.1 Training needs identified

Table 178 Training needs identified for the period 1 April 2024 to 31 March 2025

Occupational Category	Gender	Number of employees as at 1 April 2024	Training Needs Identified at start of Reporting Period			Total
			Learnerships	Skills programmes & other short courses	Other forms of training	
Legislators, Senior Officials and Managers	Female	5	0	0	0	0
	Male	9	0	0	0	0
Professionals	Female	482	0	1562	0	1562
	Male	426	0	521	0	521
Technicians and Associate Professionals	Female	1761	0	177	0	177
	Male	377	0	59	0	59
Clerks	Female	638	36	0	0	36
	Male	276	11	0	0	11
Service and Sales Workers	Female	1280	0	0	0	0
	Male	582	0	0	0	0
Craft and Related Trade Workers	Female	0	0	0	0	0
	Male	6	0	0	0	0
Plant and Machine Operators & Assemblers	Female	5	0	0	0	0
	Male	49	0	0	0	0
Elementary Occupations	Female	488	0	12	0	12
	Male	296	0	12	0	12
Sub-Total	Female	4659	36	1751	0	1787
	Male	2021	11	592	0	603
TOTAL		6680	47	2343	0	2390

Source: PERSAL - Occupational Category SASCO Classification

33.13.2 Training provided

Table 179 Training provided for the period 1 April 2024 to 31 March 2025

Occupational Category	Gender	Number. of employees as at 1 April 2024	Training Provided within the Reporting Period			Total
			Learnerships	Skills programmes & other short courses	Other forms of training	
Legislators, Senior Officials and Managers	Female	5	0	0	0	0
	Male	9	0	0	0	0
Professionals	Female	482	0	295	0	295
	Male	426	0	87	0	87
Technicians and Associate Professionals	Female	1761	46	2	32	80
	Male	377	15	0	26	41
Clerks	Female	638	0	0	0	0
	Male	276	0	0	0	0
Service and Sales Workers	Female	1280	0	0	0	0
	Male	582	0	0	0	0
Craft and Related Trade Workers	Female	0	0	0	0	0
	Male	6	0	0	0	0
Plant and Machine Operators and Assemblers	Female	5	0	0	0	0
	Male	49	0	0	0	0

Occupational Category	Gender	Number. of employees as at 1 April 2024	Training Provided within the Reporting Period			Total
			Learnerships	Skills programmes & other short courses	Other forms of training	
Elementary Occupations	Female	488	0	0	0	0
	Male	296	0	0	0	0
Sub-Total	Female	4659	46	297	32	375
	Male	2021	15	87	26	128
TOTAL		6680	61	384	58	503

33.14. Injury on duty

Table 180 Injury on duty for the period 1 April 2024 to 31 March 2025

Nature of injury on duty	Number	% of total
Required basic medical attention only	13	86.7%
Temporary Total Disablement	2	13.3%
Permanent Disablement	0	0%
Fatal	0	0%
TOTAL	15	100%

33.15. Utilisation of consultants

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

33.15.1 Consultant appointments using appropriated funds

Table 181 Report on consultant appointments using appropriated funds for the period 1 April 2024 to 31 March 2025

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 182 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2024 to 31 March 2025

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 183 Report on consultant appointments using Donor funds for the period 1 April 2024 to 31 March 2025

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 184 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2024 to 31 March 2025

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 185 Granting of employee initiated severance packages for the period 1 April 2024 to 31 March 2025

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: PTMA 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 186 Reconciliation of irregular expenditure

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Opening balance	14 185 384	11 971 862
Add: Irregular expenditure confirmed	1 350 498	2 213 522
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	15 535 882	14 185 384

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 loss control committee will commence with the process of assessment of irregular expenditure during the 2025-26 financial year.

Table 187 Reconciling notes for irregular expenditure

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Irregular expenditure that was under assessment in 2023/24	0	0
Irregular expenditure that relates to 2023/24 and identified in 2024/25	0	
Irregular expenditure for the current year	1 350 498	2 213 522
Total	1 350 498	2 213 522

34.1.2. Details of irregular expenditure (under assessment, determination, and investigation)

Table 188 Details of irregular expenditure (under assessment, determination, and investigation)

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Irregular expenditure under assessment	44 182	0
Irregular expenditure under determination	0	0
Irregular expenditure under investigation	0	0
Total	44 182	0

The Northern Cape Department of Health lodged a dispute with National Treasury on a disagreement with the Auditor-General in relation to the procurement of Medical Waste Services. National Treasury acknowledged receipt of the dispute and the department is awaiting the outcome of the assessment from National Treasury.

34.1.3. Details of irregular expenditure condoned

Table 189 Details of irregular expenditure condoned

DESCRIPTION	2024/25	2023/24
	R'000	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 loss control committee will commence with the process of assessment of irregular expenditure during the 2025-26 financial year.

34.1.4. Details of irregular expenditure removed - (not condoned)

Table 190 Details of irregular expenditure removed - (not condoned)

DESCRIPTION	2024/25	2023/24
	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 loss control committee will commence with the process of assessment of irregular expenditure during the 2025-26 financial year.

34.1.5. Details of irregular expenditure recoverable

Table 191 Details of irregular expenditure recoverable

DESCRIPTION	2024/25	2023/24
	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 loss control committee will commence with the process of assessment of irregular expenditure during the 2025-26 financial year.

34.1.6. Details of irregular expenditure written off (irrecoverable)

Table 192 Details of irregular expenditure written off (irrecoverable)

DESCRIPTION	2024/25	2023/24
	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 loss control committee will commence with the process of assessment of irregular expenditure during the 2025-26 financial year.

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 193 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 process of fully implementing the new irregular expenditure framework.

34.1.8. Details of irregular expenditure cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

Table 194 Details of irregular expenditure cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Infrastructure projects through Department of Roads and Public Works	273 612	397 586
Infrastructure projects through Independent Development Trust (IDT)	0	4 249
Total	273 612	401 835

The Department disclosed the aforesaid irregular expenditure caused by implementing agents.

34.1.9. Details of disciplinary or criminal steps taken as a result of irregular expenditure

Table 195 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 196 Reconciliation of fruitless and wasteful expenditure

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Opening balance	130 604	109 020
Adjustment of opening balance	0	0
Opening balance as restated	130 604	109 020
Add: Fruitless and wasteful expenditure confirmed	9 669	21 584
Less: Fruitless and wasteful expenditure recoverable	0	0
Less: Fruitless and wasteful expenditure not recoverable and written off		0
Closing balance	140 273	130 604

Table 197 Reconciling Notes for fruitless & wasteful expenditure

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Fruitless and wasteful expenditure under assessment	0	0
Fruitless and wasteful expenditure under determination	0	0
Fruitless and wasteful expenditure under investigation	9 669	21 584
Total	9 669	21 584

34.2.2. Details of fruitless and wasteful expenditure (under assessment, determination, and investigation)

Table 198 Details of fruitless and wasteful expenditure (under assessment, determination, and investigation)

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Fruitless and wasteful expenditure under assessment	0	0
Fruitless and wasteful expenditure under determination	0	0
Fruitless and wasteful expenditure under investigation	9 250	21 584
Total	9 250	21 584

Fruitless and Wasteful Expenditure is in process of being investigated by the Loss Control Committee.

34.2.3. Details of fruitless and wasteful expenditure recoverable

Table 199 Details of fruitless and wasteful expenditure recoverable

DESCRIPTION	2024/25	2023/24
	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

No Fruitless and Wasteful Expenditure recovered and written off in the current and prior year.

Table 200 Details of fruitless and wasteful expenditure not recoverable and written off

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Fruitless and wasteful expenditure written off	0	0
Total	0	0

No Fruitless and Wasteful Expenditure recovered and written off in the current and prior year.

34.2.5. Details of disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

No disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure.

Table 201 Details of disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

DISCIPLINARY STEPS TAKEN
-
Total

34.3. Unauthorised Expenditure

34.3.1. Reconciliation of unauthorised expenditure

The department did not incur unauthorised expenditure in the current and prior year.

Table 202 Reconciliation of unauthorised expenditure

DESCRIPTION	2024/25	2023/24
	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 recoverable and written off	0	0
Closing balance	406 926	406 926

Table 203 Reconciling notes for unauthorised expenditure

DESCRIPTION	2024/25	2023/24
	R'000	R'000
Unauthorised Expenditure that was under assessment	0	0
Unauthorised Expenditure that relates to 2023/24 and identified in 2024/25	0	0
Unauthorised Expenditure for the current year	0	0
Total	0	0

34.3.2. Details of unauthorised expenditure (under assessment, determination, and investigation)

The department did not incur unauthorised expenditure in the current and prior year.

Table 204 Details of unauthorised expenditure (under assessment, determination, and investigation)

DESCRIPTION	2024/25	2023/24
	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

No material loss through criminal conduct were identified for the period under review.

Table 205 Details of material losses through criminal conduct

Material Losses through criminal conduct	2024/25	2023/24
	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

34.4.2. Details of other material losses

No other material losses were recovered for the period under review.

Table 206 Details of other material losses

Nature of other material losses	2024/25	2023/24
	R'000	R'000
None	0	0
Total	0	0

34.4.3. Other material losses recoverable

No other material losses were recovered for the period under review.

Table 207 Other material losses recoverable

Nature of losses	2024/25	2023/24
	R'000	R'000
None	0	0
Total	0	0

34.4.4. Other material losses not recoverable and written off

No other material losses identified during the year under review.

Table 208 Other material losses not recoverable and written off

Nature of losses	2024/25	2023/24
	R'000	R'000
None	0	0
Total	0	0

35. INFORMATION ON LATE AND/OR NON-PAYMENT OF SUPPLIERS

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.

Table 209 Late and/or non-payment of suppliers

DESCRIPTION	Number of Invoices	Consolidated Value R'000
Valid invoices received	6 852	R1 104 583
Invoices paid within 30 days or agreed period	793	R171 569
Invoices paid after 30 days or agreed period	389	R48 958
Invoices older than 30 days or agreed period (<i>unpaid and without dispute</i>)	5 326	R899 825
Invoices older than 30 days or agreed period (<i>unpaid and in dispute</i>)	-	-

36. INFORMATION ON SUPPLY CHAIN MANAGEMENT

36.1. Procurement by other means

Table 210 Procurement by other means

Project description	Name of Supplier	Type of procurement by other means	Contract number	Value of contract R'000
Procurement of Infrastructure services (Power Sub-station and standby generator for the Mental Health Hospital)	Mekan Engineering (Pty) Ltd	Section 16A.6.4, Deviation in relation to a shortened bid period.	NCDOH/004/2024	R 30 966 338
Provision of security services to the Northern Cape Department of Health.	Sothembela Security Services	Section 16A.6.6, Deviation in relation to a participation.	DRPW/003/2025	R 275 863 952
TOTAL				R 306 830 290

36.2. Contract variations and expansions

The Department did not approve any project variations and expansions during the reporting period.

Table 211 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
-	-	-	-	-	-	-
TOTAL				-	-	-

PART F

FINANCIAL INFORMATION



Part F: Financial Information

37. REPORT OF THE AUDITOR-GENERAL

37.1 Report on the Audit of the Financial Statements

Qualified Opinion

1. I have audited the financial statements of the Department of Health set out on pages **227 to 279**, which comprise the appropriation statement, statement of financial position as at 31 March 2025, statement of financial performance, statement of changes in net assets and the cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2025, 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 24 of 2024 (Dora).

Basis for qualified opinion

Movable tangible capital assets

3. Machinery and equipment included in movable tangible capital assets were not accounted for in accordance with Chapter 11 of the MCS, Capital assets. The department did not have an adequate system of internal controls for recording of all assets in the asset register. I was unable to determine the full extent of the misstatement as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for machinery and equipment included in movable tangible capital assets, due to the status of the accounting records. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to machinery and equipment included in movable tangible capital assets stated at R1 923 454 (2024: R1 825 397 000) in note 25.1 to the financial statements.
4. Minor capital assets were not accounted for in accordance with Chapter 11 of the MCS, Capital assets. The department did not have an adequate system of internal controls for recording of all assets in the asset register. I was unable to determine the full extent of the understatement as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for minor capital assets, due to the status of the accounting records. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to minor assets stated at R109 165 000 in note 25.2 to the financial statements.

Contingent liabilities

5. Contingent liabilities were not accounted for as required by Chapter 14 of the MCS, *Provisions and Contingents* and the standard operating procedures of the department. The department did not have an adequate system of internal controls for recording of all transactions and events, as dormant cases were disclosed at incorrect values and not all transactions and events that meet the definition of contingent liabilities - claims against the department were included. I was unable to determine the full extent of the misstatement as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence for claims against the department included in contingent liabilities, due to insufficient audit evidence to support significant judgments and methodologies used to determine the rate applied in calculating the best estimate for the amount disclosed in note 16.1 to the financial statements. I was unable to confirm this amount by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to claims against the department included in contingent liabilities stated at R777 663 000 in note 16.1 to the financial statements.
6. During 2024, 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*, as the policies and procedures of the department did not adequately cover the qualitative and quantitative factors used to determine the best estimate of the amount required to settle the obligations. I was unable to determine the full extent of the misstatement as it was impracticable to do so. In addition, the best estimate of the amount required to settle the obligations was not correctly calculated for claims against the department included in the contingent liabilities. Consequently, I was unable to determine whether any adjustments were necessary to the corresponding figure of claims against the department included in contingent liabilities stated at R876 373 000. My audit opinion on the financial statements for the period ended 2024 was

modified accordingly. My opinion on the current year financial statements is also modified because of the possible effect of this matter on the comparability of the claims against the department included in contingent liabilities for the current year.

7. The department did not have adequate systems in place to account for changes in accounting estimates in accordance with Chapter 4 of the MCS, *Accounting policies, estimates and errors*, as the department did not disclose a change in estimates for claims against the department in the notes to the financial statements. I was unable to determine the full extent of the misstatement of the change in accounting estimates as it was impractical to do so.

Accruals and payables not recognised

8. 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.
9. During 2024, I was unable to obtain sufficient appropriate audit 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 was unable to confirm the accruals by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to the corresponding figure of accruals included in accruals and payables not recognised stated at R537 426 000 in note 18.1 to the financial statements. My audit opinion on the financial statements for the period ended 31 March 2024 was modified accordingly. My opinion on the current year financial statements is also modified because of the possible effect of this matter on the comparability of the accruals included in accruals and payables not recognised for the current period.

Compensation of employees

10. I was unable to obtain sufficient appropriate audit evidence for overtime included in compensative/circumstantial in note 4.1 to the financial statements, due to the status of accounting records and lack of sufficient appropriate audit evidence to support overtime paid. I was unable to confirm compensative/circumstantial included in compensation of employees by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to compensative/circumstantial included in compensation of employees stated at R519 740 000 in note 4.1 to the financial statements.

Irregular expenditure

11. During 2024, the department did not have adequate systems in place to maintain a complete and accurate record of irregular expenditure. Payments that did not meet the definition of irregular expenditure, as defined in section 1 of the PFMA, were incorrectly included in the disclosure, while payments that did meet the definition were omitted. I was unable to determine the full extent of the misstatement of irregular expenditure, stated at R2 213 522 in note 22 to the financial statements, as it was impractical to do so. My audit opinion on the financial statements for the period ended 31 March 2024 was modified accordingly. My opinion on the current year financial statements is also modified because of the possible effect of this matter on the comparability of the irregular expenditure for the current year.

Goods and services

12. During 2024, I was unable to obtain sufficient appropriate audit evidence regarding the following items, which had a material cumulative effect on goods and services:
 - 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.

In addition, goods and services were materially misstated by R3 249 332 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 R4 974 051
- Fleet services stated at R104 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

My audit opinion on the financial statements for the period ended 31 March 2024 was modified accordingly. My opinion on the current year financial statements is also modified because of the possible effect of this matter on the comparability of the goods and services for the current year.

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.

Emphasis of matters

16. I draw attention to the matters below. My opinion is not modified in respect of these matters.

Immovable tangible capital assets

17. As disclosed in note 27 to the financial statements, an amount of R1 058 million which was affected by the fair value evaluation on the Kimberley Mental Health Hospital (KMHH). The KMHH was constructed at a cost of R1 283 million and upon transfer to the custodian Department, Department of Roads and Public Works (DRPW) commissioned a valuation that resulted to a fair value of R225 million.

Net current liability position

18. 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.

Other matter

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 xx to xx 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.

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.

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 **271 to 279**, forms part of my 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 2025 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 no	Purpose
District health services (DHS)	46-91	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).
Provincial hospital services (PHS)	97-109	Render hospital services at a general and specialist level and provide a platform for the training of health care 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. I did not identify any material findings on the reported performance information for the provincial hospital services.
31. The material findings on the reported performance information for the selected programmes are as follows:

District health services (DHS)

Art Child viral load suppressed rate - below 50 (12 months)

32. An achievement of 55,7% was reported against a target of 95%. 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.

All DS-TB client LTF rate

33. An achievement of 15,3% was reported against a target of 9%. However, some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Delivery 10-14 years in facility

34. An achievement of 66 was reported against a target of 100. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially more than reported. Consequently, it is likely that the achievement against the target was better than reported.

Various indicators

35. 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
Antenatal 1st visit before 20 weeks rate	60%	66,6%
Mother postnatal visit within 6 days rate	64%	69,9%

Child under 5 years diarrhoea case fatality rate

36. An achievement of 2,3% was reported against a target of $\leq 2,9\%$. However, some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

HIV test positive around 18 months rate

37. An achievement of 0,67% was reported against a target of $\leq 1\%$. However, some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Various indicators

38. 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
Positivity rate for Hypertension 18-44 years	2,5%	0,6%
Positivity rate for Diabetes 18-44 years	2%	0,2%
PHC Mental Disorders treatment rate new	2%	0,21%

Other matters

I draw attention to the matters below:

Achievement of planned targets

39. 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.
40. 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 **46 to 109**.

District Health Services (DHS)

- Targets achieved: 53%
- Budget spent: 100%

Key service delivery indicator not achieved	Planned target	Reported achievement
Ideal Clinic Status obtained rate	57%	52%
Patient Experience of Care satisfaction rate (District health services)	80%	78%
Severity Assessment Code (SAC)1 incident reported within 24 hours rate (District health services)	100%	57%
Patient Safety Incident (PSI) case closure rate (District health services)	100%	97%
Ideal Hospital Status obtained rate	27%	0%
Patient Experience of Care satisfaction rate (District hospital services)	80%	75%
Severity Assessment Code (SAC)1 incident reported within 24 hours rate (District hospital services)	100%	89%
ART adult remain in care rate (12 months)	95%	57,6%
ART child remain in care rate (12 months)	95%	68,6%
ART child viral load suppressed rate – below 50 (12 months)	95%	55,7%
ART Adult viral load suppressed rate – below 50 (12 months)	95%	90,3%
All DS-TB LTF rate	9%	15,3%
All DS-TB client treatment success rate	80%	77,6%
TB Rifampicin Resistant / Multidrug Resistant lost to follow up rate	15%	17%
TB Pre-XDR treatment success rate	55%	53,3%
Still birth in facility rate (per 1000 births)	21%	23,7%
Child under 5 years pneumonia case fatality rate	≤2,7%	3,3%
Child under 5 years Severe Acute Malnutrition case fatality rate	≤6%	6,3%
PHC Mental Disorders treatment rate new	2%	0,21%

Provincial Hospital Services (PHS)

- Targets achieved: 25%
- Budget spent: 100%

Key service delivery indicator not achieved	Planned target	Reported achievement
Patient Experience of Care satisfaction rate (Regional hospital)	80%	70%
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%	60,7%
Death in facility under 5 years	≤20	83
Diarrhoea deaths under 5 years	≤4	9
Pneumonia deaths under 5 years	≤6	8
Severe Acute Malnutrition death under 5 years	≤5	6
Severity Assessment Code (SAC)1 incident reported within 24 hours rate (Specialised hospital)	100%	80%
Patient Safety Incident (PSI) case closure rate (Specialised hospital)	100%	96,77%

Material misstatements

41. 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 health services. Management did not correct all of the misstatements, and I reported material findings in this regard.

REPORT ON COMPLIANCE WITH LEGISLATION

42. 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.
43. 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.
44. 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.

45. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Annual Financial Statements

46. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1)(a) and (b) of the PFMA. Material misstatements of disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

Expenditure management

47. 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 the qualified of opinion the value as disclosed in note 22 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.
48. Effective steps were not taken to prevent fruitless and wasteful expenditure, as disclosed in note 22 to the annual financial statements, 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 charged on overdue accounts.
49. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by section 38(1)(f) of the PFMA and treasury regulation 8.2.3.

Revenue management

50. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.

Asset management

51. I was unable to obtain sufficient appropriate audit evidence that the disposal of movable assets was done in a manner most advantageous to the state, as required by treasury regulation 16A.7.1.
52. 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.
53. Preventative mechanisms were not in place to eliminate theft, loss, wastage and misuse of assets, as required by treasury regulation 10.1.1(a).

Utilisation of conditional grants

54. The District Health Programmes Grant was not spent for the purposes stipulated in the Schedule concerned, as required by section 16(1) of the Dora.

Strategic planning and performance management

55. 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).

Procurement and contract management

56. Some of the goods and services were procured without obtaining at least three written price quotations in accordance with treasury regulation 16A6.1 and paragraph 3.2.1 of SCM instruction note 2 of 2021/22. Similar non-compliance was also reported in the prior year.
57. I was unable to obtain sufficient appropriate audit evidence that quotations were awarded to suppliers whose tax matters have 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.
58. I was unable to obtain sufficient appropriate audit evidence that contracts were awarded to suppliers whose tax matters have been declared by the South African Revenue Services to be in order as required by treasury regulation 16A9.1(d).
59. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA. Similar non-compliance was also reported in the prior year.

Consequence management

60. 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.
61. Investigations were not conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

OTHER INFORMATION IN THE ANNUAL REPORT

62. 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.
63. 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.
64. 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.
65. The other information I obtained prior to the date of this auditor's report is the balances of unauthorised, irregular, fruitless and wasteful expenditure (UIFWE) and details of irregular expenditure (under assessment) and the remaining information is expected to be made available to us after 31 July 2025.
66. 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.
67. Particulars of irregular and fruitless and wasteful expenditure included in the annual report was materially inconsistent with audit evidence obtained during the audit of the historical disclosures and registers of unauthorised, irregular and fruitless and wasteful expenditure and were not kept and maintained as required by the PFMA compliance and reporting framework of 2022/23.
68. 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.

INTERNAL CONTROL DEFICIENCIES

69. 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.
70. 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.
71. The accounting officer did not compile and implement the audit action plan on time after the previous audit, and this resulted in material findings recurring in the current financial year. The control environment was not reinforced to effectively prevent material misstatements in the annual financial statements, performance reports and areas of legislation scoped for audit.
72. The accounting officer did not exercise effective oversight over the preparation and submission of the financial statements and the annual performance report. This resulted in the submission of reports containing numerous material misstatements, indicative of a lack of adequate reviews and quality assurance processes prior to audit.
73. Management did not implement effective controls to enable completion and review of registers as the auditor could not always obtain adequate patient information from the patient files to the registers and at times the process of capturing was not accurate and complete.
74. Management did not implement adequate controls over the storage of patient files to facilitate easy retrieval, which resulted in the required information not being submitted for audit.
75. Management did not establish an effective records management system, as evidenced by significant weaknesses identified during the audit. These included the inability to retrieve supporting documentation for accruals, locate assets, and verify overtime payments. Inadequate record-keeping practices also limited the department's ability to demonstrate compliance with internal policies and applicable regulations.
76. Leadership did not establish and enforce effective control measures to support an effective compliance control environment, resulting in material findings in areas of legislation scoped for audit.

37.3 Material Irregularities

77. 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.

Material irregularities in progress

78. I identified a material irregularity during the audit and notified the accounting officer of this, as required by material irregularity regulation 3(2). By the date of this auditor's report, I had not yet completed the process of evaluating the responses from the accounting officer. This material irregularity will be included in next year's auditor's report.

Status of previously reported material irregularities

Interest incurred on late payment – Mental Health

79. 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 8.2.3. 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 R1 113 487,10 in this regard resulted in a material financial loss for the department.

80. The accounting officer was notified of the material irregularity on 23 May 2022 and was 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.

81. I notified the accounting officer on 28 June 2024 of the following recommendations, which had to be 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.

82. The accounting officer was required to provide a progress report on 28 September 2024. The accounting officer was reminded on 19 September 2024 to submit a progress report but failed to submit the progress report after numerous follows.

83. On 6 and 23 January 2025, I reminded the accounting officer to submit a final response and substantiating documentation on the implementation of the recommendations. On 30 January 2025, the accounting officer submitted a final response with substantiating documentation on the implementation of the recommendations.

84. I duly assessed the response and substantiating documentation, which included an investigation report, and I noted shortcomings which were duly communicated to the accounting officer on 20 February 2025. The accounting officer was required to provide a supplementary response and the outstanding documentation by 25 February 2025. The accounting officer however failed to respond the request for additional information and the assessment of the implementation of the recommendations were finalised based on the response received on 30 January 2025.

85. Based on the outcome of my assessment and concluded that all the recommendations were not adequately implemented or satisfactorily progress made with the implementation thereof.

86. I notified the accounting officer on 23 June 2025 of the following remedial action to address the material irregularity, which must be implemented by 23 September 2025:

(a) Appropriate action must be taken to develop and commence with the implementation of an action plan to address the control weaknesses in processing payments relating to infrastructure projects. The action plan must, as a minimum address the following:

- Ring-fencing grant funding for infrastructure projects
- Budgeting and cash flow management on infrastructure projects
- Standard operating procedure that addresses the roles and responsibilities relating to the verification and payment processes.

(b) Effective and appropriate disciplinary steps must be initiated without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the Public Finance Management Act, 1 of 1999 and in accordance with treasury regulation 9.1.3.

87. The accounting officer was required to provide a progress report by 14 July 2025 on the implementation of the remedial action. A progress report and substantiating documentation on the actions taken to implement the remedial action was received on 23 July 2025. I am in the process of assessing the report to determine the progress that was made by the accounting officer with the actions in addressing the remedial action.

88. I will follow-up on the final response on the implementation of the remedial action by the due date.

Evaluation criteria applied in medical waste award different from original bidding invitation

89. During the 2018/19 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.

90. The accounting officer was notified of the material irregularity on 18 July 2019. The accounting officer responded by disagreeing that there was non-compliance with legislation in awarding the contract.

91. In the 2019/20 audit, I referred the material irregularity 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.

92. In the 2020/21 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.

93. In the 2021/22 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 the Directorate for Priority Crime Investigation (DPCI).

94. The NT finalised their investigation in April 2022 and informed me that the outcome of the investigation was referred to the 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 May 2025 and was informed that the investigation is ongoing and not yet completed but is in an advanced stage.

37.4 Other Reports

95. 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 financial statements or my findings on the reported performance information or compliance with legislation.

96. The DPCI 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
SOUTH AFRICA

Auditing to build public confidence

Kimberley
31st July 2025

37.5 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.

The Auditor-General's responsibility for the Audit

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.

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 **271 to 279**, forms part of my auditor's report.

Compliance with Legislation

Table 212 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; 5.2.1; 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; 8.2.1; 8.2.3; 8.4.1; 9.1.1; 9.1.4; 10.1.1; 10.1.2; 11.4.1; 11.4.2; 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)
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; 5.2.1; 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; 8.2.1; 8.2.3; 8.4.1; 9.1.1; 9.1.4; 10.1.1; 10.1.2; 11.4.1; 11.4.2; 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

Legislation	Sections or regulations
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	- Acting Chief Financial Officer
Mr D Gaborone	- Acting Chief Director: Risk Management
Mr M Mothapo	- Acting Director: Financial Accounting
Ms W Mvundlela	- Acting Director: Budgets
Ms A Selao	- Deputy Director: Policy & Planning (Policy Development)
Mr R Sichimwi	- Acting Assistant Director: Policy & Planning (Monitoring & Evaluation)
Ms K 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 2024/25
- 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 213 Appropriation Statement per programme

PROGRAMME	2024/25						2023/24		
	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
1. Administration	274 977	-	(4 321)	270 656	270 657	(1)	100.0%	263 366	263 366
2. District Health Services	2 917 948	-	162 379	3 080 327	3 080 324	3	100.0%	2 958 073	2 958 068
3. Emergency Medical Services	453 052	-	(12 244)	440 808	435 605	5 203	98.8%	505 849	505 849
4. Provincial Hospital Services	510 427	-	19 104	529 531	529 529	2	100.0%	520 064	520 064
5. Central Hospital Services	1 265 138	-	(90 100)	1 175 038	1 175 037	1	100.0%	1 256 822	1 249 376
6. Health Science	310 377	-	(24 830)	285 547	266 650	18 897	93.4%	320 538	320 538
7. Health Care Support Services	149 673	-	(11 208)	138 465	138 465	-	100.0%	132 221	126 486
8. Health Facility management	484 995	-	(38 780)	446 215	445 449	766	99.8%	452 885	452 885
Subtotal	6 366 587	-	-	6 366 587	6 341 716	24 871	99.6%	6 409 818	6 396 632
TOTAL (brought forward)									
Reconciliation with statement of financial performance									
ADD									
Departmental receipts				-					
NRF Receipts				-					
Aid assistance				2 204					219
Actual amounts per statement of financial performance (Total revenue)				6 368 791				6 410 037	6 397 734
ADD									
Aid assistance					4 067				1 102
Prior year unauthorised expenditure approved without funding					-				-
Actual amounts per statement of financial performance (Total expenditure)					6 345 783				6 397 734

1.2 Appropriation Statement per economic classification

Table 214 Appropriation Statement per economic classification

ECONOMIC CLASSIFICATION	2024/25						2023/24		
	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
Current payments	5 941 347	(1 777)	-	5 939 570	5 971 898	(32 328)	100.5%	5 790 886	5 790 886
Compensation of employees	3 740 702	(6 603)	-	3 733 899	3 733 899	-	100.0%	3 573 392	3 573 083
Goods and services	2 200 645	4 153	-	2 204 798	2 228 327	(23 529)	101.1%	2 196 866	2 195 800
Interest and rent on land	-	873	-	873	9 672	(8 799)	1 107.9%	20 628	20 628
Transfers and subsidies	46 851	558	-	47 409	41 161	6 248	86.8%	96 722	96 722
Provinces and municipalities	4 879	173	-	5 052	929	4 123	18.4%	1 100	1 100
Public corporations and private enterprises	-	-	-	-	11	(11)	-	15	15
Households	41 972	385	-	42 357	40 221	2 136	95.0%	95 607	95 607
Payments for capital assets	378 389	1 219	-	379 608	328 657	50 951	86.6%	522 210	509 444
Buildings and other fixed structures	152 210	76 065	-	228 275	231 967	(3 692)	101.6%	356 548	356 548
Machinery and equipment	226 179	(74 846)	-	151 333	96 690	54 643	63.9%	149 450	136 684
Intangible assets	-	-	-	-	-	-	-	16 212	16 212
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	6 366 587	-	-	6 366 587	6 341 716	24 871	99.6%	6 409 818	6 396 632

1.3 Appropriation Statement for Programme 1 – Administration

Table 215 Appropriation Statement for Programme 1 - Administration

PROGRAMME 1 - ADMINISTRATION	2024/25						2023/24		
	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									
Office of the MEC	16 907	4 600	-	21 507	21 493	14	99.9%	21 636	21 636
Management	258 070	(4 600)	(4 321)	249 149	249 164	(15)	100.0%	241 750	241 750
Total for sub programmes	274 977	-	(4 321)	270 656	270 656	(1)	100.0%	263 366	263 366
Economic classification									
Current payments	270 003	(1 777)	(4 321)	263 905	262 391	1 514	99.4%	224 932	224 943
Compensation of employees	174 379	(6 803)	(4 321)	163 255	157 138	6 117	96.3%	148 406	148 406
Goods and services	95 624	4 153	-	99 777	104 151	(4 374)	104.4%	74 702	74 713
Interest and rent on land	-	873	-	873	1 102	(229)	126.2%	1 824	1 824
Transfers and subsidies	2 154	558	-	2 712	2 712	-	100.0%	23 030	23 030
Provinces and municipalities	-	173	-	173	173	-	100.0%	189	189
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	2 154	385	-	2 539	2 539	-	100.0%	22 841	22 841
Payments for capital assets	2 820	1 219	-	4 039	5 554	(1 515)	137.5%	15 404	15 393
Buildings and other fixed structures	-	-	-	-	1 125	(1 125)	-	412	412
Machinery and equipment	2 820	1 219	-	4 039	4 429	(390)	109.7%	7 036	7 036
Intangible assets	-	-	-	-	-	-	-	7 956	7 956
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	274 977	-	(4 321)	270 656	270 657	(1)	100.0%	263 366	263 366

1.4 Appropriation Statement for Programme 2 - District Health Services

Table 216 Appropriation Statement: Programme 2 – District Health Services

PROGRAMME 2 – DISTRICT HEALTH SERVICES	2024/25						2023/24		
	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	207 229	118 538	28 007	353 774	428 145	(74 371)	121.0%	375 571	375 571
Community Health Clinics	606 657	3 300	69 810	679 767	652 302	27 465	96.0%	634 504	634 504
Community Health Centres	388 091	55 310	3 467	446 868	461 535	(14 667)	103.3%	451 1750	451 175
Other Community Services	210 625	(45 358)	-	165 267	165 267	-	100.0%	148 968	148 968
HIV/Aids	677 844	(55 310)	10 299	632 833	622 533	10 300	98.4%	560 889	560 889
Nutrition	6 804	-	-	6 804	6 324	480	92.9%	2 971	2 971
District Hospitals	820 698	(76 480)	50 796	795 014	744 218	50 796	93.6%	783 995	783 990
Total for sub programmes	2 917 948	-	162 379	3 080 327	3 080 324	3	100.0%	2 958 073	2 958 068
Economic classification									
Current payments	2 871 314	-	147 387	3 018 701	3 014 128	4 573	99.8%	2 918 757	2 918 699
Compensation of employees	1 802 662	-	122 463	1 925 125	1 928 733	(3 608)	100.2%	1 811 358	1 811 358
Goods and services	1 068 652	-	24 924	1 093 576	1 079 341	14 235	98.7%	1 091 805	1 090 792
Interest and rent on land	-	-	-	-	6 054	(6 054)	-	15 594	16 549
Transfers and subsidies	21 708	-	-	21 708	17 228	4 480	79.4%	13 667	13 667
Provinces and municipalities	4 292	-	-	4 292	426	3 866	9.9%	56	56
Departmental agencies and accounts								7	7
Public corporations and private enterprises	-	-	-	-	11	(11)	-	15	15
Households	17 416	-	-	17 416	16 791	625	96.4	13 596	13 596
Payments for capital assets	24 926	-	14 992	39 918	48 968	(9 050)	122.7%	25 649	25 702
Buildings and other fixed structures	-	-	-	-	1 375	(1 375)	-	(81)	(81)
Machinery and equipment	24 926	-	14 992	39 918	47 593	(7 675)	119.2%	25 558	25 611
Intangible assets	-	-	-	-	-	-	-	172	172
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	2 917 948	-	162 379	3 080 327	3 080 324	3	100.0%	2 958 073	2 958 068

1.5 Appropriation Statement for Programme 3 – Emergency Medical Services

Table 217 Appropriation Statement: Programme 3 – Emergency Medical Services

PROGRAMME 3 – EMERGENCY MEDICAL SERVICES	2024/25						2023/24		
	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	449 023	-	(10 299)	438 724	433 521	5 203	98.8%	505 849	505 849
Planned Patient transport	4 029	-	(1 945)	2 084	2 084	-	100.0%		
Total for sub programmes	453 052	-	(12 244)	440 808	435 605	5 203	98.8%	505 849	505 849
Economic classification									
Current payments	420 666	-	(1 945)	418 721	433 693	(14 972)	103.6%	438 338	438 338
Compensation of employees	268 247	-	(335)	267 912	271 712	(3 800)	101.4%	262 990	262 990
Goods and services	152 419	-	(1 610)	150 809	161 905	(11 096)	107.4%	175 039	175 039
Interest and rent on land	-	-	-	-	76	(76)	-	309	309
Transfers and subsidies	587	-	-	587	1 598	(1 011)	272.2%	3 025	3 025
Provinces and municipalities	587	-	-	587	330	257	56.2%	848	848
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	1 268	(1 268)	-	2 177	2 177
Payments for capital assets	31 799	-	(10 299)	21 500	314	21 186	1.5%	64 486	64 486
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	31 799	-	(10 299)	21 500	314	21 186	1.5%		
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	453 052	-	(12 244)	440 808	435 605	5 203	98.8%	505 849	505 849

1.6 Appropriation Statement for Programme 4 – Provincial Hospital Services

Table 218 Appropriation Statement: Programme 4 – Provincial Hospital Services

PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES	2024/25						2023/24		
	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	368 910	(27 522)	-	341 388	336 359	5 029	98.5%	335 710	355 710
Tuberculosis	31 932	-	-	31 932	25 467	6 465	79.8%	24 083	240 83
Psychiatric /Mental hospital	109 585	27 522	19 104	156 211	167 703	(11 492)	107.4%	140 271	140 271
Total for sub programmes	510 427	-	19 104	529 531	529 529	2	100.0%	520 064	520 064
Economic classification									
Current payments	508 517	-	19 104	527 621	522 127	5 494	99.0%	512 819	512 923
Compensation of employees	353 782	-	19 104	372 886	390 315	(17 429)	104.7%	364 515	364 515
Goods and services	154 735	-	-	154 735	130 073	24 662	84.1%	145 974	146 078
Interest and rent on land	-	-	-	-	1 739	(1 739)	-	2 330	2 330
Transfers and subsidies	1 645	-	-	1 645	888	757	54.0%	5 682	5 682
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	1 645	-	-	1 645	888	757	54.0%	5 682	5 682
Payments for capital assets	265	-	-	265	6 515	(6 250)	2 458.5%	1 563	1 459
Buildings and other fixed structures	-	-	-	-	895	(895)	-	-	-
Machinery and equipment	265	-	-	265	5 620	(5 355)	2 120.8%	1 563	1 459
Intangible assets									
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	510 427	-	19 104	529 531	529 529	2	100.0%	520 064	520 064

1.7 Appropriation Statement for Programme 5 – Tertiary Hospital Services

Table 219 Appropriation Statement: Programme 5 – Tertiary Hospital Services

PROGRAMME 5 – TERTIARY HOSPITAL SERVICES	2024/25						2023/24		
	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 Hospital Services	1 265 138	-	(90 100)	1 175 038	1 175 037	1	100.0%	1 256 822	1 249 376
Total for sub programmes	1 265 138	-	(90 100)	1 175 038	1 175 037	1	100.0	1 256 822	1 249 376
Economic classification									
Current payments	1 167 327	-	(96 390)	1 070 937	1 139 106	(68 169)	106.4%	1 183 226	1 182 730
Compensation of employees	837 800	-	(96 300)	741 410	736 165	5 245	99.3%	746 499	746 190
Goods and services	329 527	-	-	329 527	402 903	(73 376)	122.3%	436 171	435 984
Interest and rent on land	-	-	-	-	38	(38)	-	556	556
Transfers and subsidies	6 673	-	6 290	12 963	15 877	(2 914)	122.5%	45 591	45 591
Provinces and municipalities									
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	6 673	-	6 290	12 963	15 877	(2 914)	122.5%	45 591	45 591
Payments for capital assets	91 138	-	-	91 138	20 054	71 084	22.0%	28 005	21 055
Buildings and other fixed structures	20 000	-	-	20 000	-	20 000	-		
Machinery and equipment	71 138	-	-	71 138	20 054	51 084	28.2%	28 005	21 055
Intangible assets									
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	1 265 138	-	(90 100)	1 175 038	1 175 037	1	100.0%	1 256 822	1 249 376

1.8 Appropriation Statement: Programme 6 – Health Sciences and Training

Table 220 Appropriation Statement: Programme 6 – Health Sciences and Training

PROGRAMME 6 – HEALTH SCIENCES AND TRAINING	2024/25						2023/24		
	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									
Nurse Training College	70 834	(4 059)	(2 892)	63 883	54 497	9 386	85.3%	143 345	143 345
EMS Training College	6 425	4 059	-	10 484	10 484	-	100.0%	9 304	9 304
Bursaries	47 837	(1 480)	(21 296)	25 061	15 550	9 511	62.0%	19 782	19 782
Primary Health Care training	2 292	-	(642)	1 650	1 650	-	100%	-	-
Training Others	182 989	1 480	-	184 469	184 469	-	100%	148 107	148 107
Total for sub programmes	310 377	-	(24 830)	285 547	266 650	18 897	93.4%	320 538	320 538
Economic classification									
Current payments	292 833	-	(18 540)	274 293	263 837	10 456	96.2%	308 556	308 556
Compensation of employees	172 196	-	(15 006)	157 190	157 190	-	100%	140 502	140 502
Goods and services	120 637	-	(3 534)	117 103	106 303	10 800	90.8%	168 039	168 039
Interest and rent on land	-	-	-	-	343	(343)	-	15	15
Transfers and subsidies	14 084	-	(6 290)	7 794	860	6 934	11.0%	4 667	4 667
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	14 084	-	(6 290)	7 794	860	6 934	11.0%	4 667	4 667
Payments for capital assets	3 460	-	-	3 460	1 953	1 507	56.4%	7 315	7 315
Buildings and other fixed structures									
Machinery and equipment	3 460	-	-	3 460	1 953	1 507	56.4%	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	310 377	-	(24 830)	285 547	266 650	18 897	93.4%	320 538	320 538

1.9 Appropriation Statement: Programme 7 – Healthcare Support Services

Table 221 Appropriation Statement: Programme 7 – Healthcare Support Services

PROGRAMME 7 - HEALTHCARE SUPPORT SERVICES	2024/25						2023/24		
	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	8 987	10 862	-	19 799	28 492	(8 693)	143.9%	29 503	29 503
Engineering	21 782	(10 862)	-	10 920	8 785	2 135	80.4%	9 350	9 350
Forensic Services	57 632	(5 074)	(7 826)	44 732	40 854	3 878	91.3%	49 135	43400
Orthotic and d Prosthetic Services	14 291	(6 947)	(307)	7 037	6 115	922	86.9%	5 431	5 431
Medicine Trading Services	47 031	12 021	(3 075)	55 977	54 219	1 758	96.9%	38 802	38 802
Total for sub programmes	149 673	-	(11 208)	138 465	138 465	-	100.0%	132 221	126 486
Economic classification									
Current payments	138 925	-	(6 515)	132 410	131 576	834	99.4%	122 887	122 887
Compensation of employees	95 573	-	(6 515)	89 058	80 209	8 849	90.1%	87 418	87 418
Goods and services	43 352	-	-	43 352	51 367	(8 015)	118.5%	35 469	34 469
Interest and rent on land							-	-	-
Transfers and subsidies	-	-	-	-	201	(201)	-	872	872
Provinces and municipalities	-	-	-	-	-	-	-	7	7
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	201	(201)	-	865	865
Payments for capital assets	10 748	-	(4 693)	6 055	6 687	(632)	110.4%	8 462	2 727
Buildings and other fixed structures	-	-	-	-	-	-	-	67	67
Machinery and equipment	10 748	-	(4 693)	6 055	6 687	(632)	110.4%	8 395	2 660
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	149 673	-	(11 208)	138 465	138 465	-	100%	132 221	126 486

1.10 Appropriation Statement: Programme 8 – Health Facility Management

Table 222 Appropriation Statement: Programme 8 – Health Facility Management

PROGRAMME 8 – HEALTH FACILITIES MANAGEMENT	2024/25						2023/24		
	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	437 961	(213 740)	(38 780)	185 441	160 176	25 265	86.4%	168 168	168 168
Provincial Hospital Services	47 034	213 740	-	260 774	285 273	(24 499)	109.4%	284 717	284 717
Total for sub programmes	484 995	-	(38 780)	446 215	445 449	766	99.8%	452 885	452 885
Economic classification									
Current payments	271 762	-	(38 780)	232 982	205 040	27 942	88.0%	81 371	81 390
Compensation of employees	36 003	-	(19 000)	17 063	12 436	4 627	72.9%	69 667	69 686
Goods and services	235 699	-	(19 780)	215 919	192 284	23 635	89.1%	-	-
Interest and rent on land	-	-	-	-	320	(320)	-	-	-
Transfers and subsidies	-	-	-	-	1 797	(1 797)	-	188	188
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	1 797	(1 797)	-	-	-
Payments for capital assets	213 233	-	-	213 233	238 612	(25 379)	111.9%	371 326	371 307
Buildings and other fixed structures	132 210	76 065	-	208 275	228 572	(20 297)	109.7%	356 150	356 150
Machinery and equipment	81 023	(76 065)	-	4 958	10 040	(5 082)	202.5%	15091	15 091
Intangible assets	-	-	-	-	-	-	-	85	85
Payments for financial assets	-	-	-	-	-	-	-	-	-
TOTAL	484 995	-	(38 780)	446 215	445 449	766	99.8%	452 885	452 885

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 223 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	270 656	270 657	(1)	-
District Health Services	3 080 327	3 080 324	3	-
Emergency Medical Services	440 808	435 605	5 203	1.0%
Provincial Hospital Services	529 531	529 529	2	-
Central Hospital Services	1 175 038	1 175 037	1	-
Health Science	285 547	266 650	18 897	7.0%
Health Care Support Services	138 465	138 465	-	-
Health Facility management	446 215	445 449	766	-
TOTAL	6 366 587	6 341 716	24 871	0.4%

The unspent funds relate to equitable share funds that were committed and not spent during the year of which roll overs were requested.

2.4.2 Material Variances per economic classification

Table 224 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				
Compensation of employees	3 733 899	3 733 899	-	-
Goods and services	2 204 798	2 228 327	(23 529)	(1.1%)
Interest and rent on land	873	9 672	(8 799)	(1 008.0%)
Transfers and subsidies				
Provinces and municipalities	5 052	929	4 123	82.0%
Departmental agencies and accounts	-	-	-	-
Public corporations and private enterprises	-	11	(11)	-
Households	42 357	40 221	2 136	5.0%
Payments for capital assets				
Buildings and other fixed structures	228 275	231 967	(3 692)	(2.0%)
Machinery and equipment	151 333	96 690	54 643	36.1%
Intangible assets	-	-	-	-
Payments for financial assets	-	-	-	-
TOTAL	6 366 587	6 341 716	24 871	0.4%

The overspending on interest and rent on land is as a result of the interest levied on overdue accounts, due to non-availability of working capital. Under expenditure on provinces and municipalities is as a result of the conclusion of the provincialisation of healthcare facilities from the jurisdiction of local government to provincial government. The under spending relating to payments for capital Assets relates to equitable share funds that were committed and not spent during the year of which roll overs were requested.

2.4.3 Material Variances per conditional grant

Table 225 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 Service	488 803	488 803	-	100.0%
District Health Programme grant	747 852	747 852	-	100.0%
National Health Insurance	24 264	24 264	-	100.0%
Health Facility Revitalization Grant	437 961	437 961	-	100.0%
Social EPWP Incentive grant	9 556	9 556	-	100.0%
Human Resources, Training & Dev Grant	152 820	152 820	-	100.0%
TOTAL	1 861 256	1 861 256	-	100.0%

3. STATEMENTS OF FINANCIAL PERFORMANCE

Statement of financial performance for the year ended 31st March 2025

STATEMENT OF FINANCIAL PERFORMANCE	Note	2024/25	2023/24
		R'000	R'000
REVENUE			
Annual appropriation	1	6 366 587	6 409 818
Departmental revenue	2	-	-
Aid assistance	3	2 204	219
TOTAL REVENUE		6 368 791	6 410 037
EXPENDITURE			
Current expenditure			
Compensation of employees	4	3 733 900	3 573 079
Goods and services	5	2 228 351	2 195 808
Interest and rent on land	6	9 669	21 584
Aid assistance	3	4 067	1 102
Total current expenditure		5 976 987	5 791 573
Transfers and subsidies			
Transfers and subsidies	7	41 158	96 723
Total transfers and subsidies		41 158	96 723
Expenditure for capital assets			
Tangible assets	8	328 638	493 228
Intangible assets	8	-	16 210
Total expenditure for capital assets		329 638	509 438
Unauthorised expenditure approved without funding			
Payments for financial assets		-	-
TOTAL EXPENDITURE		6 345 783	6 397 734
SURPLUS/(DEFICIT) FOR THE YEAR		23 008	12 303

Reconciliation of Net Surplus/(Deficit) for the year	Note	2024/25	2023/24
		R'000	R'000
Voted funds		24 871	13 186
Annual appropriation		24 871	13 186
Conditional grants		-	-
Aid assistance	3	(1 863)	(883)
Capitalisation reserve			
SURPLUS/(DEFICIT) FOR THE YEAR		23 008	12 303

4. STATEMENTS OF FINANCIAL POSITION

Table 226 Statement of financial position for the year ended 31st March 2025

STATEMENT OF FINANCIAL POSITION		2024/25	2023/24
	Note	R'000	R'000
ASSETS			
Current assets		6 607	3 262
Receivables	9	6 607	3 262
Non-current assets		36 923	37 190
Receivables	9	36 923	37 190
TOTAL ASSETS		43 533	40 452
LIABILITIES			
Current liabilities		450 459	447 378
Voted funds to be surrendered to the Revenue Fund	10	24 871	13 162
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	11	1 762	1 608
Bank overdraft	12	415 613	422 529
Payables	13	6 940	6 943
Aid assistance unutilised	3	1 273	3 136
Non-current liabilities		-	-
TOTAL LIABILITIES		450 459	447 378
NET ASSETS		(406 926)	(406 926)

Represented by:	Note	2024/25	2023/24
		R'000	R'000
Unauthorised expenditure		(406 926)	(406 926)
TOTAL		(406 926)	(406 926)

5. STATEMENTS OF CHANGES IN NET ASSETS

Table 227 Statement of changes in net assets for the year ended 31st March 2025

STATEMENT OF CHANGES IN NET ASSETS	Note	2024/25	2023/24
		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:			
Recoverable revenue 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 228 Cash flow statement for the year ended 31st March 2025

CASH FLOW STATEMENT	Note	2024/25	2023/24
		R'000	R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		6 394 057	6 438 270
Annual appropriation funds received	1.1	6 366 587	6 409 818
Departmental revenue received	2	25 252	28 215
Interest received	2.3	14	18
Aid assistance received	3	2 204	219
Net (increase)/decrease in net working capital		(3 351)	776
Surrendered to Revenue Fund		(40 006)	(179 218)
Current payments		(5 966 318)	(5 769 992)
Interest paid	6	(9 669)	(21 584)
Transfers and subsidies paid		(41 158)	(96 723)
Net cash flow available from operating activities	14	333 555	371 529
CASH FLOWS FROM INVESTING ACTIVITIES			
Distribution/dividend received			-
Payments for capital assets	8	(328 638)	(509 438)
Proceeds from sale of capital assets	2.4	1 732	2 220
(Increase)/decrease in non-current receivables	14	267	(4 053)
Net cash flow available from investing activities		(326 639)	(511 271)
CASH FLOWS FROM FINANCING ACTIVITIES			
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		6 916	(139 742)
Cash and cash equivalents at beginning of period		(422 529)	(282 787)
Cash and cash equivalents at end of period	15	(415 613)	(422 529)

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. Comparative information

6.1 Prior period comparative information

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

6.2 Current year comparison with budget

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

7. Revenue

7.1 Appropriated funds

- Appropriated funds 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**
- 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**
- Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:
 - it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and
 - the amount of revenue can be measured reliably.
 - The accrued revenue is measured at the fair value of the consideration receivable.
 - Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.
 - Write-offs are made according to the department's debt write-off policy.
8. **Expenditure**
- 8.1 **Compensation of employees**
- 8.1.1 **Salaries and wages**
Salaries and wages are recognised in the statement of financial performance on the date of payment.
- 8.1.2 **Social contributions**
- Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.
 - Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
- 8.2 **Other expenditure**
- Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.
 - 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**
- 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**
- 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.
 - At commencement of the finance lease term, finance lease assets acquired are recorded and measured at:
 - the fair value of the leased asset; or if lower,
 - the present value of the minimum lease payments.

- Finance lease assets acquired prior to 1 April 2024, are recorded and measured at the present value of the minimum lease payments.

9. Aid assistance

9.1 Aid assistance received

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

- Cash and cash equivalents are stated at cost in the statement of financial position.
- Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.
- For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.

11. Prepayments and advances

- Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.
- Prepayments and advances are initially and subsequently measured at cost.
- Prepayments and advances expensed before 1 April 2024 are recorded until the goods, services, or capital assets are received, or the funds are utilised in accordance with the contractual agreement.

12. Loans and receivables

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

13. Investments

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

14. Financial assets

14.1 Financial assets (not covered elsewhere)

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

16.1 Immovable capital assets

- Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable

assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.

- 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 **Movable capital assets**

- Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.
- Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.
- All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.
- Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.
- Biological Assets are subsequently carried at fair value.
- Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.

16.3 **Intangible capital assets**

- Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition.
- Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.
- Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.
- All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.
- Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.
- Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

16.4 **Project costs: Work-in-progress**

- 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. **Provisions and contingents**

17.1 **Provisions**

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

17.2 **Contingent liabilities**

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

- 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 **Contingent assets**

- Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
- However, the amount disclosed as a provision shall be the best estimate of the funds expected at the reporting date

17.4 **Capital commitments**

Capital commitments are recorded at cost in the notes to the financial statements.

18. **Unauthorised expenditure**

- 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:
 - 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
 - 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. **Fruitless and wasteful expenditure**

- 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:
 - 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. **Irregular expenditure**

- 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:
 - 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. **Changes in accounting policies, estimates and errors**

- 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. **Events after the reporting date**

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

- 23. Principal-Agent arrangements**
The department is party to a principal-agent arrangement for 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.
- 24. Departures from the MCS requirements**
Financial statements are prepared in accordance with the MCS and are free from material misstatements. Furthermore, the statements are prepared as a going concern. Those charged with governance can conclude that the financial statements present fairly the department's primary and secondary information that the department complied with the Standard.
- 25. Capitalisation reserve**
The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
- 26. Recoverable revenue**
Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
- 27. Related party transactions**
- 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 statements.
- 28. Inventories**
- 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. Public-Private Partnerships**
- Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.
 - A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.
- 30. Employee benefits**
- The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is 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. Transfer of functions**
- 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

- 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.

PART B: EXPLANATORY NOTES

7.1 Annual appropriation

7.1.1 Annual appropriation

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

Table 229 Funds appropriated in terms of the Appropriation Act

PROGRAMME	2024/25			2023/24		
	Final Budget	Actual Funds Received	Funds not requested / not received	Final Budget	Appropriation Received	Funds not requested / not received
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	270 656	270 656	-	263 366	263 366	-
District Health Services	3 080 327	3 080 327	-	2 958 073	2 958 073	-
Emergency Medical Services	440 808	440 808	-	505 849	505 849	-
Provincial Hospital Services	529 531	529 531	-	520 064	520 064	-
Central Hospital Services	1 175 038	1 175 038	-	1 256 822	1 256 822	-
Health Sciences & Training	285 547	285 547	-	320 538	320 538	-
Health Care Support Services	138 465	138 465	-	132 221	132 221	-
Health Facilities Management	446 215	446 215	-	452 885	452 885	-
TOTAL	6 366 587	6 366 587	-	6 409 818	6 409 818	-

7.1.2 Conditional grants

Table 230 Conditional grants

CONDITIONAL GRANTS	Note	2024/25	2023/24
		R'000	R'000
Total grants received	32	1 861 256	1 797 615
Provincial grants included in total grants received		-	-

7.2 Departmental revenue

Table 231 Departmental revenue

DEPARTMENTAL REVENUE	Note	2024/25	2023/24
		R'000	R'000
Tax revenue			-
Sales of goods and services other than capital assets	2.1	23 468	25 438
Fines, penalties and forfeits	2.2	94	121
Interest, dividends and rent on land	2.3	14	18
Sales of capital assets	2.4	1 732	2 220
Transactions in financial assets and liabilities	2.5	1 690	2 656
Total revenue collected		26 998	30 453
Less: Own revenue included in appropriation	11	26 998	30 453
TOTAL		-	-

7.2.1 Sale of goods and services other than capital assets

Table 232 Sale of goods and services other than capital assets

SALES OF GOODS AND SERVICES	Note	2024/25	2023/24
		R'000	R'000
Sales of goods and services produced by the department		23 468	25 438
Sales by market establishment		2 638	1 634
Administrative fees		3 283	3 079
Other sales		17 547	20 725
Sales of scrap, waste and other used current goods			
TOTAL	2	23 468	25 438

7.2.2 Fines, penalties and forfeits

Table 233 Fines, penalties and forfeits

FINES, PENALTIES AND FORFEITS	Note	2024/25	2023/24
		R'000	R'000
Fines		-	-
Penalties		-	-
Forfeits		94	121
TOTAL	2	94	121

7.2.3 Interest, dividends and rent on land

Table 234 Interest, dividends and rent on land

INTEREST, DIVIDENDS AND RENT ON LAND	Note	2024/25	2023/24
		R'000	R'000
Interest		14	18
Rent on land			
TOTAL	2	14	18

7.2.4 Sale of capital assets

Table 235 Sale of capital assets

SALES OF CAPITAL ASSETS	Note	2024/25	2023/24
		R'000	R'000
Tangible capital assets		1 732	2 220
Machinery and equipment		1 732	2 220
Biological assets			
Intangible capital assets			
Software			
TOTAL	2	1 732	2 220

7.2.5 Transactions in financial assets and liabilities

Table 236 Transactions in financial assets and liabilities

TRANSACTIONS IN FINANCIAL ASSETS AND LIABILITIES	Note	2024/25	2023/24
		R'000	R'000
Receivables			
Other receipts including Recoverable Revenue		1 690	2 656
TOTAL	2	1 690	2 656

7.3 Aid assistance

Table 237 Aid assistance

AID ASSISTANCE	Note	2024/25	2023/24
		R'000	R'000
Opening balance		3 136	4 019
Prior period error			-
As restated		3 136	4 019
Transferred from statement of financial performance		(1 863)	(883)
Transfers to or from retained funds			-
Paid during the year			-
CLOSING BALANCE		1 273	3 136

7.3.1 Analysis of balance by source

Table 238 Analysis of balance by source

ANALYSIS OF BALANCE BY SOURCE	Note	2024/25	2023/24
		R'000	R'000
Aid assistance from other sources		1 273	3 136
CLOSING BALANCE	3	1 273	3 136

7.3.2 Analysis of balance

Table 239 Analysis of balance

ANALYSIS OF BALANCE	Note	2024/25	2023/24
		R'000	R'000
Aid assistance receivable			
Aid assistance prepayments (not expensed)			
Aid assistance unutilised		1 273	3 136
Aid assistance repayable			
CLOSING BALANCE	3	1 273	3 136
Aid assistance not requested/not received		-	-

7.3.3 Aid assistance expenditure per economic classification

Table 240 Aid assistance expenditure per economic classification

AID ASSISTANCE EXPENDITURE PER ECONOMIC CLASSIFICATION	Note	2024/25	2023/24
		R'000	R'000
Current		4 067	1 102
Capital		-	-
TOTAL AID ASSISTANCE EXPENDITURE		4 067	1 102

7.4 Compensation of Employees (COE)

7.4.1 Analysis of balance

Table 241 Compensation of employees: Analysis of balance

COE: ANALYSIS OF BALANCE	Note	2024/25	2023/24
		R'000	R'000
Basic salary		2 258 195	2 173 739
Performance award		850	1 015
Service based		2 900	2 848
Compensative/circumstantial		519 740	491 470
Periodic payments		57 911	53 174
Other non-pensionable allowances		449 650	428 904
TOTAL		3 289 246	3 151 150

7.4.2 Social contributions

Table 242 Compensation of employees: Social contributions

COE: SOCIAL CONTRIBUTIONS	Note	2024/25	2023/24
		R'000	R'000
Employer contributions			
Pension		258 164	252 828
Medical		185 990	168 576
UIF		1	-
Bargaining council		499	525
Official unions and associations		-	-
Total		444 654	421 929
TOTAL COMPENSATION OF EMPLOYEES		3 733 900	3 573 079
Average number of employees		8 866	9 109

7.5 Goods and services

Table 243 Goods and services

GOODS AND SERVICES	Note	2024/25	2023/24
		R'000	R'000
Administrative fees		1 571	1 037
Advertising		3 303	7 406
Minor assets	5.1	7 902	11 719
Bursaries (employees)		47	80
Catering		9 527	12 307
Communication		45 348	27 976
Computer services	5.2	62 816	48 239
Consultants: Business and advisory services		1 871	1 521
Laboratory services		152 014	204 497
Legal services		23 962	17 403
Contractors		264 679	137 430
Agency and support / outsourced services		179 731	209 427
Audit cost - external	5.3	23 188	17 173
Fleet services		110 086	104 520
Inventories	5.4	720 733	749 384
Consumables	5.5	87 544	85 911
Operating leases		16 932	30 272
Property payments	5.6	382 619	391 641
Rental and hiring		2 092	2 293
Transport provided as part of the departmental activities		63 932	76 262
Travel and subsistence	5.7	49 211	47 673
Venues and facilities		3 886	4 947
Training and development		13 679	4 560
Other operating expenditure	5.8	1 678	2 130
TOTAL		2 228 351	2 195 808

7.5.1 Minor assets

Table 244 Minor assets

MINOR ASSETS	Note	2024/25	2023/24
		R'000	R'000
Tangible capital assets		7 902	11 719
Machinery and equipment		7 902	11 719
Intangible capital assets			
Software			-
TOTAL	5	7 902	11 719

7.5.2 Computer services

Table 245 Computer services

COMPUTER SERVICES	Note	2024/25	2023/24
		R'000	R'000
SITA computer services		11 274	14 508
External computer service providers		51 542	33 731
TOTAL	5	62 816	48 239

7.5.3 Audit cost - external

Table 246 Audit cost - external

AUDIT COST - EXTERNAL	Note	2024/25	2023/24
		R'000	R'000
Regularity audits		23 188	17 173
TOTAL	5	23 188	17 173

7.5.4 Inventories

Table 247 Inventories

INVENTORIES	Note	2024/25	2023/24
		R'000	R'000
Clothing material and accessories		1 532	1 743
Farming supplies		45	238
Food and food supplies		31 866	33 182
Fuel, oil and gas		13 391	38 990
Materials and supplies		23 950	31 599
Medical supplies		274 097	292 765
Medicine		375 852	350 867
TOTAL	5	720 733	749 384

7.5.5 Consumables

Table 248 Consumables

CONSUMABLES	Note	2024/25	2023/24
		R'000	R'000
Consumable supplies		52 526	51 662
Uniform and clothing		14 990	15 310
Communication accessories		35	206
IT consumables		857	280
Other consumables		36 644	35 866
Stationery, printing and office supplies		35 018	34 249
TOTAL	5	87 544	85 911

7.5.6 Property payments

Table 249 Property payments

PROPERTY PAYMENTS	Note	2024/25	2023/24
		R'000	R'000
Municipal services		142 660	105 778
Property maintenance and repairs		45 298	47 185
Other		194 661	238 678
TOTAL	5	382 619	391 641

7.5.7 Travel and subsistence

Table 250 Travel and subsistence

TRAVEL AND SUBSISTENCE	Note	2024/25	2023/24
		R'000	R'000
Local		48 730	46 568
Foreign		481	1 105
TOTAL	5	49 211	47 673

7.5.8 Other operating expenditure

Table 251 Other operating expenditure

OTHER OPERATING EXPENDITURE	Note	2024/25	2023/24
		R'000	R'000
Professional bodies, membership and subscription fees		192	240
Resettlement costs		545	1 389
Other		941	501
TOTAL	5	1 678	2 130

7.6 Interest and rent on land

Table 252 Interest and rent on land

INTEREST AND RENT ON LAND	Note	2024/25	2023/24
		R'000	R'000
Interest paid		9 669	21 584
TOTAL		9 669	21 584

7.7 Transfers and subsidies

Table 253 Transfers and subsidies

TRANSFERS AND SUBSIDIES	Note	2024/25	2023/24
		R'000	R'000
Provinces and municipalities	46,47	928	1 101
Departmental agencies and accounts	Annex 1B		
Public corporations and private enterprises	Annex 1D	11	15
Households	Annex 1G	40 219	95 607
TOTAL		41 158	96 723

7.8 Expenditure for capital assets

Table 254 Expenditure for capital assets

EXPENDITURE FOR CAPITAL ASSETS	Note	2024/25	2023/24
		R'000	R'000
Tangible capital assets		328 638	493 228
Buildings and other fixed structures		231 968	356 548
Machinery and equipment		96 670	136 680
Intangible capital assets		-	16 210
Software		-	16 210
TOTAL		328 638	509 438

7.8.1 Analysis of funds utilised to acquire capital assets

Table 255 Analysis of funds utilised to acquire capital assets

ANALYSIS OF FUNDS UTILISED TO ACQUIRE CAPITAL ASSETS	2024/25		
	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Name of entity			
Tangible capital assets	328 638	-	328 618
Buildings and other fixed structures	231 968	-	231 968
Machinery and equipment	96 670	-	96 650
Intangible capital assets	-	-	-
Software	-	-	-
TOTAL	328 638	-	328 638

Table 256 Analysis of funds utilised to acquire capital assets - Prior year

ANALYSIS OF FUNDS UTILISED TO ACQUIRE CAPITAL ASSETS - PRIOR YEAR	2023/24		
	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Name of entity			
Tangible capital assets	493 228	-	493 228
Buildings and other fixed structures	356 548	-	356 548
Machinery and equipment	136 680	-	136 680
Intangible capital assets			
Software	16 210	-	16 210
TOTAL	509 438	-	509 438

7.8.2 Finance lease expenditure included in expenditure for capital assets

Table 257 Finance lease expenditure included in expenditure for capital assets

FINANCE LEASE EXPENDITURE INCLUDED IN EXPENDITURE FOR CAPITAL ASSETS	Note	2024/25	2023/24
		R'000	R'000
Tangible capital assets			
Buildings and other fixed structures			
Machinery and equipment		3 205	2 079
Intangible capital assets			
Software			
TOTAL		3 205	2 079

7.9 Receivables

Table 258 Receivables

RECEIVABLES	Note	2024/25			2023/24		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Recoverable expenditure	9.1	4 379	3 447	7 825	1 368	6 110	7 478
Staff debt	9.2	2 231	33 451	35 682	1 894	31 055	32 949
Other receivables	9.3	-	25	25	-	25	25
TOTAL		6 610	36 923	43 532	3 262	37 190	40 452

7.9.1 Recoverable expenditure

Table 259 Recoverable expenditure

RECOVERABLE EXPENDITURE	Note	2024/25	2023/24
		R'000	R'000
Sal: GEHS		-	180
Sal: Income Tax		475	475
Sal: ACB Recalls		2	4
Sa: Tax debt		427	211
Sal: Deduction allowance		2	1
Sal: Reversal Control		-	128
Sal: Recoverable		6 785	6 392
Sal: Pension		-	20
Sal: Medical Aid		66	67
Sal: Disallowance		68	-
TOTAL	9	7 825	7 478

7.9.2 Staff Debt

Table 260 Staff debt

STAFF DEBT	Note	2024/25	2023/24
		R'000	R'000
Debt Account		35 682	32 949
TOTAL	9	35 682	32 949

7.9.3 Other receivables

Table 261 Other receivables

OTHER RECEIVABLES	Note	2024/25	2023/24
		R'000	R'000
Fruitless and wasteful expenditure		25	25
TOTAL	9	25	25

7.9.4 Impairment of receivables

Table 262 Impairment of receivables

IMPAIRMENT OF RECEIVABLES	Note	2024/25	2023/24
		R'000	R'000
Estimate of impairment of receivables		7 859	7 768
TOTAL		7 859	7 768

7.10 Voted funds to be surrendered to the revenue fund

Table 263 Voted funds to be surrendered to the revenue fund

VOTED FUNDS TO BE SURRENDERED TO THE REVENUE FUND	Note	2024/25	2023/24
		R'000	R'000
Opening balance		13 162	144 389
Prior period error			-
As restated		13 162	144 389
Transferred from statement of financial performance (as restated)		24 871	13 183
Add: Unauthorised expenditure for the current year		-	-
Voted funds not requested/not received		-	-
Transferred to retained revenue to defray excess expenditure (Parliament/Legislatures)		-	-
Paid during the year		(13 162)	(144 410)
CLOSING BALANCE		24 871	13 162

7.10.1 Reconciliation on unspent Conditional Grants

Table 264 Reconciliation on unspent Conditional Grants

RECONCILIATION ON UNSPENT CONDITIONAL GRANTS	Note	2024/25	2023/24
		R'000	R'000
Opening balance			-
Total conditional grants received	1.2	1 861 256	1 797 615
Total conditional grants spent		(1 861 256)	(1 797 615)
Unspent conditional grants to be surrendered		-	-
Less: Paid to the Provincial Revenue Fund by Provincial department		-	-
Approved for rollover		-	-
Not approved for rollover		-	-
CLOSING BALANCE		-	-

7.11 Departmental revenue and NRF receipts to be surrendered to the revenue fund

Table 265 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	2024/25	2023/24
		R'000	R'000
Opening balance		1 608	5 963
Prior period error			-
As restated		1 608	5 963
Transferred from statement of financial performance (as restated)		-	-
Own revenue included in appropriation		26 998	30 453
Transfer from aid assistance		-	-
Transferred to voted funds to defray excess expenditure (Parliament/Legislatures)		-	-
Paid during the year		(26 844)	(34 808)
CLOSING BALANCE		1 762	1 608

7.12 Bank overdraft

Table 266 Bank overdraft

BANK OVERDRAFT	Note	2024/25	2023/24
		R'000	R'000
Consolidated Paymaster General account		415 613	422 529
TOTAL		415 613	422 529

7.13 Payables - current

Table 267 Payables - current

PAYABLES - CURRENT	Note	2024/25	2023/24
		R'000	R'000
Clearing accounts	13.1	1 575	2 445
Other payables	13.2	5 365	4 498
TOTAL		6 940	6 943

7.13.1 Clearing accounts

Table 268 7.13.1 Clearing accounts

CLEARING ACCOUNTS	Note	2024/25	2023/24
		R'000	R'000
Description			
Sal: Garnishee order		145	201
Sal: GEHS		1 380	-
Sal: Disallowance account		-	2 244
Sal: Reversal account		50	-
TOTAL	13	1 575	2 445

7.13.2 Other payables

Table 269 Other payables

OTHER PAYABLES	Note	2024/25	2023/24
		R'000	R'000
Description			
Debt receivable income		761	767
Debt receivable interest		4 604	3 731
TOTAL	13	5 365	4 498

7.14 Net cash flow available from operating activities

Table 270 Net cash flow available from operating activities

NET CASH FLOW AVAILABLE FROM OPERATING ACTIVITIES	Note	2024/25	2023/24
		R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		23 008	12 303
Add back non-cash/cash movements not deemed operating activities		310 547	359 226
(Increase)/decrease in receivables		(3 348)	(521)
(Increase)/decrease in prepayments and advances		-	2 897
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in payables - current		(3)	(1600)
Proceeds from sale of capital assets		(1 732)	(2 220)
Proceeds from sale of investments		-	-
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		328 638	509 438
Surrenders to Revenue Fund		(40 006)	(179 221)
Surrenders to RDP Fund/Donors		-	-
Voted funds not requested/not received		-	-
Statutory Appropriation not requested/not received		-	-
Own revenue included in appropriation		26 998	30 453
Other non-cash items		-	-
NET CASH FLOW GENERATED BY OPERATING ACTIVITIES		333 555	371 529

7.15 Reconciliation of cash and cash equivalents for cash flow purposes

Table 271 Reconciliation of cash and cash equivalents for cash flow purposes

RECONCILIATION OF CASH AND CASH EQUIVALENTS FOR CASH FLOW PURPOSES	Note	2024/25	2023/24
		R'000	R'000
Consolidated Paymaster General account		(415 613)	(422 529)
Fund requisition account			-
Cash receipts		-	-
Disbursements		-	-
Cash on hand		-	-
Total		(415 613)	(422 529)

7.16 Contingent liabilities and contingent assets

7.16.1 Contingent liabilities

Table 272 Contingent liabilities

CONTINGENT LIABILITIES		Note	2024/25	2023/24
			R'000	R'000
Liable to	Nature			
Housing loan guarantees	Employees	Annex 2A	486	486
Claims against the department		Annex 2B	777 663	876 373
Intergovernmental payables		Annex 4	5 610	19 989
TOTAL			783 759	896 848

Contingent liabilities represent claims against the Department received over the current and previous reporting periods. Some of these claims are currently before the court of law where the Department would comply with court judgment. In matters where the Department has conceded to the merits the Department would enter into negotiations to settle the matter out of court. Where merits have not been conceded the Department would allow the court process to conclude and implement the court judgment. The cases were disclosed at an estimate provided by an expert in the 2023/24 and 2024/25 reporting period. The records of such claims are highly sensitive and are archived and preserved at the Department for the future usage.

7.16.2 Contingent assets

Table 273 Contingent assets

CONTINGENT ASSETS	Note	2024/25	2023/24
		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	2 732
TOTAL		6 367	6 367

7.17 Capital commitments

Table 274 Capital commitments

CAPITAL COMMITMENTS	Note	2024/25	2023/24
		R'000	R'000
Buildings and other fixed structures		843 776	264 051
Machinery and equipment		27 274	87 343
TOTAL		871 050	351 394

7.18 Accruals and payables not recognised

7.18.1 Accruals not recognised

Table 275 Accruals not recognised by Economic Classification

ACCRUALS NOT RECOGNISED BY ECONOMIC CLASSIFICATION	Note	2024/25			2023/24
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
Economic classification					
Goods and services		46 699	-	46 699	535 500
Transfers and subsidies		-	-	-	13
Capital assets		-	-	-	1 874
Other		-	-	-	39
TOTAL		46 699	-	46 699	537 426

Table 276 Accruals not recognised by Programme

ACCRUALS NOT RECOGNISED BY PROGRAMME	Note	2024/25	2023/24
		R'000	R'000
Programme Level			
Administration		6 858	13 061
District Health Services		30 438	437 122
Emergency Medical Services		223	1 434
Provincial Hospital Services		3 264	48 641
Central Hospital Services		5 247	34 314
Health Sciences and Training		372	83
Health Care Support Services		297	243
Health Facilities Management		-	2 528
TOTAL		46 699	537 426

7.18.2 Payables not recognised

Table 277 Payables not recognised by Economic Classification

PAYABLES NOT RECOGNISED BY ECONOMIC CLASSIFICATION	Note	2024/25			2023/24
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
Economic Classification					
Goods and services		117 452	885 284	1 002 736	401 291
Transfers and subsidies		-	-	-	6 995
Capital assets		43 248	33 155	76 403	13 226
Other		-	-	-	918
TOTAL		160 699	918 439	1 079 139	422 430

Table 278 Payables not recognised by Programme

PAYABLES NOT RECOGNISED BY PROGRAMME	Note	2024/25	2023/24
		R'000	R'000
Programme level			
Administration		266 531	52 435
District Health Services		285 704	95 532
Emergency Medical Services		16 292	13 833
Provincial Hospital Services		272 112	54 829
Central Hospital Services		181 809	33 394
Health Sciences and Training		51	13 284
Health Care Support Services		2 789	148 059
Health Facilities Management		53 851	11 064
TOTAL		1 079 139	422 430

Table 279 Payables not recognised - confirmed balances with other departments

PAYABLES NOT RECOGNISED - CONFIRMED BALANCES WITH OTHER DEPARTMENTS	Note	2024/25	2023/24
<i>Included in the above totals are the following:</i>		R'000	R'000
Confirmed balances with other departments	Annex 4	4 846	6 061
TOTAL		4 846	6 061

7.19 Employee benefits

Table 280 Employee benefits

EMPLOYEE BENEFITS	Note	2024/25	2023/24
		R'000	R'000
Leave entitlement		185 192	161 850
Service bonus		86 289	84 177
Performance awards		-	-
Capped leave		19 751	20 510
Other*		2 608	2 367
TOTAL		293 840	268 924
<i>Included in the above totals are the following:</i>			
Confirmed balances with other departments	Annex 4	4 846	6 061
Total		4 846	6 061

* 'Other' represents the Long Service Awards

7.20 Lease commitments

7.20.1 Finance leases

Table 281 Finance leases

FINANCE LEASES	2024/25					2023/24				
	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	-	-	-	21 122	21 122	-	-	-	6 669	6 669
Later than 1 year and not later than 5 years	-	-	-	30 524	30 524	-	-	-	9 803	9 803
Later than 5 years	-	-	-	-	-	-	-	-	-	-
TOTAL LEASE COMMITMENTS	-	-	-	51 646	51 646	-	-	-	16 472	16 472

7.21 Accrued departmental revenue

Table 282 Accrued departmental revenue

ACCRUED DEPARTMENTAL REVENUE	Note	2024/25	2023/24
		R'000	R'000
Sales of goods and services other than capital assets		78 027	47 327
Transactions in financial assets and liabilities			
Other			
TOTAL		78 027	47 327

The increase in Accrued Departmental Revenue is as a result of accumulative debt book due to slow recoverability of outstanding accounts.

7.21.1 Analysis of accrued Departmental revenue

Table 283 Analysis of accrued Departmental revenue

ANALYSIS OF ACCRUED DEPARTMENTAL REVENUE	Note	2024/25	2023/24
		R'000	R'000
Opening balance		47 327	47 094
Less: amounts received		14 068	19 556
Less: services received in lieu of cash		-	-
Add: amounts recorded		44 768	47 475
Less: amounts written off/reversed as irrecoverable		-	27 686
Less: amounts transferred to receivables for recovery		-	-
Other (<i>Specify</i>)		-	-
CLOSING BALANCE		78 027	47 327

7.21.2 Accrued Departmental revenue written off

Table 284 Accrued Departmental revenue written off

ACCRUED DEPARTMENTAL REVENUE WRITTEN OFF	Note	2024/25	2023/24
		R'000	R'000
Nature of losses			
Accrued departmental revenue written off		-	27 686
TOTAL			27 686

7.21.3 Impairment of accrued Departmental revenue

Table 285 Impairment of accrued Departmental revenue

IMPAIRMENT OF ACCRUED DEPARTMENTAL REVENUE	Note	2024/25	2023/24
		R'000	R'000
Estimate of impairment of accrued departmental revenue		60 416	33 502
TOTAL		60 416	33 502

7.22 Unauthorised, irregular and fruitless and wasteful expenditure

Table 286 Unauthorised, irregular and fruitless and wasteful expenditure

UNAUTHORISED, IRREGULAR AND FRUITLESS AND WASTEFUL EXPENDITURE	Note	2024/25	2023/24
		R'000	R'000
Unauthorised expenditure - current year		-	-
Irregular expenditure - current year		1 350 498	2 213 522
Fruitless and wasteful expenditure - current year		9 669	21 584
TOTAL		1 360 167	2 235 106

7.23 Related party transactions

- The Department is providing key management personnel with parking space through a policy at a fee that is not market related.

Table 287 Related party transactions - Revenue received

RELATED PARTY TRANSACTIONS	2024/25	2023/24
	R'000	R'000
Revenue received		
Sales of goods and services other than capital assets	9 800	5 640
TOTAL	9 800	5 640

- The Department make use of government motor vehicles managed by an entity of the Provincial Department of Roads and Public Works based on tariffs approved by Provincial Treasury.
- The Department make use of buildings belonging to the Provincial Department of Roads and Public Works and the Provincial Department of Roads and Public Works does not charge the Department any rental for the use of these buildings.
- The Department is related to all Provincial Departments and government entities within the province as they operate together to achieve common objectives determined by the provincial legislature.

7.24 Key management personnel

Table 288 Key management personnel

KEY MANAGEMENT PERSONNEL	Notes	2024/25	2023/24
		R'000	R'000
Political office bearers <i>(provide detail below)</i>		2 278	2 156
Officials:			
Level 15		4 282	5 903
Level 14		14 132	10 934
Family members of key management personnel		3 597	2 637
TOTAL		24 288	21 630

7.25 Movable tangible capital assets

7.25.1 Movement in movable tangible capital assets

Table 289 Movement in movable tangible capital assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS	2024/25				
	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
Heritage Assets					
Heritage assets					
Machinery and Equipment	1 825 397		98 057	-	1 923 454
Transport assets	136 582		18 242	-	154 824
Computer equipment	179 115		8 640	-	187 755
Furniture and office equipment	796 427		6 171	-	802 598
Other machinery and equipment	713 273		65 004	-	778 277
Finance Lease Assets					
Finance lease assets	21 453		25 823	-	47 276
TOTAL	1 846 850		123 880	-	1 970 730

Table 290 Movement in movable tangible capital assets per asset register - prior year

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024	2023/24				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	1 689 700	-	137 917	2 220	1 825 397
Transport assets	85 940	-	52 748	2 106	136 582
Computer equipment	164 760	-	14 355	-	179 115
Furniture and office equipment	790 187	-	6 261	21	796 427
Other machinery and equipment	648 813	-	64 553	93	713 273
FINANCE LEASE ASSETS					
Finance lease assets	6 984	-	14 469	-	21 453
TOTAL	1 696 684	-	152 386	2 220	1 846 850

Included in the opening balance for 2023/2024 is a change in accounting policy made in terms of the MCS requirements, whereby finance leases must be accounted for by a department at the commencement of the lease rather than at the end of the lease and only if the department takes ownership of the asset. The change in accounting policy is applied retrospectively. Value of finance leases taken on at the commencement of the finance lease term is applied at the lower of the Present Value and Fair Value.

7.25.2 Minor assets

7.25.2.1 Movement in minor capital assets

Table 291 Movement in minor capital assets

MOVEMENT IN MINOR CAPITAL ASSETS	2024/25						
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Finance lease assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 638	-	99 305	-	-	100 943
Value adjustments					-		
Additions	-	-	-	8 222	-	-	8 222
Disposals	-	-	-	-	-	-	
TOTAL MINOR ASSETS	-	1 638	-	107 527	-	-	109 165

Table 292 Number of minor capital assets

NUMBER OF MINOR CAPITAL ASSETS	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Finance lease assets	Total
Number of R1 minor assets	-	-	-	985	-		985
Number of minor assets at cost							
TOTAL NUMBER OF MINOR ASSETS	-	-	-	985	-	-	985

Table 293 Movement in minor capital assets - prior year

MOVEMENT IN MINOR CAPITAL ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024	2023/24						
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Finance lease assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance		1 638		87 221			88 859
Prior period error				-			
Additions				12 084			12 084
Disposals							
TOTAL MINOR ASSETS		1 638		99 305			100 943

Table 294 Number of minor capital assets - prior year

NUMBER OF MINOR CAPITAL ASSETS FOR THE YEAR ENDED 31 MARCH 2024	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Finance lease assets	Total
Number of R1 minor assets							
Number of minor assets at cost				4 801			4 801
TOTAL NUMBER OF MINOR ASSETS				4 801			4 801

7.26 Intangible Capital Assets

7.26.1 Movement in intangible capital assets

Table 295 Movement in intangible capital assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS	2024/25			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
SOFTWARE	34 341	-	-	34 341
SERVICES AND OPERATING RIGHTS	-	-	-	-
FINANCE LEASE ASSETS	-	-	-	-
TOTAL	34 341			34 341

Table 296 Movement in intangible capital assets - prior year

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024	2023/24				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	18 131	-	16 210	-	34 341
FINANCE LEASE ASSETS	-	-	-	-	-
TOTAL	18 131	-	16 210	-	34 341

7.27 Immovable Tangible Capital Assets

7.27.1 Movement in immovable tangible capital assets

Table 297 Movement in immovable tangible capital assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS	2024/25			
	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Buildings and Other Fixed Structures	3 088 692	150 060		3 238 752
Non-residential buildings	3 056 578	150 060	-	3 206 638
Other fixed structures	32 114	-	-	32 114
Finance Lease Assets				
Finance lease assets	-	-	-	-
TOTAL	3 088 692	150 060	-	3 238 752

Included in the Note disclosure is an amount of R1 058 million which was affected by the fair value evaluation on the Kimberley Mental Health Hospital (KMHH). The KMHH was constructed at a cost of R1 283 million and upon transfer to the custodian Department, Department of Roads and Public Works (DRPW) commissioned a valuation that resulted to a fair value of R225 million. The Department has been in discussion with DRPW, Provincial Treasury and National Treasury on finding a solution to the treatment and disclosure of the amount. The resolution of the discussions above must be concluded by the 30th November 2025 with either one of the following outcome:

- Transfer the remaining balance of R1 058 million to DRPW, or
- Write-off the amount through a Northern Cape Provincial Executive concurrence

Table 298 Movement in immovable tangible capital assets - prior year

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024	2023/24				
	Opening balance	Prior period error	Additions	Disposals	Closing balance
	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
Non-residential buildings	2 832 743	-	232 930	9 095	3 056 578
Other fixed structures	32 114	-	-	-	32 114
FINANCE LEASE ASSETS					
Finance lease assets	-	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2 864 857	-	232 930	9 095	3 088 692

7.28.1 Immovable tangible capital assets: Capital work-in-progress

7.28.1.1 Capital work-in-progress

Table 299 Capital work-in-progress

CAPITAL WORK-IN-PROGRESS	Note Annex 6	2024/25			
		Opening balance 1 April 2024	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2025
		R'000	R'000	R'000	R'000
Buildings and other fixed structures		577 622	98 831	-	676 453
TOTAL		577 622	98 831	-	676 453

The Department had R16 604 million of Work in Progress which will be capitalized in the following 2025/26 reporting period.

7.28.1.2 Payables not recognised relating to capital work in progress

Table 300 Payables not recognised relating to capital work in progress

PAYABLES NOT RECOGNISED RELATING TO CAPITAL WIP	Note	2024/25	2023/24
		R'000	R'000
Infrastructure payables		16 604	10 699
Infrastructure accruals		-	7 867
TOTAL		16 604	18 566

Table 301 Capital work-in-progress - prior year

CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024	Note	2023/24				
		Opening balance 1 April 2023	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2024
		R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures		454 442	-	186 799	63 619	577 622
TOTAL		454 442	-	186 799	63 619	577 622

7.29 Principal-agent arrangements

7.29.1 Department acting as the principal

Table 302 Principal-agent arrangements - Department acting as the principal

PRINCIPAL-AGENT ARRANGEMENTS – DEPARTMENT ACTING AS THE PRINCIPAL	Note	2024/25	2023/24
		R'000	R'000
Independent Development Trust		4 455	253
TOTAL		4 455	253

7.30 Changes in accounting estimates and Changes in accounting policies

Table 303 Changes in accounting estimates and Changes in accounting policies

CHANGES IN ACCOUNTING ESTIMATES AND CHANGES IN ACCOUNTING POLICIES	Note	2024/25				
		Opening balance before the change 1 Apr 2023	Adjustment of opening balance	Restated opening balance after the change 1 Apr 2023	Adjustment for 2023/24	Restated closing balance 31 Mar 2024
		R'000	R'000	R'000	R'000	R'000
Nature of change in accounting policy						
Finance lease assets						
MOVABLE TANGIBLE CAPITAL ASSETS	25	-	-	-	6 984	6 984

Included in the opening balance for 2023/2024 is a change in accounting policy made in terms of the MCS requirements, whereby finance leases must be accounted for by a department at the commencement of the lease rather than at the end of the lease and only if the department takes ownership of the asset. The change in accounting policy is applied retrospectively. Value of finance leases taken on at the commencement of the finance lease term is applied at the lower of the Present Value and Fair Value.

7.31 Prior period errors

Table 304 Prior period errors

PRIOR PERIOD ERRORS	Note	2024/25		
		Amount before error correction	Prior period error	Restated
		R'000	R'000	R'000
Liabilities				
Commitments: Buildings & Other Fixed Structures	17	166 384	97 667	264 051
Performance Awards	19	56 111	-56 111	-
NET EFFECT		222 495	41 556	264 051

The Department omitted to disclose some capital commitments in the prior year amounting to R264 051 million. A provision was erroneously made for performance awards in the prior year. The correction of R56 111 million is effected in compliance with Modified Cash Standards on Accounting Policies, Estimates and Errors.

7.32 Net current liability position

Table 305 Net current liability position

NET CURRENT LIABILITY POSITION	R'000
Current Assets	6 607
Cash and cash equivalents	-
Receivables	6 607
Total	6 607
	450 456
Voted funds to be surrendered to the Revenue Fund	24 868
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	1 762
Payables	6 940
Bank overdraft	415 613
Aid assistance unutilised	1 273
Add: Current Liabilities in Notes	1 479 871
Accruals and payables not realised	1 125 838
Employee benefits	354 033

NET LIABILITY JUSTIFICATION

The overall net liability of R1 923.720 million indicates an unfavourable position, but is not considered to pose any risk to the Department as a going concern. The employee benefits of R354.033 million can easily be accommodated over the MTEF budget with savings. The accruals and payables not recognised of R1 125.838 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.

7.33 Statement of Conditional Grants received

Table 306 Statement of Conditional Grants received

STATEMENT OF CONDITIONAL GRANTS RECEIVED	2024/25						2023/24		
	GRANT ALLOCATION			SPENT			Division of Revenue Act / Provincial grants	Amount spent by department	
	Division of Revenue Act / Provincial grants	Roll overs	DORA Adjustment s	Other Adjustment s	Total Available	Amount received by department			
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	
Name of grant									
National Tertiary Service	488 803	-	-	-	488 803	488 803	-	488 803	408 681
District Health Programme grant	747 852	-	-	-	747 852	747 852	-	747 852	707 137
National Health Insurance	24 264	-	-	-	24 264	24 264	-	24 264	91 479
Health Facility Revitalization Grant	437 961	-	-	-	437 961	437 961	-	437 961	436 555
Social EPWP Incentive grant	9 556	-	-	-	9 556	9 556	-	9 556	4 733
Human Resources, Training & Dev Grant	152 820	-	-	-	152 820	152 820	-	152 820	149 030
TOTAL	1 861 256	-	-	-	1 861 256	1 861 256	-	1 861 256	1 797 615

All funds received in terms of the Division of Revenue Act were deposited in the primary account of the province.

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

ANNEXURE 1A: STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES

Table 307 Statement of transfers / subsidies to public corporations and private enterprises

STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES	2024/25						2023/24	
	GRANT ALLOCATION			EXPENDITURE			Final Budget	Actual transfer
	Adjusted Budget	Roll overs	Adjustments	Total Available	Actual transfer	% of Available funds transferred	Capital	Current
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Name of public corporation / private enterprise								
Public Corporations	-	-	-	-	11			11
Transfers								
SABS Commercial	-	-	-	-	11		-	11
TOTAL	-	-	-	-	11		-	11
							R'000	R'000
								15
								15
								15

ANNEXURE 1B: STATEMENT OF TRANSFERS TO HOUSEHOLDS

Table 308 Statement of transfers to households

STATEMENT OF TRANSFERS TO HOUSEHOLDS	2024/25					2023/24	
	TRANSFER ALLOCATION			EXPENDITURE		Final Budget	Actual transfer
	Adjusted Budget	Roll overs	Adjustments	Total Available	Actual transfer	% of available funds transferred	
Household	R'000	R'000	R'000	R'000	R'000	%	R'000
H/H EMPL/BEN: Leave Gratuity	9 561	-	-	9 561	10 727	112.2%	12 122
H/H EMPL/BEN: Injury On Duty	1 765	-	-	1 765	1	0.1%	120
H/H: Claims Against The State (Cash)	15 000	-	385	15 385	28 129	182.8%	76 423
H/H: Bursaries	13 646	-	-	13 646	148	1.1%	5 374
H/H: Donations & Gifts (Cash)	2 000	-	-	2 000	1 214	60.7%	1 568
TOTAL	41 972	-	385	42 357	40 219	95.0%	95 607

ANNEXURE 1C: STATEMENT OF AID ASSISTANCE RECEIVED

Table 309 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					
Aid assistance received in cash						
NSF Growth and Development		3 136	2 204	4 067	-	1 275
TOTAL AID ASSISTANCE RECEIVED		3 136	2 204	4 067	-	1 275

ANNEXURE 2A: STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2024 – LOCAL

Table 310 Statement of financial guarantees issued as at 31 March 2024 - Local

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2024	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 2025
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Housing									
ABSA		170	170	-	-	-	170	-	-
FNB		99	99	-	-	-	99	-	-
NEDBANK		89	89	-	-	-	89	-	-
STANDARD BANK		128	128	-	-	-	128	-	-
TOTAL		486	486	-	-	-	486	-	-

ANNEXURE 2B: STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2024

Table 311 Statement of contingent liabilities as at 31 March 2024

Nature of liability	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
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico legal claims	1 398 964	130 687			755 627
Breach of Contracts	41 503	-	774 024	-	1 803
Motor vehicle damages	367	438	367	-	438
Labour matters	5 013	1 490	-	-	6 503
Others	6 042	10 000	2 750	-	13 292
TOTAL	1 451 889	142 615	816 841	-	777 663

ANNEXURE 3: CLAIMS RECOVERABLE

Table 312 Claims recoverable

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2023/24 *	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
National Department of Health	-	-	-	25 990	-	25 990	-	-
Free State Department of Health	-	-	2 989	6 921	2 989	6 921	-	-
Gauteng Department of Health	-	-	126	771	126	771	-	-
Western Cape Department of Health	-	-	323	4 551	323	4 551	-	-
Eastern Cape Department of Health	-	-	258	-	258	-	-	-
Northern West Department of Public Works	-	-	-	49	-	49	-	-
North West Department of Health	-	-	473	-	473	-	-	-
Northern Cape Provincial Treasury	-	-	-	111	-	111	-	-
Northern Cape Department of Roads and Public Works	-	-	256	356	256	356	-	-
KZN Department of Health	-	-	1 012	177	1 012	177	-	-
NC FET College	-	-	124	124	124	124	-	-
National Correctional Services	-	-	82	19	82	19	-	-
Northern Cape Social Development	-	-	44	602	44	602	-	-
National Department of Agriculture	-	-	121	-	121	-	-	-
Mpumalanga Department of Health	-	-	70	94	70	94	-	-
Northern Cape Office of the Premier	-	-	55	-	55	-	-	-
TOTAL	-	-	5 933	39 765	5 933	39 765	-	-

ANNEXURE 4: INTERGOVERNMENT PAYABLES

Table 313 Intergovernment payables

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2023/24 *	
	31/03/2025	31/03/2024	31/03/2025	31/03/2024	31/03/2025	31/03/2024	Payment date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
National Department of Justice	-	952	2 365	2 519	2 365	3 471	-	-
Northern Cape Public Works	-	-	2 120	15 063	2 120	15 063	-	-
Free State Department of Health	4 788	4 788	-	-	4 788	4 788	-	-
North West Department of Health	42	-	-	8	42	8	-	-
Northern Cape Social Development	-	197	-	-	-	197	-	-
Eastern Cape Department of Health	-	76	206	-	206	76	-	-
Northern Cape Office of the Premier	-	-	222	1 544	222	1 544	-	-
Limpopo Health	-	-	-	150	-	150	-	-
Western Cape Department of Health	-	11	-	-	-	11	-	-
Northern Cape Department of Sports, Arts & Culture	-	37	-	-	-	37	-	-
SAPS	-	-	452	452	452	452	-	-
National Department of Health	-	-	245	245	245	245	-	-
NC Agriculture, Land Reform & Environmental Affairs	16	-	-	8	16	8	-	-
SUBTOTAL	4 846	6 061	5 610	19 989	10 456	26 050	-	-

ANNEXURE 5: INVENTORIES

Table 314 Inventories

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2025						
	Insert major category of inventory	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
Opening balance	65 998	-	-	-	-	65 998
Add/(Less): Adjustments to prior year balances	-	-	-	-	-	-
Add: Additions/Purchases - Cash	303 261	-	-	-	-	303 261
Add: Additions - Non-cash	7 352	-	-	-	-	7 352
(Less): Disposals	-	-	-	-	-	-
(Less): Issues	(326 357)	-	-	-	-	(326 357)
Add/(Less): Received current, not paid; (Paid current year, received prior year)	-	-	-	-	-	-
Add/(Less): Adjustments	(13 153)	-	-	-	-	(13 153)
CLOSING BALANCE	37 101	-	-	-	-	37 101

Table 315 Inventories - prior year

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2024						
	Insert major category of inventory	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
Opening balance	46 969	-	-	-	-	46 969
Add/(Less): Adjustments to prior year balances	-	-	-	-	-	-
Add: Additions/Purchases - Cash	407 202	-	-	-	-	407 202
Add: Additions - Non-cash	246	-	-	-	-	246
(Less): Disposals	-	-	-	-	-	-
(Less): Issues	(387 206)	-	-	-	-	(387 206)
Add/(Less): Received current, not paid; (Paid current year, received prior year)	-	-	-	-	-	-
Add/(Less): Adjustments	(1 213)	-	-	-	-	(1 213)
CLOSING BALANCE	65 998	-	-	-	-	65 998

ANNEXURE 6: MOVEMENT IN CAPITAL WORK IN PROGRESS

Table 316 Movement in capital work in progress

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2025	Opening balance	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT				
Transport assets				
Computer equipment				
Furniture and office equipment				
Other machinery and equipment				
BUILDINGS AND OTHER FIXED STRUCTURES				
Non-residential buildings	577 622	82 227	-	659 849
Other fixed structures	577 622	82 227	-	659 849
SOFTWARE				
Software				
TOTAL	577 622	82 227		659 849

Table 317 Movement in capital work in progress - prior year

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2024					
	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
MACHINERY AND EQUIPMENT					
Transport assets					
Computer equipment					
Furniture and office equipment					
Other machinery and equipment					
BUILDINGS AND OTHER FIXED STRUCTURES	454 442	-	356 548	810 990	-
Non-residential buildings	454 442	-	186 799	-63 619	57 622
Other fixed structures					
SOFTWARE					
Software					
TOTAL	454 442		356 548	810 990	-

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Health

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**Published by the Department of Health
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Private Bag X5049
Kimberley, 8300
SOUTH AFRICA

Tel: 053 830 2100
pahodhealth@ncpg.gov.za

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