



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

2023/24 ANNUAL REPORT VOTE 7

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HEALTH
REPUBLIC OF SOUTH AFRICA

ANNUAL REPORT

2023/24

KZN DEPARTMENT OF HEALTH

VOTE 7

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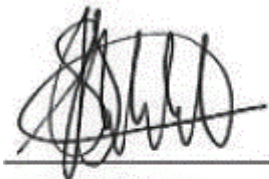
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SUBMITTING THE 2023/24 ANNUAL REPORT (VOTE 7) TO THE EXECUTIVE AUTHORITY

MEC for Health

KwaZulu-Natal Department of Health

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the period 1 April 2023 to 31 March 2024.



Accounting Officer

KwaZulu-Natal department of Health

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PART A: GENERAL INFORMATION

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ABBREVIATIONS/ACRONYMS

Abbreviation	Description
A	
AG	Auditor-General
AGL	Adherence Guidelines
AGSA	Auditor-General of South Africa
AIDS	Acquired Immune Deficiency Syndrome
AIP	Annual Implementation Plan
AIP	Audit Improvement Plan
ALS	Advanced Life Support
ANC	Antenatal Care
App	Application
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
B	
BAA	Basic Ambulance Assistant
BAS	Basic Accounting System
BBBEE	Broad-Based Black economic Empowerment
BCM	Business Continuity Management
BOD	Burden of Disease
BUR	Bed Utilisation Rate
C	
CARC	Cluster Audit and Risk Committee
CCG(s)	Community Care Giver(s)
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CDC	Centres for Disease Prevention and Control
CEO(s)	Chief Executive Officer(s)
CFO	Chief Financial Officer
CFR	Case Fatality Rate
CG	Conditional Grant
CHC(s)	Community Health Centre(s)
CHE	Council for Higher Education
CHW	Community Health Worker
CIDB	Construction Industry Development Board
COE	Compensation of Employees
COEC	College of Emergency Care
CON	Certificate of Need
COS	Community Outreach Services
CPAP	Continuous Positive Airway Pressure

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Abbreviation	Description
CPIX	Consumer Price Index
CSD	Central Supplier Database
D	
DCST	District Clinical Specialist Team
DDT	Defensive Driver Techniques
DHS	District Health System
DHIS	District Health Information System
DIO	District Information Officer
DOH	Department of Health
DPSA	Department of Public Service and Administration
DORA	Division of Revenue Act
DR-TB	Drug Resistant TB
DS-TB	Drug Susceptible Tuberculosis
E	
ECD	Early Child Development
EDRWEB	Electronic Drug Resistant Web Based
EHW	Employee Health and Wellness
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ERRP	Economic Reconstruction and Recovery Plan
ESMOE	Essential Steps in Managing Obstetric Emergencies
EXCO	Executive Committee
F, G, H	
FIO	Facility Information Officer
GESF	Gender Equality Strategic Framework
GBVFNSP	Gender Based Violence and Femicide National Strategic Plan
GRN	Goods Receipt Notebook
HAI	Hospital Care Associated Infections
HAST	Human Immunodeficiency Virus, Acquired Immunodeficiency Syndrome, Sexually Transmitted Infections and Tuberculosis
HFNC	High Flow Nasal Canula
HIAC	Health Infrastructure Approval Committee
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HR	Human Resources
HRD	Human Resources Development
HRM	Human Resources Management
HRMS	Human Resources Management Services
HTS	Health Technology System
HTA	High Transmission Area
HVAC	Heating Ventilation and Air Conditioning

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Abbreviation	Description
HWSETA	Health and Welfare Sector Education and Training Authority
I	
IALCH	Inkosi Albert Luthuli Central Hospital
ICD	International Classification of Diseases
ICT	Information Communication Technology
ICRM	Ideal Clinic Realisation and Maintenance
ICU	Intensive Care Unit
ILS	Intermediate Life Support
IMAM	Integrated Management of Acute Malnutrition
IMCI	Integrated Management of Childhood Illnesses
IM&T	Information Management and Technology
IPC	Infection Prevention and Control
IPT	Isoniazid Preventive Therapy
IRM	Infrastructure Reporting Module
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
K, L	
KMC	Kangaroo Mother Care
KZN	KwaZulu-Natal
LARC	Long-Acting Contraceptive Devices
LOGIS	Logistical Information System
LTE	Long Term Evolution
LTF	Lost to follow up
M	
MAM	Moderate Acute Malnutrition
MBFI	Mother and Baby-Friendly Initiative
MCWH	Maternal Child and Women's Health
MCS	Modified Cash Standard
MDR	Multi Drug Resistant
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MI	Material Irregularity
MMC	Medical Male Circumcision
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUAC	Mid-Upper Arm Circumference
N	
NACH	National Anti-corruption Hotline
NCD	Non-Communicable Diseases
nCPAP	Nasal Continuous Positive Airway Pressure

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Abbreviation	Description
NDP	National Development Plan
NDOH	National Department of Health
NGO(s)	Non-Governmental Organisation(s)
NGR	Nursing Grand Rounds
NHA	National Health Act
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NSNP	National Schools Nutrition Programme
NSP	National Strategic Plan
NTD	Neglected Tropical Diseases
NTSG	National Tertiary Services Grant
O	
OES	Organisational Efficiency Services
OHS	Occupational Health and Safety
OHSC	Office of the Health Standards Compliance
OMBU	On-site Midwife-led Birth Unit
OPD	Out-Patient Department
ORWOPS	Other remunerated Work Outside Public Service
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
P	
PARC	Provincial Audit and Risk Committee
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEC	Patient Experience of Care
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PERSAL	Personnel and Salaries System
PFMA	Public Finance Management Act
PGDS	Provincial Growth and Development Strategy
PHC	Primary Health Care
PIAS	Provincial Internal Audit Service
PILIR	Policy and Procedure on Incapacity Leave and Ill-Health Retirement
PLHIV	People Living with HIV
PMIS	Project Management Information System
PMTCT	Prevention of Mother to Child Transmission
PPE	Personal Protective Equipment
PPP	Public Private Partnership
PPSD	Provincial Pharmaceutical Supply Depot
PrEP	Pre-Exposure Prophylaxis

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Abbreviation	Description
PSETA	Public Service Education and Training Authority
PSI	Patient safety Incident
PSR	Public Service Regulations
PTS	Patient Transport Services
Q, R, S	
QA	Quality Assurance
RAF	Road Accident Fund
RSA	Republic of South Africa
RMC	Risk Management Committee
RPL	Recognition of Prior Learning
RTC	Regional Training Centre
SAC	Severity Assessment Code
SAHR	South African Health Review
SAM	Severe Acute Malnutrition
SANC	South African Nursing Council
SAPS	South African Police Service
SARS	South African Revenue Services
SBD	Supplier Business Declaration
SBR	Still Birth Rate
SCM	Supply Chain Management
SCOPA	Standing Committee on Public Accounts
SHP	Strategic Health Programmes
SITA	State Information Technology Agency
SIU	Special Investigating Unit
SLA	Service Level Agreement
SMS	Senior Management Service
SO	Strategic Objective
SOP(s)	Standard Operating Procedure(s)
SPCHD	Social Protection Community and Human Development
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
T	
TB	Tuberculosis
TLD	Tenofovir Disoproxil, Lamivudine, Dolutegravir
TROA	Total Patients Remaining on ART
TWG	Technical Working Group
U, V, W, X	
U-AMP	User Asset Management Plan
UHC	Universal Health Coverage
UKZN	University of KwaZulu-Natal

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Abbreviation	Description
ULAM	Urine Lipoarabinomannan
USA	United States of America
VTP	Vertical Transmission Prevention
WAN	Wide Area Network
WASH	Water, Sanitation and Hygiene
WBOT	Ward Based Outreach Teams
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis

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FOREWORD BY THE MEC FOR HEALTH

As we reflect upon the financial year 2022/2023, it becomes abundantly clear that these past twelve months – 1 April 2023 to 31 March 2024 – have been characterised by challenges and triumphs.

This is also the last financial year of the Sixth Administration, whose tenure presented us with a unique and unprecedented set of challenges in the health sector – not least the COVID – 19 pandemic, the mass looting and destruction to property, and the flooding disasters.

All of these challenges required us to rise to the occasion, and we remain thankful to those who worked tirelessly to help us overcome them.

At the same time, our constantly shrinking purse continued to pose challenges, as we were once again expected to do more with less.

On the brighter side though, I must point out that the signing into law of the National Health Insurance Bill must rank as one of our most significant achievements, as we continue to march towards universal health care coverage.

Some of the Annual Performance Plan achievements attributed to our Programme One by the Administration was the absorption of more than 7 500 healthcare workers who were contracted during the COVID – 19 pandemic. In this regard, it is worth noting that, as at the end of March 2023 there were 155 Professional Nurses per 100 000 population against a target of 152.5/100 000 population.

The Department also achieved an increased allocation of Community Service Medical Practitioners and Medical Interns, resulting in a rate of 34.1/100 000 population against our set target of 27.4/100 000 population.

We noted a reduction of Community Health Workers as a result of attrition, and – budgets allowing – we will be seeking to fill posts in this regard, as informed by our ongoing mapping at ward level.

Budgetary constraints also affected our implementation of E-Health, which could only be done in phases, owing to, among others, challenges with the network. We will continue to strive for accelerated progress in this crucial area, going forward, including the procurement of equipment for the E-Health system during the 2024/2025 financial year.

I am nevertheless happy to also reveal that 98% of Primary Health Care facilities have achieved the Ideal Clinic status. We have also established a cohort of District Ideal Clinic Realisation and Maintenance (ICRM) champions, who provide oversight of Ideal Clinic processes.

When it comes to HIV, AIDS, STI and TB Control; while challenges were noted in the sub-optimal uptake of HIV services among males and adolescents, this was further compounded by challenges with adherence to treatment, which was caused by treatment fatigue, substance abuse and other social factors.

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To counter this, we facilitated the extension of mobile Men's Health services and closer monitoring and enhancement HIV, AIDS, and Sexually Transmitted (HAST) services. We also produced another set of updated and fresher HIV/AIDS awareness messages, which found resonance with many people. This is vital as populations change and new generations come of age, so that we can use these fresh campaigns to engage those who may not have been exposed to information in the past.

Under the Maternal, Neonatal, Child and Women's Health and Nutrition, I am pleased to announce that we have seen an improved immunisation rate for children aged under 1, with a coverage of 94.64% against our APP target of 90%.

As an intervention measure in Mother, Child, and Women's Health, we implemented an Integrated Multi-Stakeholder Health Promotion Strategy, which was championed by the DOH and co-ordinated within the Office of the Premier.

Also, as part of our intervention we piloted a user-friendly services programme for youth to access contraceptives in eThekweni, Zululand, uThukela and uMgungundlovu as well at TVET Colleges, which was very well-received.

Notable achievements were gained in our Disease Prevention and Control such that the COVID-19 vaccination contributed to reducing the severity of the disease and the mortality rate. This was achieved against acute challenges of high importation of Malaria cases from Mozambique, which saw a high case fatality rate owing to late presentation at facilities for treatment. To counter this, we embarked on a health education campaign using various media platforms.

With the Regional Hospitals under Programme Four, we have achieved timely referrals and better access to respiratory support and oxygen which resulted in lower-than-projected deaths in children under 5.

Under our Health Sciences and Training, funding was redirected from post-basic nurse training provisions, resulting in 160 bursaries being awarded to first-year nursing students against a target of 120 as envisaged in our APP.

The built infrastructure is one of the cornerstones of the department, and it is quite pleasing that under our Health Facilities Management we achieved 73 capital infrastructure projects, which were completed during 2023/2024.

Capping this was the attainment of 3 510 Expanded Public Works Programme jobs that were created from April 2023 to March 2024 against our target of 2 500.

This annual report stands as a testament to the commitment, dedication, and indomitable spirit that defined our work over the past financial year. Contained within the pages of this report is an intricate tapestry woven with the threads of tireless effort, strategic maneuverings, and collaborative resilience in our undying quest to provide high quality health care services.

While the external gaze might focus on the more prominent outcomes, it is the efforts of many people who work behind the scenes that truly set the stage for our accomplishments.

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For me as the Executive Authority, these efforts provided the foundation upon which we mounted our fight against the various storms that have confronted us in recent years.

With the 2024/2025 financial year and the interventions we seek put into place, we stand at the threshold of a new chapter, armed with the insights of the past and the aspirations of the future.

As we march forth, we remain committed to finding solutions to our challenges, and fast-tracking the implementation of our programmes, in order to improve access to treatment and care for all.

Let us move onwards, then, with our hearts afire and our purpose renewed.



A handwritten signature in black ink, appearing to read 'N. Simelane', written over a horizontal line.

Ms Nomagugu Simelane

MEC for Health: KwaZulu-Natal Department of Health

Date: 30/08/2024

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REPORT OF THE ACCOUNTING OFFICER

DEPARTMENTAL OVERVIEW

The 2023/24 financial year marks the fourth year of the new 5 years strategic planning cycle. The 2020-2025 Strategic Plan are aligned with the National Development Plan, the Medium-Term Strategic Framework, the Provincial Growth and Development Plan, as well as legislative and policy mandates and the burden of disease that determines needs and demands for health care in the Province.

The Department of Health remains committed to develop and implement a sustainable, coordinated, integrated and comprehensive health care system through the primary health care approach, which is based on accessibility, equity, community participation, use of appropriate technology and inter-sectorial collaboration.

In 2023/24, the policy priorities set out in the Annual Performance Plans (APP) were in line with three overarching outcomes that seek to achieve the IMPACT of "Increased Life Expectancy". The outcomes are "Universal Health Coverage", "Improved Client Experience of Care" and "Reduced Morbidity and Mortality".

Details of the actual performance of the Department during 2023/24 are included in the Annual Report, highlighting the achievements and challenges. During this financial year, the Department:

- With the absorption of COVID-19 contract nurses, as at the end of March 2023 there were 155 Professional nurses per 100 000 population against a target of 152.5/100 000 population.
- The Department had an increased allocation of Community Service Medical Practitioners and Medical Interns resulting in 34.1/100 000 population against a target of 27.4/100 000 population
- 98% (595/608) of PHC facilities (target 85.1%) have obtained Ideal Clinic status with the establishment of District Ideal Clinic Realisation and Maintenance (ICRM) champions that provide oversight on ideal clinic processes.
- Improved access to oxygen, outreach support and a functioning referral system all contributed to the lower than projected deaths in children under 5 at District Hospitals. There were 1 245 deaths recorded against the projected 1 476.
- Infant PCR test positive around 6 months rate of 0.32% was achieved (target 1%).
- Immunisation under 1-year coverage at 94.6% against a target of 90%.
- The COVID-19 vaccination contributed to reducing the severity of the disease and the mortality rate – the death rate of 0.1% was lower than the projected of 1.2%

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- Funding was redirected from the post-basic nurse training provisions resulting in 160 bursaries being awarded to first year nursing students against a target of 120.
- 480 internal employees were awarded bursaries as planned.
- Both Pharmaceutical Services "Tracer Medicine Stock-Out" targets were achieved through:
 - Rationing stock of products with supply constraints.
 - Mitigated risks for transitioning into new contracts.
- 73 capital infrastructure projects were completed during 2023/24.
- 3 510 Expanded Public Works Programme (EPWP) jobs were created from April 2023 to March 2024, against a target of 2 500.

Enabling Systems

Human Resources

The Department had 67 525 filled posts with a vacancy rate of 11.50 % as at 31st March 2024. It has been very difficult to reduce the vacancy rate in the Department due to inadequate funding allocation received. On a year-on-year basis, the average human resource strength decreased by a further 1 112 employees from 68 637 in Financial year 2022/23 to 67 525 in financial year 2023/2024 and this is consistent with the budget cuts being experienced.

It is unclear whether the trajectory will continue in the medium term, given the prescribed cumbersome appointment processes to fill vacancies, particularly non-exempt posts. The Medium-Term Expenditure Framework allocation demonstrated the adverse impact of the continued reduction of the Compensation of Employees annual baselines, which will more likely persist over the medium-term, placing evermore pressure on the Department to fund its Human Resource capacity requirements within its own allocation.

The Department has a Nursing College, being the KwaZulu-Natal College of Nursing, which offers Nurse Training. The total number of students currently on training is 908, of which 3 are enrolled in Legacy nursing programmes accredited by the South African Nursing Council (SANC). It must be noted that 630 students are registered for the Diploma in Nursing and 275 are enrolled in the Advanced Diploma in Midwifery (for the first time in 2024), both programmes form part of the New Nursing Qualifications being offered in the country and requires accreditation with the Council for Higher Education (CHE) and SANC.

The accreditation processes with the above-mentioned accreditation bodies are currently underway for the remaining Postgraduate Diploma (Nurse Specialist) programmes to be offered by the Department's College. Some Nurse Specialist programmes, including Nephrology, Mental Health, Adult Critical Care,

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Primary Care, Orthopaedics and Perioperative Care have been conditionally accredited by CHE with conditions including a CHE visit to the College, and availability of Learner Management System before the programmes are implemented. This requires allocation of additional budget to the College to enable commencement of Nurse Specialist programmes.

The Department to address the skills shortage in the medical Professionals has placed 231 bursary holders who trained in Cuba and 63 medical bursary holders who trained in South Africa. There are 37 bursary holders doing their 18 months' integration programme in Local universities. It must be noted that 128 bursary holders who trained in Cuba are doing their community service, three students are currently still in Cuba continuing with their studies at various levels of medical training and all three are expected to return from Cuba in July 2024 to do their 18 months' local studies. Within the same medical profession, 16 bursary holders who studied in RSA programme and 64 bursary holders are currently doing their internship. The 122 bursary holders inclusive of medical, pharmacy and allied professionals are currently in training at various universities.

The Department also provided bursaries to in-service employees to address critical skills shortage and improve employees' qualifications that are necessary to improve performance or compliance with professional bodies' requirements, 1 443 employees are currently studying under this training initiative, with 480 new bursaries awarded in January 2024.

The Department also implemented various training and development initiatives, which was reported in the Annual Training Report submitted to the Public Service Sector Education and Training Authority (PSETA) and Health and Welfare Sector Education and Training Authority (HWSETA).

The total number of employees trained was 29 041 out of 24 127 planned beneficiaries. This variance was due to most training being implemented out of the reporting cycle, as there were delays in procuring service providers and the accreditation of our colleges.

Infrastructure

The Annual Implementation Plan (AIP) in 2023-2024 originally had 1 034 projects but at the end of the financial year had 1 119 projects. The increase in projects is mainly due to the early loading of projects in preparation for 2023/24 as well as to the re-evaluation of project progress, expenditure trends and re-prioritising of maintenance type projects such as roof replacements, generators, Heating, Ventilation and Air Conditioning (HVAC) Installations, Autoclaves and so on. Despite budget cuts of R90 355 000 implemented during the adjustment period Programme 8 managed to achieve 100% in terms of budget versus expenditure in the 2023/24 Financial Year:

Manage Implementation of Programmes for replacement and upgrading of Critical Engineering Assets

The 2023/2024 Infrastructure Development Annual Implementation Plan on the side of Engineering and Technical Services was developed to facilitate an increased investment to projects that address statutory compliance, safety and restoration of services that improve the reliability of state facilities. The emphasis

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was on Primary Health Care Facilities driven by the need to accelerate ideal clinic realization and maintenance. This is evidenced by the amount of budget allocations that address this critical area of infrastructure asset management.

Generators Installation Programme

The programme continues in 2023/24 until all healthcare facilities are equipped with standby electricity generating units. A total of 21 generators had reached the final delivery at the value of R 829 651. Only one generator on retention with a value of R 163 870 to be paid in 2024/25. A total of six generators on site awarded at the value of R 18 915 682 with the expenditure of R 1 771 097. And two generators on tender at an estimated value of R 6 970 000.

Asbestos Eradication Programme

A total of 76 institutions were identified for this purpose with a total budget estimate of R225,5 million. A total of 32 facilities have been successfully completed to a value of R18,7 million. 22 are on Planning stage with an estimated value of R 152 million. 16 are on various stages of Construction to a value of R31million. Only 6 are on various stages of tender stage to a value of R24 million.

In addition, Mosvold Hospital asbestos eradication has a budget of R30 million. The construction commencement and expenditure will take place in 2024/2025 (R15 million) and 2025/2026 (R15 million). Ceza Hospital asbestos eradication has a budget of R15 million. The construction commencement and expenditure will take place in 2024/2025 (R7.5 million) and 2025/2026 (R7.5 million)

Perimeter Fencing Replacement Programme

A total of 12 institutions with a total budget allocation to the value of R57,1 million was allocated for the programme across the province for 2023/24. A total of six completed facilities to the value of R 19,6 million. two are on various stages of Construction to a value of R23 million. Only 4 are on various stages of tender stage to a value of R13.7 million.

72 HR Standby Water Tank Installation Programme

Additional pressure mounted for the Department to accelerate installation of back up water supply following lessons learned during the prolonged drought conditions in the province in the past few years. A total of 39 Water tanks with an estimated value of R35, 8 million was placed on the plan for 2023/24 and 2024/25. A total of 29 Water tanks have been completed. A total of three Water tanks are in planning stage to a value of R18 million. Nine are on various stages of Construction to a value of R8.4 million.

Lift Replacement Programme

Installation of 16 Lifts at Addington Hospital was awarded in May 2020 and all 16 lifts are completed to the value of R 23.4 million spent in 2022/23. The project for the installation of nine lifts in various facilities in eThekweni Districts was also awarded December 2020, all nine lifts are completed to the value of R10.1 million spent in 2022/23.

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The refurbishment of four lifts at RK Khan Hospital was awarded in August 2021 and has been completed to the value of R2.3 million spent in 2021/2023. The installation of eight lifts at King Edward Hospital was awarded in August 2022 to the value of R11.3 million and the installation is in progress.

The installation of two lifts at Harry Gwala Hospital nurses home was awarded in August 2022 to the value of R2.6 million and the installation is in progress.

Autoclaves Replacement Programme

A total of eight steam autoclaves were installed and commissioned in 2021/22 at R2 million, works completion has been taken. A further 33 was put on 2022 User Asset Management Plan (UAMP) for implementation over three years as from 2023/24 financial year.

Final account for eight steam autoclaves has been paid. Tender advertisement for 12 steam autoclave units was on 8 December 2023 and closed on 31 January 2024. The tender is being adjudicated with the award anticipated to be at the end of Quarter 1 of 2024/25. Another phase of 12 steam autoclave units will be advertised in 2024/25.

Borehole Programme

A total of 14 Boreholes were installed and commissioned at various Hospitals and Clinics, works completion has been taken. A further 10 is in planning stages to be implemented in 2024-2025.

EMS - wash bays Program

Various wash bays are all in planning stage

- uThukela District EMS - Package 2: Construction of two EMS Ambulance Base Wash-bays in two Facilities
- uThukela District EMS - Package 3: Construction of two EMS Ambulance Base Wash-bays in two Facilities
- Various Hospitals- Package 1: Construction of four EMS Ambulance Base Wash-bays in four Hospitals
- Hlabisa EMS Station - Construction of New Wash Bay
- Nkandla Hospital - Construction of New EMS Wash Bay

Revenue

The Department did not reach its revenue collection target for 2023/24, this was mainly due high unemployment rate and the challenges the Road Accident Fund is experiencing. While progress has been made in rolling out patient revenue systems in hospitals, the IT infrastructure and connectivity still pose a challenge.

The process to revive the efficiency within the Supply Chain Management (SCM) component of the Department is ongoing and progress is beginning to be evident. The time that it has taken to process bids

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has been significantly reduced. The decentralization of delegations to institutions is yielding the desired results in that service delivery lead times have been greatly reduced. The system is now more responsive to end-user requests. Head Office SCM, as a result, is now better able to respond and process the bids quicker than previously. A total of 106 bids was advertised during the financial year, which excludes numerous quotations under R1million.

Financial Management Improvements

In order to further increase the efficiencies in the system, the Department has embarked on a process of implementing the Logistical Information System (LOGIS), which will assist in automating some critical aspects of the SCM system and thus allow for better monitoring and management. It is envisaged that implementation of the system will take up to two years due to the stringent requirements by National Treasury.

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Financial Performance

Table 1: Departmental Receipts

Departmental receipts	2023/2024			2022/2023		
	Estimate	Actual Amount Collected	(Over)/ Under Collection	Estimate	Actual Amount Collected	(Over)/ Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	312,333	242,361	69,972	328,503	255,760	72,743
Fines, penalties and forfeits	84	33	51	80	27	53
Interest, dividends and rent on land	191	506	(315)	183	377	(194)
Sale of capital assets	9,847	1	9,846	9,432	20,909	(11,477)
Financial transactions in assets and liabilities	21,389	19,057	2,332	20,488	20,723	(235)
Total	343,844	261,958	81,886	358,686	297,796	60,890

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Financial Performance

The Department generates its revenue mainly from patients' fees, which includes claims from medical aid for service rendered, Road Accident Fund (RAF) for treatment patients injured from public roads and other health services rendered by hospital to patients and other departments. It also generates revenue from use of Department facilities and accommodation by the staff which includes boarding fees, non-residents and parking fees.

During the previous financial years, the Department has seen substantial over collection against sale of goods and services because of concerted effort to ensure revenue recoveries and through provision of training to the institutions. Due to the Covid 19 Pandemic, unemployment, and Road Accident Fund. This mainly due to the challenges RAF has experienced on their IT portal, which hampered the uploading and finalisation of claims, hence revenue collection, was decreased during the financial year. The set revenue target was under collected by R81,866 million, the budget revenue collection for 2023/24 was R343,844 million and the actual revenue collected was R261,958 million.

Tariff policy

The main source of revenue for the Department, over and above its voted amount, is patient fees, which are charged using Uniform Patient Fee Schedule as prescribed by the National Department of Health, and it is reviewed annually. Boarding fee is treated as part of housing allowance, which is negotiated at Bargaining Council.

Free Services

Free services rendered by the Department are in line with the Uniform Patient Fee Schedule and it includes primary health care services at all the Clinics and Community Health Centres, old age pensioners, children under six years and pregnant women who are not members of medical aid.

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Table 2: Programme Expenditure

Programme Name	2023/2024			2022/2023			Reasons for Variance
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	
Administration							Refer notes to the Appropriation Statement
Current payment	1,107,011	1,023,299	83,712	1,037,028	1,037,028	0	
Transfers and subsidies	9,908	26,013	(16,105)	27,660	27,660	0	
Payment for capital assets	39,939	30,286	9,653	55,503	55,503	0	
Payment for financial assets	0	0	0	6,022	127	5,895	
Total	1,156,858	1,079,598	77,260	1,126,213	1,120,318	5,895	
District Health Services							
Current payment	26,097,690	26,842,859	(745,169)	26,491,649	26,571,638	(79,989)	
Transfers and subsidies	476,767	458,261	18,506	467,179	466,758	421	
Payment for capital assets	253,295	209,147	44,148	220,971	141,403	79,568	
Payment for financial assets	-	302	(302)	347	347	0	
Total	26,827,752	27,510,569	(682,817)	27,180,146	27,180,146	0	
Emergency Medical Services							
Current payment	1,580,385	1,622,747	(42,362)	1,568,514	1,568,514	0	
Transfers and subsidies	6,830	7,202	(372)	16,657	16,657	0	
Payment for capital assets	90,400	61,595	28,805	82,683	82,683	0	
Payment for financial assets	-	22	(22)	12	12	0	
Total	1,677,615	1,691,566	(13,951)	1,667,866	1,667,866	0	
Provincial Hospital Services							
Current payment	12,409,024	13,025,048	(616,024)	12,139,182	12,175,507	(36,325)	
Transfers and subsidies	90,205	91,587	(1,382)	118,498	118,498	0	

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Programme Name	2023/2024			2022/2023			Reasons for Variance	
	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		
Payment for capital assets	159,367	70,900	88,467	76,348	40,023	36,325	Refer notes to the appropriation Statement	
Payment for financial assets	-	91	(91)	499	499	0		
Total	12,658,596	13,187,626	(529,030)	12,334,527	12,334,527	499		
Central Hospital Services								
Current payment	5,727,776	5,808,231	(80,455)	5,556,295	5,604,929	(48,634)	Refer notes to the appropriation Statement	
Transfers and subsidies	45,687	13,395	32,292	44,175	24,457	19,718		
Payment for capital assets	63,562	38,177	25,385	62,560	33,644	28,916		
Payment for financial assets	-	142	(142)	55	55	55		
Total	5,837,025	5,859,945	(22,920)	5,663,085	5,663,085	0		
Health Science and Training								
Current payment	1,340,757	1,298,950	41,807	1,277,569	1,277,569	0		
Transfers and subsidies	39,965	39,440	525	59,295	59,295	0		
Payment for capital assets	12,104	2,232	9,872	2,042	2,042	0		
Payment for financial assets	0	0	0	0	0	0		
Total	1,392,826	1,340,622	52,204	1,338,906	1,338,906	0		
Health Care Support Services								
Current payment	342,258	351,910	(9,652)	307,649	307,649	0	Refer notes to the appropriation Statement	
Transfers and subsidies	948	1,603	(655)	782	782	0		
Payment for capital assets	11,461	2,664	8,797	1,905	1,905	0		
Payment for financial assets		34	(34)	0	0	0		

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Programme Name	2023/2024			2022/2023			Reasons for Variance
	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	
Total	354,667	356,211	(1,544)	310,336	310,336	0	
Health Facilities Management							
Current payment	832,617	1,100,387	(267,770)	810,229	810,229	0	
Transfers and subsidies		130	(130)	0	0	0	
Payment for capital assets	1,042,041	807,168	234,873	1,102,447	1,102,447	0	
Total	1,874,788	1,907,685	(32 897)	1,912,676	1,912,676	0	
Departmental Total	51,780,127	52,933,822	(1,153,695)	51,533,755	51,527,860	5,895	

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Unauthorized Expenditure

The Department incurred R1,153,695,000.00 Unauthorised expenditure for the financial year. However the balance of R93,825,000.00 million is for the prior years which is awaiting approval from the relevant Committees. Total Unauthorised disclosed is R1,247,520,000.00

Public Private Partnership

The Department has in place a Public Private Partnership (PPP) agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements. The PPP agreement was extended till 31st May 2024.

Gifts And Donations

Donations, gifts and sponsorships to value of R235 million were received and are reflected in the annexure to the Financial Statement as is utilised in accordance with the donor request. Aid assistance to value of R14,608 million was received from CDC (Centre's for Disease Control and Prevention) of the United States of America (USA).

Events After Reporting Date

No event subsequent to balance sheet date occurred.

Exemptions And Deviations Received From The National Treasury

The following exemptions have been obtained from the Provincial Treasury:

BAS/Persal reconciliation

The Provincial Treasury had approved a practice note on the compilation of the reconciliation. The Department was thereafter given approval to deviate from the practice note and utilize the original approach, which had been accepted by the Auditor-General.

Other Matters

The dispute between the Department and the National Health Laboratory Services (NHLS) over the outstanding debt owed by the Department for laboratory services has not been finalised. The contingent liability has been disclosed under Contingent Liabilities Annexure.

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Approval

The Annual Performance Information set out on pages 48 to 132 and Annual Financial Statements set out on pages 223 to 305 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.



A handwritten signature in black ink, appearing to be 'S C Tshabalala', written over a horizontal line.

Dr S C Tshabalala

Accounting Officer

KwaZulu-Natal department of Health

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ACCOUNTING OFFICER STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY OF THE ANNUAL REPORT

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

All information and amounts disclosed throughout the Annual Report are consistent.

The Annual Report is complete, accurate and is free from any omissions.

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

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

The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.

The Accounting Officer is responsible for establishing and implementing a system of Internal Control 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.

The external auditors are engaged to express an independent opinion on the Annual Financial Statements.

In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2024.

Yours faithfully,



Accounting Officer

KwaZulu-Natal Department of Health

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STRATEGIC OVERVIEW

Vision

Optimal health for all persons in KwaZulu-Natal

Mission

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care (PHC) approach through the District Health System (DHS), to ensure universal access to health care

Core Values

- Trustworthiness, honesty and integrity
- Open communication, transparency and consultation
- Professionalism, accountability and commitment to excellence
- Loyalty and compassion
- Continuous learning, amenable to change and innovation
- Respect

Legislative and Other Mandates

In terms of the Constitutional provisions, the Department is guided by the following sections and schedules, among others:

The Constitution of the Republic of South Africa, 1996, places obligations on the state to progressively realize socio-economic rights, including access to (*affordable and quality*) health care.

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

People also have the right to access information if it is required for the exercise or protection of a right.

This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and

This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively.

Section 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

(1) Everyone has the right to have access to:

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- (a) Health care services, including reproductive health care.
 - (b) Sufficient food and water; and
 - (c) Social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to "basic nutrition, shelter, basic health care services and social services.

LEGISLATIVE AND POLICY MANDATES (NATIONAL HEALTH ACT AND OTHER LEGISLATION)

LEGISLATION FALLING UNDER THE DEPARTMENT OF HEALTH'S PORTFOLIO

National Health Act, 2003 (Act No. 61 of 2003) Provides a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objectives of the National Health Act (NHA) are to:

1. Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa.
2. Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must deliver quality health care services.
3. Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation.
4. Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
5. Create the foundation of the health care system, and understood alongside other laws and policies, which relate to health in South Africa.

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Medicines and Related Substances Act, 1965 (Act No. 101 of 1965) - Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and provides for transparency in the pricing of medicines.

Hazardous Substances Act, 1973 (Act No. 15 of 1973) - Provides for the control of hazardous substances, in particular those emitting radiation.

Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973) - Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.

Pharmacy Act, 1974 (Act No. 53 of 1974) - Provides for the regulation of the pharmacy profession, including community service by pharmacists

Health Professions Act, 1974 (Act No. 56 of 1974) - Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.

Dental Technicians Act, 1979 (Act No. 19 of 1979) - Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.

Allied Health Professions Act, 1982 (Act No. 63 of 1982) - Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.

SA Medical Research Council Act, 1991 (Act No. 58 of 1991) - Provides for the establishment of the South African Medical Research Council and its role in relation to health Research.

Academic Health Centres Act, 86 of 1993 - Provides for the establishment, management and operation of academic health centres.

Choice on Termination of Pregnancy Act, 1996 (Act No. 92 of 1996) - Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.

Sterilisation Act, 1998 (Act No. 44 of 1998) - Provides a legal framework for sterilisations, including for persons with mental health challenges.

Medical Schemes Act, 1998 (Act No. 131 of 1998) - Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.

Council for Medical Schemes Levy Act, 2000 (Act 58 of 2000) - Provides a legal framework for the Council to charge medical schemes certain fees.

Tobacco Products Control Amendment Act, 1999 (Act No. 12 of 1999) - Provides for the control of tobacco products, prohibition of smoking in public places and advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.

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Mental Health Care 2002 (Act No. 17 of 2002) - Provides a legal framework for mental health in the Republic and in particular the admission and discharge of mental health patients in mental health institutions with an emphasis on human rights for mentally ill patients.

National Health Laboratory Service Act, 2000 (Act No. 37 of 2000) - Provides for a statutory body that offers laboratory services to the public health sector.

Nursing Act, 2005 (Act No. 33 of 2005) - Provides for the regulation of the nursing profession and for the establishment of a council to regulate these professionals including community service by these professionals.

Higher Education Act (Act No. 101 of 1997) as amended: Provides for the regulation of Higher Education Institutions and its registration, including the formation of governance structures guiding education and training of students.

National Qualifications Act (Act No. 67 of 2008): Provides for a single integrated system comprising three coordinated qualifications Sub-Frameworks

Traditional Health Practitioners Act, 2007 (Act No. 22 of 2007) - Provides for the establishment of the Interim Traditional Health Practitioners Council, and registration, training and practices of traditional health practitioners in the Republic.

Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) - Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.

KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.

Public Service Act No. 64 of 1994: To provide for the organisation and administration of the public service of the Republic, the regulation of the conditions of employment, terms of office, discipline, retirement and discharge of members of the public service, and matters connected therewith.

Disaster Management Act: Classification of a National Disaster: COVID-19 (coronavirus). Notice on the classification of the COVID-19 pandemic as a National Disaster based on the potential magnitude and severity of the COVID -19 pandemic on 15 March 2020.

OTHER LEGISLATION APPLICABLE TO THE DEPARTMENT

Criminal Procedure Act, 1977 (Act No. 51 of 1977), Sections 212 4(a) and 212 8(a) - Provides for establishing the cause of non-natural deaths.

Children's Act, 2005 (Act No. 38 of 2005) - The Act gives effect to certain rights of children as contained in the Constitution; to set out principles relating to the care and protection of children, to define parental responsibilities and rights, to make further provision regarding children's court.

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Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) - Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.

Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993) - Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.

National Roads Traffic Act, 1996 (Act No. 93 of 1996) Provides for the testing and analysis of drunk drivers.

Employment Equity Act, 1998 (Act No. 55 of 1998) - Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.

State Information Technology Act, 1998 (Act No. 88 of 1998) - Provides for the creation and administration of an institution responsible for the state's information technology system.

Skills Development Act, 1998 (Act No. 97 of 1998) - Provides for the measures that employers are required to take to improve the levels of skills of employees in workplaces.

Public Finance Management Act, 1999 (Act No. 1 of 1999) - Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.

Promotion of Access to Information Act, 2000 (Act No. 2 of 2000) - Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.

Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000) - Amplifies the constitutional provisions pertaining to administrative law by codifying it.

Promotion of Equality and the Prevention of Unfair Discrimination Act, 2000 (Act No. 4 of 2000) Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.

Division of Revenue Act, (Act No. 7 of 2003) - Provides for the manner in which revenue generated may be disbursed.

Broad-based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003) - Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.

Labour Relations Act, 1995 (Act No. 66 of 1995) - Establishes a framework to regulate key aspects of *relationship* between employer and employee at individual and collective level.

Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997) - Prescribes the basic or minimum conditions of employment that an employer must provide for employees covered by the Act.

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The Preferential Procurement Policy Framework (Act 5 of 2000) and the Preferential Procurement Regulations of 2001 - Establishes the obligation of government to award preferential procurement points to enterprises owned by historically disadvantaged persons, including females.

Protection of Personal Information (Act 4 of 2013) - sets out the minimum standards regarding accessing and 'processing' of any personal information belonging to another.

Policy Mandates

- **Clinical Policies and Guidelines:** The Department is implementing and monitoring an extensive number of clinical health policies to ensure high quality of care and clinical outcomes.
- **National and Provincial Data Management Policies:** Provide the framework for effective management of health information at all levels of reporting.
- **Financial Management Policies:** The Department generates financial management policies that are aligned with legislation and Treasury Regulations.
- **Provincial Health Research Policy and Guidelines:** Provides the policy framework and guidelines for health research.
- **Human Resource Policies:** The Department contributes to and develops numerous Provincial Human Resource Policies to ensure compliance to human resource imperatives.
- **Policy on National Health Insurance:** Provides for systems strengthening to ensure universal access to health care.
- **Policy on Management of Hospitals:** Provides the policy imperatives for management of Public Hospitals.
- **Regulations Relating to Classification of Hospitals:** Provides the policy framework for classification of Public Health Hospitals.

Government Policy Frameworks that Govern the Department

- National Development Plan (NDP) Vision 2030
- The Sustainable Development Goals 2030
- Medium Term Strategic Framework 2014-2019
- The Provincial Growth and Development Strategy and Plan 2030
- Provincial Poverty Eradication Master Plan
- Negotiated Service Delivery Agreement for Health
- National Health Insurance White Paper
- Human Resources for Health Policies and Frameworks
- Infrastructure: KwaZulu-Natal Planning and Development Act, No 6 of 2008; Regulations Regarding Communicable Diseases 2008; Emergency Medical Services Regulations 2015; Construction Regulation 2014; and Space Planning Norms and Standards for Office Accommodation used by Organs of State 2005.

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Strategic Outcome Orientated Goals

The table below illustrates the alignment between the Department's Strategic Goals and other macro frameworks and plans.

Table 3: (A1) Alignment of Macro Plans

MTSF 2019-2024 Impacts (National)	MTSF 2019-2024 (KZN) Interventions	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
Impact: Life expectancy of South Africans improved from 65 in 2019 to 67 by 2024	<ul style="list-style-type: none"> Drive provincial health wellness and healthy lifestyle campaigns to reduce the burden of disease and ill health COVID-19 Mitigation (Due to the nature of COVID-19 and the continuous changes in strategy based on emerging bodies of evidence, the outer year targets may be revised) Implementation of the Malaria Elimination Programme Healthy and Active Lifestyles Multisectoral Programme 	Impact: Increased Life Expectancy Outcome: reduced Morbidity and Mortality	N/A
Impact: Universal Health Coverage for all South Africans progressively achieved by 2030	<ul style="list-style-type: none"> Expansion of Universal Health Coverage (UHC) preparedness in all 10 KZN Districts plus 1 Metro Roll out a quality health improvement programme in public health facilities to ensure that they meet the quality standards required for certification and accreditation for (National Health Insurance) NHI Mitigate the risks related to medical litigation Improved quality of primary healthcare services through expansion of the Ideal Clinic Programme Implement the HRH plan 2021/22 to 2024/25 to address the human resources requirements, within the allocated funding envelope, including filling vacant funded posts for full implementation of universal healthcare Maintain provincial nursing colleges Expand the primary healthcare system by contracting 10 350 - community health workers (CHWs) into the public health system. Strategic Health Infrastructure Implementation of E-Health Systems 	Outcome: Universal Health Coverage	Pillar 4: Engage the private sector in improving the access, coverage and quality of health services; and Pillar 6: Improve the efficiency of public sector financial management systems and processes
		Outcome: Universal Health Coverage	Pillar 5: Improve the quality, safety and quantity of health services provided with a focus on to primary health care. Pillar 7: Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels
		Outcome: Improved Client Experience of Care	Pillar 8: Engage and empower the community to ensure adequate and appropriate community based care
		Outcome: Universal Health Coverage	Pillar 1: Augment Human Resources for Health Operational Plan
		Outcome: Universal Health Coverage Outcome: Improved Client Experience of Care	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

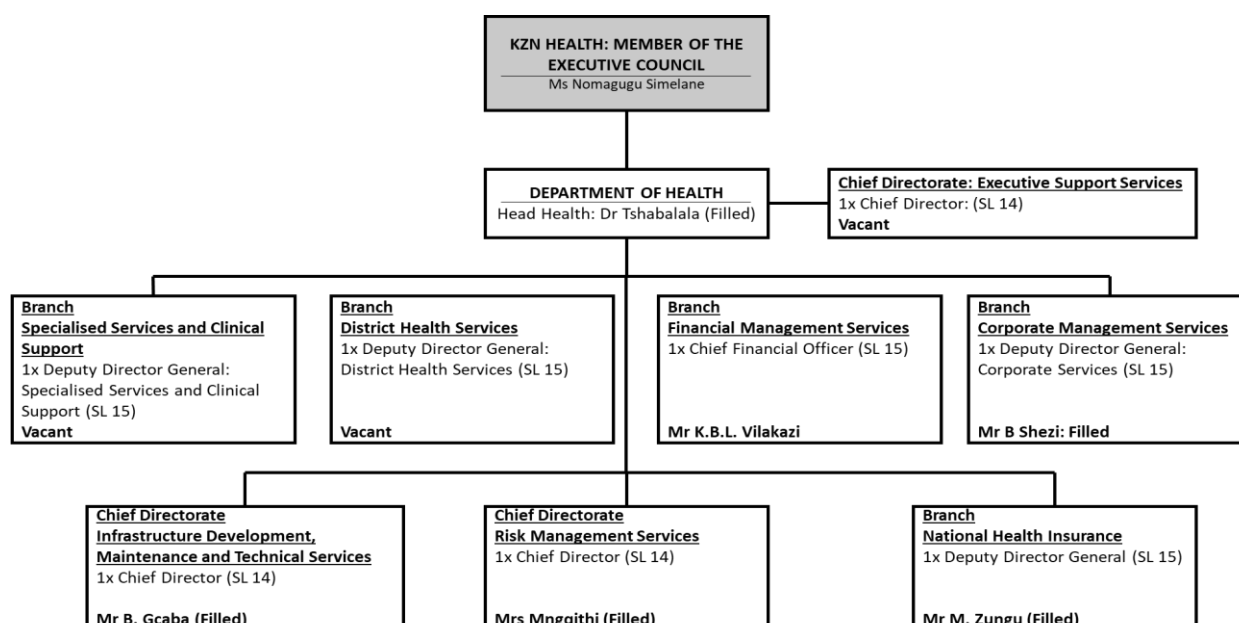
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MTSF 2019-2024 Impacts (National)	MTSF 2019-2024 (KZN) Interventions	Health sector's strategy 2019-2024	Presidential Health Summit Compact Pillars
		Outcome: Universal Health Coverage	Pillar 9: Develop an Information System that will guide the health system policies, strategies and investments
		Outcome: Universal Health Coverage	Pillar 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities
Impact: All women, girls, youth and persons with disabilities enjoy good quality health care and better life opportunities	<ul style="list-style-type: none"> Targeted programme on adolescent sexual and reproductive health and rights, including addressing teenage pregnancies and risky behaviour Targeted programmes to up-scale existing campaigns and programmes on new HIV infections among youth, women and persons with Disabilities Improve the integrated management of childhood disease services Immunisation programme implemented Reduce Infant Mortality rate to <24 per 1 000 live births by 2024 Provide good quality antenatal care 		

Source: 2023/24 Annual Performance Plan

Organisational Structure

Figure 1: Macro Organisational Structure¹



¹ The post for the Deputy Director General: National Health Insurance is not on the approved structure

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Entities Reporting to the MEC for Health

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
N/A	N/A	N/A	N/A

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PART B: PERFORMANCE INFORMATION

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Auditor General Report on Predetermined Objectives

The AGSA currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report.

Refer to pages 205 to 218 of the Report of the Auditor General, published as Part E: Financial Information.

Overview of Departmental Performance

Service Delivery Environment

Community-based services

Non-acute health services are provided at community and household level through Ward Based Outreach teams (WBOTs), School Health Teams, TB Surveillance and Multi Drug Resistant Tuberculosis (MDR-TB) Teams and Community Care Givers/Health Workers (CHWs/CCGs). Services include health promotion/ education; screening for health conditions; appropriate referral to health facilities; follow-up and support of patients on treatment; home-based care; school health services including implementation of health promoting schools; the management of MDR-TB patients at household level; mental health and chronic care.

Phila Mntwana Centres, linked to Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive health services targeting children. OSS is used as vehicle for inter-government service integration at community level including addressing the social determinants of health e.g., poverty eradication, provision of sanitation, water, electricity and waste removal.

The Centralised Chronic Medication Dispensing and Distribution (CCMDD) Programme makes chronic medication available to patients at community level, close to where they reside. This decongests facilities, saves cost and travelling times to facilities and decreases waiting times at health facilities.

Services at truck stops, taxi ranks, and other high-risk areas increase access to basic and essential services e.g., testing for Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and other chronic conditions. Services offered at these easily accessible sites increases the possibility of timeous referral for appropriate clinical management of conditions at fixed facilities.

Primary Health Care (PHC) services

Nurse driven services are provided at fixed (clinics and Community Health Centres (CHCs)) and mobile clinics covering a comprehensive range of curative, preventative, rehabilitative and palliative services. Included are services for minor ailments; maternal, child and women's health; communicable and non-

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communicable diseases and conditions; oral and dental health; environmental health and nutrition. Mobile services are used to improve access in sparsely populated areas or areas with poor access to fixed facilities. Outreach services from District Hospitals and services rendered by Private Practitioners increases access to clinical services at entry point.

Hospital Services

In and out-patient services are rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access in especially rural areas.

Regional Hospitals render services at General Specialist level and serve as referral for District Hospitals. All Regional Hospitals render a significant proportion of level-one services mainly due to demographic distribution of households and location of hospitals. Queen Nandi and Newcastle Hospitals provide mother and child services. McCord's Hospital is the Provincial Eye Care Hospital.

Specialised TB and Psychiatric hospitals provide acute and sub-acute services for the two clinical disciplines.

The Step Down/ Sub-Acute Hospitals provide stepdown care.

Tertiary Hospitals and one Central Hospital provide highly specialised tertiary and quaternary services.

Outreach services are provided by level 2 and 3 hospitals to improve access to quality clinical management at lower levels of care. District hospitals provide outreach services to PHC clinics.

Emergency Medical Services (EMS) and Patient Transport Services (PTS)

Services include emergency response, special operations, communication, aeromedical services and patient transport services. Aeromedical services are provided by the use of all available aeromedical services in KwaZulu-Natal (KZN), namely Air Mercy Services, Netcare and Black Eagle. These are dispatched as and when required.

Forensic Pathology Services

Specialised Forensic Pathology Services are provided at Medico-Legal Mortuaries throughout the Province.

Clinical Forensic Medicine

Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services focusing on the management of survivors of violence (including rape and sexual assault).

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Service Delivery Challenges

The COVID – 19 pandemic resulted in an increased demand for Emergency Medical Services (EMS), particularly in urban areas, this resulted in a negative impact on response times to priority 1 emergency cases. The majority of the COVID – 19 related cases were in urban areas. The COVID – 19 pandemic further resulted in an increase in inter facility transfer which have a longer turnaround time and thereby reduces the number of cases each ambulance can attend within a 12-hour shift and delayed response times.

Should Emergency Medical Services (EMS) attain the National norm of 1 ambulance per 10 000 population, there are some cases that will still not be responded to within 30 minutes in urban areas and 60 minutes in rural areas due to distance, road infrastructure and terrain of the Province.

Service Delivery Improvement Plan

The department has a service delivery improvement plan. The tables below highlight the service delivery improvement plan and the achievement to date.

Main services and standards

Main services	Beneficiaries	Current/actual standard of service	Desired standard of service	Actual achievement
Provision Of District Hospital Services: Complaints on Patient Care (number of)	All citizens residing in KZN, in particular the uninsured population. Citizens from other provinces and countries	552	541	436

Batho Pele arrangements with beneficiaries

Current/actual arrangements	Desired arrangements	Actual arrangements
Professional Standards - Public Servants: Complaints on Staff Attitude		
348	341	364
Working Environment Standards: Complaints on hygiene and cleanliness		
69	68	71
Access Standards: Complaints on physical access		
46	42	29
Information Standards: Complaints on access to information		
120	118	93

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Current/actual arrangements	Desired arrangements	Actual arrangements
Redress Standards: of Complaints resolved within 25 working days		
89.7%	90.5%	94%
Consultation Standards: % of District hospitals with functional hospital boards		
50%	90%	59%
Openness & Transparency Standards: Annual Report informing service recipients how departments are managed, how much is spent on service delivery to the public, and who is in charge published		
2021/22 Approved Annual Report (AR) Signed Off	2022/23 Approved Annual Report Signed Off	Approved 2022/23 Annual Report
Service Standards: Display the Service Charter so that clients know their rights and what kind of treatment to expect		
KZN DOH Service Charter Displayed	KZN DOH Service Charter Displayed	KZN DOH Service Charter Displayed
Value For Money: Audit Opinion		
Qualified	Unqualified	Unqualified
Encouraging Innovation And Rewarding Excellence: Recognition of innovation and excellence		
Not Monitored	Recognition of innovation and excellence	The Service Excellence Awards have not been conducted
Service Delivery Impact: Patient Experience of Care Satisfaction		
80.5%	83,6%	80%

Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
The department has a complaints management system	The department has a complaints management system	The department has a complaints management system

Organisational Environment

Despite the constricting funding envelope, the Department was able to achieve to ensure the availability of staff with scarce skills in the Department in the 2023/24 reporting period. The ratio of key personnel per 100 000 population improved. The department achieved a ratio of 34.9 Medical Officers per 100 000 population against a target of 27.4. There were 155.1 Professional Nurses per 100 000 against a target of 152.5. The improvements are ascribed to the increased allocation of Medical Interns and Community Service Medical Officers and the increased appointment of Professional Nurses to assist in the fight against COVID-19 who have been subsequently appointed into permanent funded positions. This may have contributed to the service delivery environment in the Department.

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Further, due to the reprioritisation of funds as a mitigation strategy within a constrained funding environment, the Department was able to achieve its HR indicators under Program 6 of the APP where a total of 4048 employees were subjected to orientation and re-orientation programmes during the reporting period. Additionally, the target of 120 first year bursaries nursing students was exceeded. 160 bursaries were awarded. The increased intake was as a result funding redirected from the post-basic nurse training provisions as the Department has still not received full accreditation from the South African Nursing Council and the Council on Higher Education to deliver all post-basic nurse programmes. Furthermore, 480 Internal employees were awarded bursaries against a planned target of 360. The target has been exceeded because of spending on the Republic of South Africa (RSA)-Cuban Medical Programme being reduced due to returning students that completed the programme and funding was re-directed to internal bursaries.

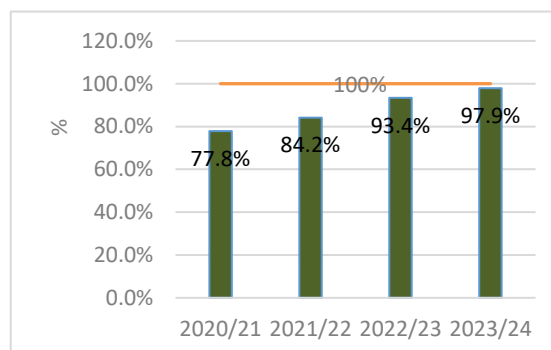
The reviewed process for the filling of posts has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which, consequently, has a negative impact on staff well-being as well as service delivery backlogs as a result of having vacant posts.

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Progress towards Achievement of Institutional Impacts and Outcomes

The UHC service index is at 71%, and it is the same as the baseline. The UHC service index target of 73.5% was not met. The contingent liability of medico-legal cases increased by 50% from R 20 billion to R 30 billion, and the R18 billion target was not met. The Ideal clinic status obtained rate increased by 29.5% from 75.6% to 97.9% and the 100% target was not met. The professional nurses per 100 000 population increased by 1.3% from 153/100 000 to 155/100 000 and the target was exceeded. The target for medical officers per 100 000 was exceeded despite no change from the baseline.

Graph 1: Ideal Clinic Status Obtained Rate

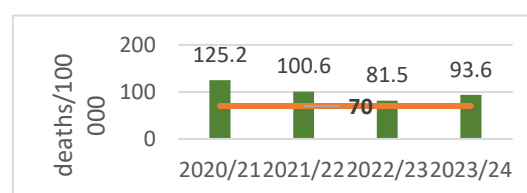


The patient experience of care satisfaction rate for tertiary hospitals increased by 16.6% from 74% to 86.3% and the target of 77.8% was surpassed. The patient safety incident case closure rate for tertiary hospitals increased by 35.4% from 72.1% to 97.6% and the target of 78% was exceeded. The patient experience of care satisfaction rate for the central hospital increased by 6.4% from 90% to 95.8% and the target of 94.8% was met and exceeded. The patient safety incident case closure rate for the central hospital decreased by 0.8% from 100% to 99.2% and the target of 100% was not met.

The maternal mortality in facility ratio increased by 5.9% from 88.4/100 000 to 93.6/100 000 and the target of 70/100 000 was not met. The live birth under 2 500g in facility rate increased by 10.9% from 11.9% to 13.2% and the target of 11% was not exceeded. The neonatal death in facility rate increased by 20% from 11.5% to 13.8% and the target of 10.5% was met and exceeded.

The child under 5 years diarrhoea case fatality rate decreased by 45.5% from 2.2% to 1.2% and the target of 1.6% was met and exceeded. The child under 5 years pneumonia case fatality rate decreased slightly by 9.1% from 2.2% to 2% and the target of 1.8% was not met.

Graph 2: Maternal Mortality Ratio in facility



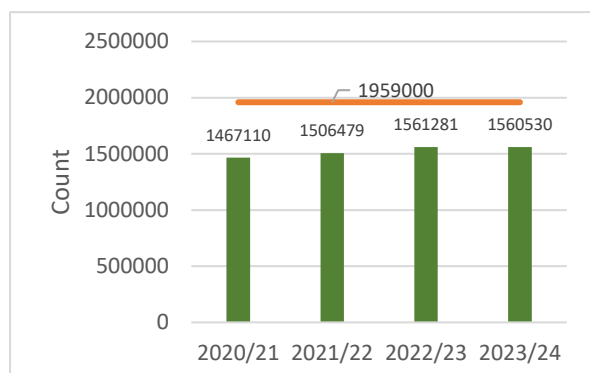
The stillbirth in facility rate increased by 10.6% from 21.8/1000 to 24.1/1000 and the target of 19/1000 was not met. The under 5 years severe

acute malnutrition case fatality rate decreased by 11.5% from 7.8% to 6.9% and the target of 5% was met and exceeded.

The All DS-TB client treatment success rate decreased by 6.2% from 79.2% to 74.3% and the target of 90% was not met. The value of 1.8% was achieved for the HIV positive 15-24 years (excl. ANC) rate indicator.

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Graph 3: ART client remain on ART end of the month-sum



The adult viral load suppressed rate decreased by 10.5% from 90.6% to 81.1% and the target of 90% was not met.

The child viral load suppressed rate decreased by 24.7% from 68.7% to 51.7% and the target of 90% was not met. The ART client remain on ART end of the month-sum increased by 12.5% from 1 387 688 to 1 560 530 and the target of 1 959 000 was not met.

The malaria incidence per 1000 population at risk increased by 378.3% from 0.23/1000 to 1.1/1000 and the target of 0/1000 was not met. The malaria case fatality rate increased by 140% from 0.5% to 1.2% and the target of 0% was not met.

The patient experience of care satisfaction rate for PHC increased by 29.1% from 68% to 87.8% and the target of 71.4 was exceeded. The patient safety incident case closure rate for PHC increased by 45.5% from 65.9% to 95.9% and the target of 93% was exceeded. The patient experience of care satisfaction rate for district hospitals decreased by 1.1% from 81% to 80.1% and the target of 85% was not met. The patient safety incident case closure rate for district hospitals increased by 8.4% from 88.3% to 95.7% and the target of 99% was not met. The patient experience of care satisfaction rate for regional hospitals decreased by 0.7% from 81% to 80.4% and the target of 85.1% was not met. The patient safety incident case closure rate for regional hospitals increased by 14.3% from 86% to 98.3% and the target of 93.2% was surpassed.

The patient experience of care satisfaction rate for specialised TB hospitals decreased by 4.8% from 92.3% to 87.9% and the target of 97.3% was not met. The patient safety incident case closure rate for specialised TB hospitals increased by 4.9% from 88% to 92.3% and the target of 97.9% was surpassed. The patient experience of care satisfaction rate for specialised psychiatric hospitals decreased by 3% from 88% to 85.4% and the target of 92.6% was not met. The patient safety incident case closure rate for specialised TB hospitals increased by 3.9% from 94.6% to 98.3% and the target of 96% was exceeded. The patient experience of care satisfaction rate for chronic/sub-acute hospitals increased by 6.5% from 79% to 84.1% and the target of 83.3% was met. The patient safety incident case closure rate for chronic/sub-acute hospitals increased by 4.4% from 95.8% to 100% and the target of 100% was met.

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Transfer Payments

Transfer Payments to all Organisations other than Public Entities.

Table 4: Transfer payments for the period 1 April 2023 to 31 March 2024

Name of transferee	Type of organisation	Purpose for which the funds were used	Did the Department comply with s38(1) (j) of the PFMA	Amount transferred R'000	Amount spent by the Entity R'000	Reasons for funds unspent by the Entity
eThekweni Municipal Clinic	eThekweni Metropolitan Municipality	Provision of the Health Care Services in support of the Department in the compliance of the PFMA and MFMA	Yes	R 271 839 400	R 271 839 400	N/A

Table 5: Transfer payments budgeted for period 1 April 2023 to 31 March 2024

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
eThekweni Municipal Clinic	eThekweni Metropolitan Municipality	Provision of the Health Care Services in support of the Department in the compliance of the PFMA and MFMA	R 274 482 000	R 271 839 400	Claims were not processed within the Financial year therefore creating a Roll over into the New Financial Year 2024/25.

Conditional Grants

Table 6: Comprehensive HIV and AIDS Grant

Name of the Grant	Comprehensive HIV / AIDS Grant		
Department who transferred the Grant	National Department of Health (NDoH)		
Purpose of the Grant	<ul style="list-style-type: none"> To top up on the Provincial Department of Health's Equitable Share funding To implement and sustain HAST programmes in KZN To contain HIV and AIDS, TB epidemic in KZN To provide critical resources (human and physical) to drive the HIV and TB programme to reach their targets 		
Expected outputs of the Grant and actual achievements.	Indicators	Expected Outcomes (Target)	Actual Achievements 2023/24 FY
	1. Total number of fixed public health facilities offering ART services	680	680

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Name of the Grant	Comprehensive HIV / AIDS Grant		
	2.Total clients started on ART during this month – naïve	78,352	87,450
	3. Total clients remaining on ART	1,622,676	1,560,530
Amount per amended DORA (R'000)	R 6 448 253		
Amount received (R'000)	R 6 172 841		
Reasons if amount as per DORA was not received	There were budget cuts of R 275 412 680		
Amount spent by the Department (R'000)	R 6 172 841 (100% spent)		
Reasons for the funds unspent by the entity	N/A		
Reasons for deviations on performance	<ul style="list-style-type: none"> Sub-optimal uptake of HIV services among males and adolescents Loss to follow-up 		
Measures taken to improve performance	<ul style="list-style-type: none"> Facilitate extension of mobile men health services and monitoring of improved HAST services for men. Implementation of aligned tracking and tracing with all stakeholders. 		
Monitoring mechanism by the receiving Department	<p>Monthly</p> <p>The province convenes Provincial Technical Working Group (TWG) meeting to discuss HAST and Child Health programmes performance, and progress towards achieving 95-95-95 targets for both HIV and TB programmes. The meetings are held once per quarter. The meeting is attended by HAST coordinators, TB coordinators, M&E Managers, District Support Partners, and Provincial Programme Managers. The province convened two TWG meetings which were held on 28 July 2023 and 9 February 2024.</p> <p>Quarterly</p> <p>The province convenes integrated Strategic Health Programmes (SHP) Quarterly Performance Review meetings. The meeting is attended by Deputy Directors: Clinical Programme, district HAST coordinators, TB coordinators, M&E Managers, District Support Partners, District Information Officers (DIO) and Provincial Programme Managers. There are four (4) quarterly meetings which were held in 2023/24, and were held on 2-3 August 2023, 25-26 October 2023, 30-31 Jan 2024 and the final quarter 4 /annual performance review was held on 15-16 May 2024</p> <p>The quarterly performance review focus on programme performance against targets, sharing best practices and lessons learned amongst districts. In cases where there is poor performance, strategies and remedial actions with timeframes are developed and implementation is monitored in subsequent quarterly meetings.</p> <p>The main focus areas that the province had prioritised in 2023/24 are :</p>		

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Name of the Grant	Comprehensive HIV / AIDS Grant
	<ul style="list-style-type: none"> Paediatric HIV Treatment Cascades, Adult Male HIV Treatment Cascades, Male Urethritis Syndrome incidence, Couple Year Protection rate, Teenage pregnancy, Loss to follow up (HIV and TB), and TB death rates <p>All districts were presenting performance reports on these priority areas in 2023/24 FY, had developed remedial actions plans to improve these focus areas. This was monitored in all four quarters throughout the financial.</p>

Table 7: National Tertiary Services Grant

Name of the Grant	National Tertiary Services Grant																																																					
Department who transferred the Grant	National Department of Health																																																					
Purpose of the Grant	To 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	<p>The expected outputs are based on the following.</p> <ul style="list-style-type: none"> Number of inpatients 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 Average length of stay by facility 																																																					
Actual outputs achieved	<table border="1"> <thead> <tr> <th>Performance Indicator</th> <th>Annual Target</th> <th>Total annual Performance</th> <th>Percentage Achieved</th> </tr> </thead> <tbody> <tr> <td>Day patient separations Total</td> <td>57 690</td> <td>56 855</td> <td>98%</td> </tr> <tr> <td>Inpatient days - Total</td> <td>416 010</td> <td>355 166</td> <td>85%</td> </tr> <tr> <td>Inpatient separations - Total</td> <td>79 939</td> <td>48 492</td> <td>60%</td> </tr> <tr> <td>Outpatient first attendances - Total</td> <td>131 267</td> <td>137 681</td> <td>104%</td> </tr> <tr> <td>Outpatients follow up attendances - Total</td> <td>292 811</td> <td>296 892</td> <td>101%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th rowspan="2">FACILITY</th> <th colspan="2">Average Length of stay by facility</th> <th colspan="2">Bed Utilisation rate by facility</th> </tr> <tr> <th>TARGET</th> <th>ACTUAL</th> <th>TARGET</th> <th>ACTUAL</th> </tr> </thead> <tbody> <tr> <td>IALCH</td> <td>8 days</td> <td>10,2 days</td> <td>72%</td> <td>57%</td> </tr> <tr> <td>GREYS HOSPITAL</td> <td>8 days</td> <td>9 days</td> <td>72%</td> <td>67,9%</td> </tr> <tr> <td>VICTORIA MXENGE HOSP</td> <td>8 days</td> <td>5 days</td> <td>72%</td> <td>61%</td> </tr> <tr> <td>NGWELEZANA HOSPITAL</td> <td>8 days</td> <td>8,3 days</td> <td>72%</td> <td>82%</td> </tr> </tbody> </table>	Performance Indicator	Annual Target	Total annual Performance	Percentage Achieved	Day patient separations Total	57 690	56 855	98%	Inpatient days - Total	416 010	355 166	85%	Inpatient separations - Total	79 939	48 492	60%	Outpatient first attendances - Total	131 267	137 681	104%	Outpatients follow up attendances - Total	292 811	296 892	101%	FACILITY	Average Length of stay by facility		Bed Utilisation rate by facility		TARGET	ACTUAL	TARGET	ACTUAL	IALCH	8 days	10,2 days	72%	57%	GREYS HOSPITAL	8 days	9 days	72%	67,9%	VICTORIA MXENGE HOSP	8 days	5 days	72%	61%	NGWELEZANA HOSPITAL	8 days	8,3 days	72%	82%
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Amount spent by the Department (R'000)	R2 000 300 000																																																					

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Name of the Grant	National Tertiary Services Grant
Reasons for the funds unspent by the entity	The grant was fully spent.
Reasons for deviations on performance	There was no major deviation on the grant performance.
Measures taken to improve performance	There are various measures in place to improve performance. The business plans are produced annually with each facility prioritising which service to develop or strengthen. The business plans are approved by NDoH before the beginning of the financial year to enable the facility to plan accordingly. There is a dedicated budget allocated for Medical Equipment which is for tertiary level.
Monitoring mechanism by the receiving Department	At the facility level there are weekly and bi-weekly cash flow meetings whereby the budget & expenditure reports are presented, discussed and decision are made based on the approved Business plans. There are also extended management meetings whereby quarterly reviews are conducted. The monthly variance reports are submitted to the Programme Manager responsible for the conditional grant. The Programme Manager consolidate these reports into one Provincial report and the reports are signed by the Chief Director: Hospital Management Service, Deputy Director General, Chief Financial Officer and Head Of Department. The Patient activity report is done quarterly based on the target set in the Business plan. The quarterly support meetings are held with facilities and reports are discussed.

Table 8: Social Sector EPWP Incentive Grant for Provinces

Name of the Grant	Infrastructure Sector EPWP Incentive Grant for Provinces		
Department who transferred the Grant	Public Works and Infrastructure (Vote 13)		
Purpose of the Grant	<ul style="list-style-type: none"> The intention of the EPWP incentive grant is to increase job creation efforts by provinces and municipalities by providing a financial performance reward. The incentive is structured to reward provinces and municipalities that create EPWP work by reimbursing them a portion of their wage costs. 		
Expected outputs of the Grant	<ul style="list-style-type: none"> Improved quality of life of poor people and increased social stability through engaging the previously unemployed in paid and productive activities Reduced level of poverty Contribute towards increased levels of employment Improved opportunities for sustainable work through experience and learning gained <p>and</p> <ul style="list-style-type: none"> Number of people employed and receiving income through the EPWP Number of days worked per work opportunity created Number of Full-Time Equivalents (FTEs) to be created through the grant 		
Actual outputs achieved	PERFORMANCE INDICATOR	2023/24 TARGETS	ACTUAL
	Total Jobs Created	3000	3510
	No of Women Employed	1,500(50%)	1812
	No of youth Employed	1,500(50%)	1975
	Disabled	60(2%)	0
	Incentive Grant Allocation (Spent)	R8,614,000.00	R8,614,000.00

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Name of the Grant	Infrastructure Sector EPWP Incentive Grant for Provinces		
	Equitable Share Allocation	R 50,000,000.00	R 50,000,000.00
Amount per amended DORA (R'000)	No amendment		
Amount received (R'000)	R 8 614		
Reasons if amount as per DORA was not received	-		
Amount spent by the Department (R'000)	R 8 614		
Reasons for the funds unspent by the Entity	-		
Reasons for deviations on performance	The department planned to employ 2500 persons but ended up employing 3560 persons. The shortfall in funding was paid by the province under Equitable Share		
Measures taken to improve performance	-		
Monitoring mechanism by the receiving Department	Quarterly reports required		

Table 9: Health Facility Revitalisation Grant

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	Health (Vote 18)
Purpose of the Grant	<p><i>Extracted from DORB:</i></p> <p><i>The health facility revitalisation grant funds the construction and maintenance of health infrastructure, including large projects to modernise hospital infrastructure and equipment, general maintenance and infrastructure projects at smaller hospitals, and the refurbishment and upgrading of nursing colleges and schools. Over the 2023 MTEF period, R22.2 billion has been allocated to this grant.</i></p> <ul style="list-style-type: none"> • <i>To help to accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health</i> • <i>To help on replacement and commissioning of health technology in existing and revitalised health facility</i> • <i>To enhance capacity to deliver health infrastructure</i> • <i>To accelerate the fulfilment of the requirements of occupational health and safety</i>
Expected outputs of the Grant	<ul style="list-style-type: none"> • <i>Improved service delivery by provincial departments as a result of an enhanced and better quality of health services</i> • <i>Improved quality and quantity of well-maintained health infrastructure (backlog and preventative maintenance)</i> • <i>Improved rates of employment and skills development in the delivery of infrastructure</i>

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Name of the Grant	Health Facility Revitalisation Grant		
	<ul style="list-style-type: none"> Value for money and cost-effective design of facilities in line with the framework for infrastructure procurement and delivery management and Number of primary health care facilities constructed or revitalised Number of hospitals constructed or revitalised Number of facilities maintained, repaired and/or refurbished 		
Actual outputs achieved	Completed refurbishment, rehabilitation and renovation projects as planned in the financial year	Target 18	Actual 28
	Percentage of Health facilities with completed capital infrastructure projects (Programme 8)	34	73
	Number of jobs created through the EPWP (AWG)	2500	3510
Amount per amended DORA (R'000)	R 371 767		
Amount received (R'000)	R 371 767		
Reasons if amount as per DORA was not received	-		
Amount spent by the Department (R'000)	R 371 767		
Reasons for the funds unspent by the Entity	-		
Reasons for deviations on performance	-		
Measures taken to improve performance	Budget	Annual Implementation Plan programmed projects in line with current budget. A number of projects have been packaged as they are of a similar nature and are in proximity	
	Project Procurement and Supply Chain matters	KZN-DOH Infrastructure Technical committees have been appointed. Tracking for projects in procurement is done on a monthly basis. Procurement alternatives are being implemented and investigated. Some of the interventions include contract and transversal contracts, packaged projects to reduce the number of tenders to be let, and design and built strategy with proven cost based NEC contracts.	
	Implementing Agents performance	IDMS is being fully implemented and the new FIDPM has been implemented fully on 1 October 2019 by KZN-DOH. New IDMS Modules have been published and is being incorporated Meetings, both quarterly, ad/hoc, and on-line continued with KZN-DOPW to endeavour the achievement of proper reporting and management. However there is still room for improvement. KZN-DOH continually reassessing the involvement of KZN-DOPW subject to performance.	
	Institutional arrangements	Training of staff on all levels for PMS and IDMS continues Contract Management is ongoing	

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Name of the Grant	Health Facility Revitalisation Grant	
		<p>The KZN-DOH continues to work with Nation DOH and Treasury as well as Provincial Treasury to ensure the IRM is managed successfully.</p> <p>Continued relationships with all stake holders This include planning, feedback and training sessions..</p>
Monitoring mechanism by the receiving Department	<p>Various reports are submitted:</p> <ul style="list-style-type: none"> • IRM reports – Monthly • End of Year report - Annual • User Asset Management Plan – Annual • Infrastructure Programme Management Plan – Annual • Infrastructure Procurement Strategy Plan – Annual • Annual Implementation Plan – Annual • Continuous monitoring of projects on PMIS 	

Donor Funds

Donor Funds Received

Table 10: Donor funds received

Astra Zeneca (Astra Zeneca Pharm)	
Full amount of the funding	R 196 000
Period of the commitment	Not specified.
Purpose of the funding	Drug Trials
Expected outputs	Drug Trials
Actual outputs achieved	The project is still in progress.
Amount carried over (R'000)	R26
Amount spent by the Department (R'000)	R 0
Reasons for the funds unspent	The project is still in progress.
Monitoring mechanism by the Donor	None
Conforth investments	
Full amount of the funding	R 151 000
Period of the commitment	Not specified.
Purpose of the funding	Improvement of the infection control unit in ward A4.
Expected outputs	Installation of access control doors and purchasing of furniture in the Haematology Department.
Actual outputs achieved	Installations of 2 access control doors and additional seating for patients in ward A4 west.
Amount carried over (R'000)	R 33
Amount spent by the Department (R'000)	R 0
Reasons for the funds unspent	There has been challenges in locating the Donor, however the balance of the funds will be utilised within the same department.
Monitoring mechanism by the Donor	None

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President's Emergency Plan for AIDS Relief (PEPFAR): Centers for Disease Control and Prevention	
Full amount of the funding	R 10 937 500 (\$625 000) (30 September 2023 – 29 September 2024)
Period of the commitment	5-year project (01 January 2021 – 29 September 2026)
Purpose of the funding	Improving HIV/TB Policy Implementation in the KwaZulu Natal (KZN) Province in South Africa under the President's Emergency Plan for AIDS Relief (PEPFAR). Spending focus on HIV and TB.
Expected outputs	Signed SLA (Notice of Award) Availability of work plan Finalized monitoring tools % of staff Appointed % of staff orientated and in-serviced Introduced team to the provincial program managers % of the members of the team retained Number of capacity building completed Number stakeholder engagement meetings conducted Number of provincial quarterly meetings conducted Availability of HAST policy audit report Evidence of early detection of provincial administrative challenges Available data to inform progress
Actual outputs achieved	Signed SLA (Notice of Award) 50% of staff Appointed Work plan available Number of capacity building completed – 2 (Stakeholder engagement workshop (180 officials, incl. civil society) and Men's Health Workshop (183 officials)
Amount carried over (R'000)	0
Amount received (R'000)	R14 608
Amount spent by the Department (R'000)	R 15 033
Reasons for the funds unspent	The funds received were fully spent in current financial year. It should be noted that the financial years between the Donor and the department differ, as Donor's financial year only ends in September 2024.

Capital Investment

Table 11: Capital Investment, Maintenance and Asset Management Plan

Infrastructure Projects	2023/2024			2022/2023		
	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets	165,323	50,329	114,994	48,570	50,885	(2,315)
Existing infrastructure assets	1,376,963	1,475,075	(98,112,090)	1,267,692	1,369,271	(101,579)
Upgrades and additions	428,470	322,541	105,929	535,467	542,434	(6,967)
Rehabilitation, renovations & refurbishment	322,804	263,648	59,156	299,960	255,084	44,876
Maintenance and repairs	625,689	888,886	(263,197)	432,265	571,753	(139,488)
Infrastructure transfer	-	-	-	-	-	-

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Infrastructure Projects	2023/2024			2022/2023		
	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Financial Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Current	723,133	1,022,576	(299,443)	432,265	571,753	(139,488)
Capital	916,597	636,518	280,079	883,997	848,403	35,594
Total	1,542,286	1,525,404	(16,882)	1,316,262	1,420,156	103,894

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PROGRAMME 1 - ADMINISTRATION

Programme Description & Purpose

Conduct the strategic management and overall administration of the Department of Health.

There are no changes to the Programme 1 structure.

Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

Render advisory, secretarial and administrative support, and public relations, communication and parliamentary support

Sub-Programme 1.2: Management

Policy formulation, overall leadership, management and administration support of the Department and the respective districts and institutions within the Department.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The target for the contingent liability of medico-legal cases was met despite the increase when compared to the baseline value. The Universal Health Coverage service index increased by 20% even though the target was not met. The value for the professional nurses per 100 000 indicator decreased by 3% when compared to the baseline, but the target was exceeded. The value for the medical officers per 100 000 indicator increased by 1% and the target was met. The number of Community Health Workers contracted into the system decreased by 3% against the baseline figure and this is because of natural attrition. The percentage of supplier invoices paid within 30 days increased by 0.24% when compared to the baseline and the target was exceeded. Even though the percentage of hospitals using the e-health system increased against the baseline, the target was not met due to budget constraints and network connectivity challenges.

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TABLE 12: OUTCOME INDICATORS (PROGRAMME 1)

APP 2023/24: Page 92: Table 26							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
I	Audit opinion of Provincial DoH	Annual Reports	Unqualified	Unqualified	Unqualified	Achieved	No deviation
II	Contingent liability of medico-legal cases	Medico-legal case management system	R 29,444,363,341.92	R 31 Bn	R 30,264,726,610	2%	Although the target is met, the Department continues to receive more claims than those finalized. There are still delays beyond the control of the department in the finalizing of cases due to various factors including investigations and court proceedings.
III	UHC Service Index	SAHR	59.0%	73.5%	71%	(3%)	In South Africa, the UHC service coverage index has increased by 28 /100 from 43 /100 in 2000 to 71 /100 in 2021. Due to data limitations, not all tracer indicators used to compute the index are direct measures of service coverage.

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APP 2023/24: Page 92: Table 26							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
IV	Professional nurses per 100 000 population	Manual calculation	160/100 000	152.5/100 000	155/100 000	2%	The absorption of COVID-19 contract Professional Nurses into permanent posts.
	<i>Professional Nurses</i>	<i>Persal</i>	18,693	17,997	18,294		
	<i>Population</i>	<i>Stats SA</i>	11,683,165	11,801,473	11,801,473		
V	Medical officers per 100 000 population	Manual calculation	33.7/100 000	27.4/100 000	34.1/100 000	24%	The Department had an increased allocation of Community Service Medical Practitioners and Medical Interns.
	<i>Medical Officers</i>	<i>Persal</i>	3,938	3,234	4,023		
	<i>Population</i>	<i>Stats SA</i>	11,683,165	11,801,473	11,801,473		

TABLE 13: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 1)

APP 2023/24: Page 92: Table 27							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
CHW's contracted into the health system as part of the Community Based Model	1.	Number of CHW's contracted into the Health System	10,245	10,350	9,964	(4%)	CHWs exit the system due to natural attrition.

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APP 2023/24: Page 92: Table 27							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
Supplier invoices paid within 30 days	2.	Percentage of supplier invoices paid within 30 Days	95.9%	95%	96.1%	1%	Improvement in processing of payments is due to distribution of Payment Cycle Report on a monthly basis to all Head Office Managers as well as District Finance Managers with clear instructions to liaise with the Finance Managers to ensure that delays in payment is investigated and to address the cause(s) of late payments thus ensuring that future payments are made within 30 days
		<i>Supplier invoices paid within 30 Days</i>	326,902	237,500	300,381		
		<i>Supplier invoices paid</i>	340,875	250,000	312,469		
Hospitals implementing the e-Health System	3.	Percentage of hospitals using the E-Health System	44.3%	67.1%	54.3%	(19%)	Due to budget constraints, the project could only be implemented in phases. Network connectivity is one of the challenges impacting the full utilisation of the E-Health system.
		<i>Total number of hospitals with an electronic system to record clinical codes</i>	31	47	38		
		<i>Total number of hospitals</i>	70	70	70		

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APP 2023/24: Page 92: Table 27							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation

Strategies to overcome areas of under-performance

- The proxy indicators under the UHC service index indicator will be replaced in future years when more data becomes available. The selected tracer indicators are meant to represent the broad range of essential health services necessary for progress towards UHC.
- Recruitment of CHWs will be informed by the community mapping currently underway, that will determine coverage in each municipal ward.
- Equipment for the use of the E-Health system for additional hospitals will be procured in the 2024/25 financial year.

Linking performance with budget

TABLE 14: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
1.1	Office of the MEC	28 159	28 159	-	26 721	26 721	-
1.2	Management	1 128 699	1 051 439	77 260	1 099 492	1 093 597	5 895
	Total	1 156 858	1 079 598	77 260	1 126 213	1 120 318	5 895

Source: Annual Financial Statements and BAS

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PROGRAMME 2 - DISTRICT HEALTH SERVICES

Programme Description & Purpose

There are no changes to the structure of Programme 2.

Programme Purpose

To render Primary Health Care and District Hospital Services.

Sub-Programmes

Sub-Programme 2.1: District Management

Planning and administration of health services; manage personnel and financial administration; co-ordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods and procedures and exercising district control.

Sub-Programme 2.2: Community Health Clinics

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics.

Sub-Programme 2.3: Community Health Centres

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry.

Sub-Programme 2.4: Community-Based Service

Render a community-based health service at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.

Sub-Programme 2.5: Other Community Services

Render environmental, port health and part-time district surgeon services, etc.

Sub-Programme 2.6: HIV and AIDS

Render a primary health care service in respect of HIV and AIDS campaigns and special projects.

Sub-Programme 2.7: Nutrition

Render nutrition services aimed at specific target groups and combines nutrition specific and nutrition sensitive interventions to address malnutrition.

Sub-Programme 2.8: Coroner Services

Render forensic & medico legal services to establish the circumstances and causes of unnatural death

Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level.

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Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, targets, and actual achievements

Primary Health Care

The Ideal clinic status obtained rate increased by 5% in the financial year and the target was met, and these achievements are attributed to the establishment of the district Ideal Clinic Realization and Maintenance (ICRM) champions that provide oversight on ideal clinic processes. The patient safety incident case closure rate decreased by 0.1% when compared to the baseline value, but the target was met. The patient experience of care satisfaction rate increased by 0.4% and the target was met. The severity assessment code 1 incident reported within 24 hours rate increased by 6% and the target was met and exceeded.

District hospitals

The target for the patient safety incident case closure rate was met and exceeded even though there was a decrease against the baseline. The target for the patient experience of care satisfaction rate was not met due to patients being dissatisfied about the inconsistent availability of water, waiting times and access to information. The number of maternal deaths decreased by 8% and the target was met. The number of deaths in facility under 5 years decreased by 10% and the target was met and exceeded. This achievement is because of improved access to oxygen, outreach support and a functioning referral system.

The child under 5 years diarrhoea case fatality rate decreased by 36% and the target was met and exceeded and these achievements are attributed to improved health seeking behaviour and earlier entry into the health system. The child under 5 years pneumonia case fatality rate increased by 12% from the baseline and the target was not met. The child under 5 years severe acute malnutrition case fatality rate decreased by 27% when compared to the baseline and the target was met. The severity assessment code 1 incident reported within 24 hours rate increased by 8% and the target was met and this is due to the adherence to the national guidelines on the management of patient safety incidents.

Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Infections (STI) & Tuberculosis (TB) Control [HAST]

The number of all drug sensitive TB deaths increased by 8.7% and the target was not met and this is attributed to high mortality amongst HIV co-infected patients associated with ART loss to follow up, late presentation and diagnosis. The all drug sensitive TB client treatment success rate decreased by 10% and the target was not met. The reduction is due to high mortality rate among the co-infected patients and the unaccounted for patients who transfer in and out, as well as duplicates in the system. The target for

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the TB Rifampicin resistant/multi-drug resistant treatment success rate was not met due to high loss to follow up. The TB pre-XDR treatment success rate target was not met because of high death rate as a result of late presentation for treatment. The anti-retroviral therapy client remain on ART end of month sum decreased against the baseline and the target was not met. The challenges reported include loss to follow up as well as the sub-optimal uptake of HIV services by men, adolescents and children.

The ART adult viral load suppressed rate decreased by 11% against the baseline and the target was not met and this is attributed to treatment adherence challenges caused by fatigue, substance abuse and other social factors. The ART child viral load suppressed rate decreased by 22% when compared to the baseline and the target was not met and this is because of disengagement and inadequate supply of dolutegravir. The HIV positive 15-24 year olds, excluding antenatal care rate remained the same as baseline and the target was achieved. The all drug sensitive TB lost to follow up rate decreased by 17% even though the target was not met.

The TB rifampicin resistant/multidrug-resistant lost to follow up rate target was met and this is attributed to improvements in implementing patient literacy classes, tracking and tracing of clients for treatment follow up visits. The pre-XDR loss to follow up rate target was not met due to poor linkage of patients to TB outreach teams and referral and referral from centres of excellence. The ART adult remains in care rate decreased by 0.1% when compared to the baseline but the set target was not met and loss to follow up and the sub-optimal uptake of HIV services are reported as the reasons for the underachievement. The ART child remains in care rate increased by 1% against the baseline and the target was met. This achievement is attributed to the implementation of step-by-step paediatric toolkit for retention in care.

Maternal, Neonatal, Child & Women's Health & Nutrition [MNC&WH and N]

The maternal mortality in facility ratio increased by 15% despite the decrease in the actual maternal deaths and the target was not met. The neonatal death in facility rate increased by 7% and the target was not met due to deaths caused by prematurity related to low birth weight, teenage pregnancy and inadequate coverage of antenatal steroids. The live birth under 2500g in facility rate increased by 4% when looked at against the baseline and the target was not met and this is attributed to high teenage pregnancy and infections during pregnancy. The deaths under 5 years against live birth rate increased by 5%. The death in facility under 5 years rate decreased and the target was met and the good performance is because of improved access to oxygen, outreach support and a functioning referral system.

The death in facility under 1 year rate was lower than the baseline and the target met and this is attributed to the improved case management, especially pneumonia. The child under 5 years diarrhoea case fatality rate decreased by 32% and the target was met. This performance is due to improved availability and use of oral rehydration solution, effective assessment and referral as well as improved case management. The child under 5 years pneumonia case fatality rate increased 8% against the baseline and the target. The child under 5 years severe acute malnutrition case fatality rate was lower than the baseline and the target was achieved. This is because of early case detection. The stillbirth in facility rate

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performance did not change and the target was not achieved and this is due to hypertension and infections which contribute to high stillbirth rates.

The couple year protection rate increased by 10% and the target was met owing to improved marketing of Long-Acting Reversible Contraceptives (LARC). The delivery 10 to 19 years in facility rate increased by 4% from the baseline and the target was not met. This is due to the poor uptake of contraceptives by teenagers and early marriage. The antenatal first visit before 20 weeks rate increased by 3% from the baseline and the target was exceeded. The household community pregnancy testing and referral of those with positive pregnancy tests resulted to the improved performance in this indicator. The target for the mother postnatal visit within six days rate was met even though there was a slight decrease from the baseline value.

The target for the infant PCR test positive around six months rate was met and this is attributed to education to breastfeeding mothers about mixed feeding and the monitoring of viral load. The target for the HIV test positive around 18 months rate was met and exceeded for the same reasons as the infant PCR test positive around six months rate. The immunization under 1 year coverage improved from the baseline by 3% and the target was met and exceeded. The measles second dose coverage increased by 7% against the baseline and the target was met. The achievements for the immunization coverage are due to the ongoing implementation of the expanded programme on immunization catch up drives, consistent data monitoring, verification and defaulter tracing.

Disease Prevention and Control

The malaria case fatality rate decreased by 30% in relation to the baseline, but the target was not met due late presentation to the health facilities. The malaria incidence per 100 000 population at risk increased by 35% from the baseline and the target not met and this is because of high importation of cases from Mozambique. The Covid-19 case fatality rate decreased by 64% and the target was met and exceeded. This achievement is attributed to the vaccination done and the fact that the latest variants were not as virulent as the ones at the beginning of the pandemic.

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SUB-PROGRAMME: PRIMARY HEALTH CARE

TABLE 15: OUTCOMES INDICATORS (PHC)

APP 2023/24: Page 100: Table 32							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
VI	Ideal clinic status obtained rate	Ideal Health Facility Software	93.4%	85.1%	97.9%	15%	Establishment of District Ideal Clinic Realization and Maintenance (ICRM) champions that provide oversight on ideal clinic processes
	<i>Fixed PHC health facilities have obtained Ideal Clinic status</i>	<i>Ideal clinic report</i>	565	519	595		
	<i>Fixed PHC clinics or fixed CHCs and or CDCs</i>	<i>Ideal clinic report</i>	605	610	608		
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE							
VII	Patient Safety Incident (PSI) case closure rate –PHC facility	Patient Safety Incidence Software	96%	95%	95.9%	1%	Implementation of interventions to improve adherence to the National Guidelines on PSI Management.
	<i>Patient Safety Incident (PSI) case closed – PHC facility</i>	<i>Patient Safety Incidence Reports</i>	735	665	966		
	<i>Patient Safety Incident (PSI) case Reported – PHC facility</i>	<i>Patient Safety Incidence Reports</i>	766	700	1,007		
VIII	Patient Experience of Care satisfaction rate – PHC	webDHIS PEC	87.5%	88%	87.8%	0%	No deviation.
	<i>Patient Experience of Care survey satisfied responses - PHC</i>	<i>Patient Surveys</i>	1,067,455	945,751	1,116,963		
	<i>Patient Experience of Care survey total responses - PHC</i>	<i>Patient Surveys</i>	1,219,673	1,074,718	1,271,658		

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TABLE 16: : OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PHC)

APP 2023/24: Page 100: Table 33							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) incidence reported within 24 hours rate at PHC level	4.	Severity assessment code (SAC) 1 incident reported within 24 hours rate – PHC	82.1%	85%	86.8%	2%	Implementation of interventions to improve reporting resulted in the positive performance.
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – PHC facility</i>	<i>174</i>	<i>187</i>	<i>178</i>		
		<i>Severity assessment code (SAC) 1 incident reported – PHC facility</i>	<i>212</i>	<i>220</i>	<i>205</i>		

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SUB-PROGRAMME: DISTRICT HOSPITALS

TABLE 17: OUTCOME INDICATORS (DISTRICT HOSPITALS)

APP 2023/24: Page 101: Table 35							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED EXPERIENCE OF CARE							
IX	Patient Safety Incident (PSI) case closure rate – District Hospital	Patient Safety Incidence Software	97.1%	90%	95.7%	6%	Functional committees ensuring the necessary investigations are completed and cases closed.
	<i>Patient Safety Incident (PSI) case closed - District Hospital</i>	<i>Patient Safety Incidence Reports</i>	1,871	1,620	1,747		
	<i>Patient Safety Incident (PSI) case Reported – District Hospital</i>		1,927	1,800	1,826		
X	Patient Experience of Care satisfaction rate – District Hospitals	WebDHIS PEC Module	81.9%	81%	80.1%	(1%)	Patients in Amajuba and uMkhanyakude expressed their dissatisfaction with inconsistent availability of water. In eThekweni, patients were mainly unhappy about the waiting times; access to information including information given by the doctors.
	<i>Patient Experience of Care survey satisfied responses – District Hospitals</i>	<i>Patient surveys</i>	91,885	162,000	103,752		
	<i>Patient Experience of Care survey total responses – District Hospitals</i>		112,177	200,000	129,547		
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
XI	[Number of] Maternal death in facility – District hospitals	Maternal death register	53	49	49	0%	No deviation

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APP 2023/24: Page 101: Table 35							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
XII	[Number of] Death in facility under 5 years – District Hospital²	Midnight report	1,386	1,476	1,245	16%	Improved access to oxygen, outreach support and a functioning referral system all contributed to the reduction in deaths.
XIII	Child under 5 years diarrhoea case fatality rate –District Hospital	DHIS	1.4%	1.6%	0.9%	44%	Improved health seeking behavior and earlier entry into the health system, contributed to reduced deaths.
	<i>Diarrhoea death under 5 years – District hospital</i>	<i>Midnight report</i>	84	70	57		
	<i>Diarrhoea separation under 5 years – district hospital</i>	<i>Ward register</i>	6,090	4,268	6,346		
XIV	Child under 5 years pneumonia case fatality rate –District Hospital	DHIS	1.3%	1.4%	1.5%	(4%)	The rate was not achieved due to the lower than projected separations, which was because of reduced admissions from the impact of the pneumococcal vaccination
	<i>Pneumonia death under 5 years – District Hospital</i>	<i>Midnight report</i>	75	93	86		
	<i>Pneumonia separation under 5 years – District Hospital</i>	<i>Ward register</i>	5,835	6,419	5,900		
XV	Child under 5 years Severe Acute Malnutrition case fatality rate –District Hospital	DHIS	8.8%	8.5%	6.4%	25%	Compliance with the management of patients admitted with severe acute malnutrition at hospital.
	<i>Severe acute malnutrition death under 5 years - District Hospitals</i>	<i>Midnight report</i>	106	94	77		

² [Number of] inpatient deaths under 5 years - District Hospitals in the 2022/23 Annual Report

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APP 2023/24: Page 101: Table 35

No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
	<i>Severe acute malnutrition inpatient separation under 5 years - District Hospitals</i>	<i>Ward register</i>	1,209	1,100	1,202		

TABLE 18: OUTPUT PERFORMANCE INDICATORS AND TARGETS (DISTRICT HOSPITALS)

APP 2023/24: Page 102: Table 37

Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) incidence reported within 24 hours rate at District Hospital level	5.	Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital	84.5%	83%	91.6%	10%	Adherence to the National Guidelines on PSI Management.
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – District Hospital</i>	516	498	511		
		<i>Severity assessment code (SAC) 1 incident reported – District Hospital</i>	611	600	558		

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SUB-PROGRAMME: HIV, AIDS, STI & TB CONTROL

TABLE 19: OUTCOMES INDICATORS (HAST)

APP 2023/24: Page 103: Table 38							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
XVI	[Number of] All DS-TB Deaths ³	TB clinical stationary	2,888	3,000	3,138	(5%)	High mortality amongst HIV co-infected patients associated with ART lost to follow up, late presentation and late diagnosis
XVII	All DS-TB client treatment success rate	DHIS	82.6%	85%	74.3%	(13%)	High mortality rate among TB co-infected patients as they default on treatment. Unaccounted patients who transfer in and out, and duplicates on the system.
	All DS- TB client successfully completed treatment	DS clinical stationary	31,264	36,573	35,687		
	All DS-TB treatment start		37,840	43,027	48,026		
XVIII	TB Rifampicin Resistant / Multidrug resistant treatment success rate	EDR.web	Not monitored	70%	67.4%	(4%)	High loss to follow-up and death rates.
	All Rifampicin resistant / Multidrug resistant clients successfully completed treatment	TB clinical stationary	-	965	1,079		

³ All DS-TB client died in the 2022/23 Annual Report

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APP 2023/24: Page 103: Table 38							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
	<i>All Rifampicin resistant / Multidrug resistant client started on treatment</i>		-	1,378	1,601		
XIX	TB Pre-XDR treatment success rate	EDR.web	Not monitored	65.9%	53.1%	(19%)	High death rate due to late presentation for treatment.
	<i>TB Pre-XDR client who successfully completed treatment</i>	<i>TB Clinical stationary</i>	-	29	34		
	<i>TB Pre-XDR client started on treatment</i>		-	44	64		
XX	ART client remain on ART end of month – sum	ART register	1,561,281	1,622,676	1,560,530	(4%)	Loss to Follow Up is the main contributor in the failure to achieve total remaining on ART (TROA) targets. Sub-optimal uptake of HIV services to men, adolescents, and children.
XXI	ART Adult Viral load suppressed rate (Below 50) [12 months]⁴	DHIS	91%	95%	81.1%	(15%)	Clients have treatment adherence challenges caused by treatment fatigue, substance use and other social factors.
	<i>ART adult viral load under 50</i>	<i>ART paper register</i>	52,410	90,866	43,401		
	<i>ART adult viral load done</i>		57,567	95,648	53,538		
XXII	ART Child viral load suppressed rate (Below 50) [12 months]⁵	DHIS	66.3%	70%	51.7%	(26%)	Disengagement and inadequate Dolutegravir (DTG) contributed towards not achieving optimal viral load suppression
	<i>ART child viral load under 50</i>	<i>ART paper register</i>	834	1,750	700		

⁴ Parameters used to define viral suppression changed as a National directive on the standardised indicator list

⁵ Parameters used to define viral suppression changed as a National directive on the standardised indicator list

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APP 2023/24: Page 103: Table 38							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
	<i>ART child viral load done</i>		1,257	2,500	1,354		
XXIII	HIV positive 15-24 years (excl ANC) rate	DHIS	1.8%	1.8%	1.8%	(3%)	Although target not achieved, actual facility data shows a decrease in HIV positive youth. HIV educational programmes and testing for this age group is showing positive results even though the target has not yet been met
	<i>HIV positive 15 – 24 years (excl ANC)</i>	<i>PHC tick register, HTS register</i>	21,029	14,058	17,603		
	<i>HIV test 15 – 24 years (excl ANC)</i>		1,156,282	781,000	951,514		

Table 20: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (HAST)

APP 2023/24: Page 104: Table 39							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
Reduce TB clients lost to follow up	6.	All DS-TB client lost to follow up rate	9.1%	7%	7.5%	(7%)	Duplicates as patients register at more than one facility, and challenges in the tracking and tracing of patients contributes to poor performance.
		<i>All DS-TB client loss to follow-up</i>	3,457	3,012	3,610		
		<i>All DS-TB treatment start</i>	37,840	43,027	48,026		

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APP 2023/24: Page 104: Table 39								
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation	
	7.	TB Rifampicin resistant / Multidrug – Resistant lost to follow up rate	Not monitored	15%	14.2%	5%	Improvement in implementing patient literacy classes, tracking, and tracing of clients for treatment follow up visits.	
		<i>TB Rifampicin resistance / multi-drug resistant client loss to follow-up</i>		207	228			
		<i>TB Rifampicin Resistant / Multi-drug resistant client started on treatment</i>		1,378	1,601			
	8.	TB Pre-XDR Loss to Follow-up Rate	Not monitored	15.9%	20.3%	(28%)		Poor linkage of patients to TB outreach teams and referral from Centres of Excellence to districts.
		<i>TB Pre-XDR clients who are loss to follow-up</i>		7	13			
		<i>TB Pre-XDR clients started on treatment</i>		44	64			
Adults on ART remaining in care at 12 months	9.	ART adult remain in care rate (12 months)	67.5%	75%	67.4%	(10%)	Loss to follow up remains a contributing factor. Sub-optimal uptake of HIV services among males, and adolescents.	
		<i>ART adult remain in care – total</i>	67,907	129,544	63,124			
		<i>ART adult start minus cumulative transfer out</i>	100,530	172,726	93,598			
Children on ART remaining in care at 12 months	10.	ART child remain in care rate (12 months)	77.7%	75%	78.5%	5%	Implementation of the Step-by-Step paediatric toolkit for retention in care.	
		<i>ART child remain in care – total</i>	1,506	3,376	1,545			
		<i>ART child start minus cumulative transfer out</i>	1,939	4,500	1,968			

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SUB-PROGRAMME: MATERNAL, NEONATAL, CHILD, WOMEN'S HEALTH AND NUTRITION

Table 21: OUTCOME INDICATORS (MCWH&N)

APP 2023/24: Page 105: Table 41							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
XXIV	Maternal Mortality in facility Ratio - Total	DHIS	81.5/100 000	90.5/100 000	93.6/100 000	(3%)	Reduction in deliveries negatively influences the IMMR as the ratio is calculated on number of live births. Deaths from haemorrhage and Non-Pregnancy Related Infections (NPRI) remains a challenge.
	<i>Maternal death in facility - Total</i>	<i>Maternal death register</i>	171	190	169		
	<i>Live births known to facility - Total</i>	<i>Delivery register</i>	209,912	210,000	180,490		
XXV	Neonatal death in facility rate – Total	DHIS	12.9/1000	13.3/1000	13.8/1000	(4%)	Deaths caused by prematurity related to high low birth weight rate; high teenage pregnancy rate; and inadequate coverage of antenatal steroids.
	<i>Inpatient death neonatal - total</i>	<i>Midnight report</i>	2,558	2,655	2,363		
	<i>Live birth in facility - Total</i>	<i>Delivery register</i>	198,319	200,000	171,486		

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APP 2023/24: Page 105: Table 41							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
XXVI	Live Birth under 2 500 g in facility rate - Total	DHIS	12.7%	11.8%	13.2%	(12%)	High teenage pregnancy and infections during pregnancy contribute to low birth weight.
	<i>Live birth under 2500g in facility - Total</i>	<i>Delivery register</i>	25,138	23,500	22,581		
	<i>Live birth in facility - Total</i>		198,319	200,000	171,486		
XXVII	Death under 5 years against live birth rate - Total	DHIS	1.9%	1.9%	2%	(5%)	Deaths relate to the late presentation of infants and young children with advanced disease.
	<i>Death in facility under 5 years - total</i>	<i>Midnight report</i>	3,738	3,700	3,420		
	<i>Live birth in facility - total</i>	<i>Ward register</i>	198,319	200,000	171,486		
XXVIII	Death in facility under 5 years rate - total	DHIS	Not monitored	6.1%	4.2%	31%	Improved access to oxygen, outreach support and a functioning referral system all contributed to the reduction in deaths.
	<i>Death in facility under 5 years - total</i>	<i>Midnight report</i>	-	3,700	3,420		
	<i>Inpatient separations under 5 years – total</i>	<i>DHIS</i>	-	60,656	81,808		
XXIX	Death in facility under 1 year rate - Total	DHIS	Not monitored	8.2%	5.9%	28%	Improved case management, particularly for pneumonia.
	<i>Death in facility under 1 years - total</i>	<i>Midnight report</i>	-	3,350	3,038		
	<i>Inpatient separations under 1 year - Total</i>	<i>DHIS</i>	-	40,750	51,534		

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APP 2023/24: Page 105: Table 41							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
XXX	Child under 5 years diarrhoea case fatality rate – total	DHIS	1.8%	1.7%	1.2%	28%	Improved availability and use of oral rehydration solution, effective assessment and referral and improved case management of diarrhoeal disease and dehydration.
	<i>Diarrhoea death under 5 years - total</i>	<i>Midnight report</i>	184	124	127		
	<i>Diarrhoea separation under 5 years - total</i>	<i>Ward register</i>	10,170	7,500	10,338		
XXXI	Child under 5 years Pneumonia case fatality rate – total	DHIS	1.9%	1.9%	2%	(8%)	The rate wasn't achieved due to the lower than projected separations, which was because of reduced admissions from the impact of the pneumococcal vaccination.
	<i>Pneumonia death under 5 years - total</i>	<i>Midnight report</i>	220	239	222		
	<i>Pneumonia separation under 5 years - total</i>	<i>Ward Register</i>	11,443	12,450	10,840		
XXXII	Child under 5 years Severe acute malnutrition case fatality rate – total	DHIS	9.2%	8%	6.9%	14%	Early case detection, including moderate acute malnutrition
	<i>Severe acute malnutrition death under 5 years</i>	<i>Midnight report</i>	206	160	149		
	<i>Severe acute malnutrition inpatient under 5 years</i>	<i>Ward register</i>	2,236	1,995	2,159		

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APP 2023/24: Page 105: Table 41							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
XXXIII	Still Birth in Facility Rate – total	DHIS	24/1000	23.2/1000	24.1/1000	(4%)	Hypertension, Non-Pregnancy Related Infections (NPRIs) and other Infections in pregnancy remain a challenge and contribute to high still birth rates.
	<i>Still birth in facility- total</i>	<i>Midnight report</i>	4,884	4,750	4,232		
	<i>Total births in facility – Total⁶</i>	<i>Delivery register</i>	203,203	204,750	175,718		

TABLE 22: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (MCWH&N)

APP 2023/24: Page 107: Table 42							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
Couple year protection years dispensed	11.	Couple year protection rate	57.6%	63%	63.4%	1%	Improved marketing of Long-Acting Reversible Contraceptives (LARC) at community and facility level.
		<i>Couple year protection</i>	1,812,772	2,003,624	2,016,303		
		<i>Population 15-49 years female</i>	3,148,064	3,180,357	3,180,357		

⁶ Live birth in facility + still birth in facility – Total in the 2022/23 Annual Report

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APP 2023/24: Page 107: Table 42							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
Deliveries in age group 10 to 19 years	12.	Delivery 10 - 19 years in facility rate	17%	15.3%	17.6%	(15%)	Poor uptake of contraceptives by teenagers as they avoid going to the clinic. Even though it is being addressed, societal issues such as early marriage remain, and it will take some time before any impact is seen.
		<i>Delivery 10 – 19 years in facility</i>	34,369	32,130	30,656		
		<i>Delivery in facility – total</i>	201,873	210,000	173,756		
Antenatal 1st visits before 20 weeks	13.	Antenatal 1st visit before 20 weeks rate	73.8%	75%	76.3%	2%	Household community pregnancy testing done by Outreach teams is closely monitored. Referral of positive pregnancy tests is facilitated where feedback is documented on the referral form to ensure that clients present to the clinic for linkage to antenatal care.
		<i>Antenatal 1st visit before 20 weeks</i>	161,876	168,752	143,747		
		<i>Antenatal 1st visit – total</i>	219,299	225,000	188,430		
Postnatal visits for mother within 6 days of delivery	14.	Mother postnatal visit within 6 days rate	83.5%	80%	83.2%	4%	Post-natal care for women who delivered by caesarean delivery is done in hospitals so that they do not miss their 3 to 6-day post-delivery visit.
		<i>Mother postnatal visit within 6 days after delivery</i>	168,633	168,000	144,570		
		<i>Delivery in facility - total</i>	201,873	210,000	173,756		

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APP 2023/24: Page 107: Table 42

Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
Reduce infant PCR test positive under 5 years	15.	Infant PCR test positive around 6 months rate	Not monitored	1%	0.3%	68%	Education to mothers who are breastfeeding to avoid mixed feeding. Electronic Gate Keeping is strictly monitored to monitor viral load at ANC and delivery.
		<i>Infant PCR test positive around 6 months rate</i>	-	-	106		
		<i>Infant HIV PCR test around 6 months</i>	-	-	33,642		
	16.	HIV Test positive around 18 months rate	Not monitored	1.5%	0.3%	81%	
		<i>HIV Test positive around 18 months</i>	-	-	243		
		<i>HIV tests done around 18 months</i>	-	-	85,313		
Fully immunised children under 1 years coverage	17.	Immunisation under 1 year coverage	92.2%	90%	94.6%	5%	Ongoing implementation of Expanded Programme on Immunisation (EPI) catch up drives by the districts to reach every child in the community who missed their doses when due. Consistent data monitoring, verification, and defaulter tracing.
		<i>Immunised fully under 1 year new</i>	234,249	227,245	238,928		
		<i>Population under 1 year</i>	254,035	252,494	252,494		

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APP 2023/24: Page 107: Table 42

Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
Measles 2nd dose coverage in children 1 years old	18.	Measles 2nd dose 1 year coverage	89.5%	95%	95.8%	1%	Ongoing implementation of Expanded Programme on Immunisation (EPI) catch up drives by the districts to reach every child in the community who missed their doses when due. Consistent data monitoring, verification, and defaulter tracing.
		<i>Measles 2nd dose</i>	227,178	239,926	241,840		
		<i>Target population 1 year</i>	253,879	252,554	252,554		

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SUB-PROGRAMME: DISEASE PREVENTION AND CONTROL

TABLE 23: OUTCOMES INDICATORS (DISEASE PREVENTION AND CONTROL)

APP 2023/24: Page 109: Table 44							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
XXXIV	Malaria case fatality rate	Manual calculation	1.7%	0%	1.2%	(120%)	Late presentation to health facilities remains a huge challenge.
	<i>Malaria deaths reported</i>	<i>PHC tick register; Malaria Register</i>	13	0	12		
	<i>Malaria cases reported</i>		783	600	1013		
XXXV	Malaria incidence per 1,000 population at risk	Manual Calculation	0.8/1 000 pop at risk	0/1 000 pop at risk	1.1/1 000 pop at risk	(110%)	High importation of cases from Mozambique
	<i>Number of malaria cases (new)</i>	<i>PHC tick register; Malaria Register</i>	566	0	743		
	<i>Population uMkhanyakude</i>	<i>Stats SA</i>	685,593	690,193	690,193		
XXXVI	Covid-19 Case Fatality Rate: Total	Datcov	0.4%	1.2%	0.1%	88%	The vaccination contributed to reducing severity of the disease and the mortality rate. The subsequent variants were not as virulent as the variants at the beginning of the pandemic.
	<i>Number of deaths in positive covid-19 cases: Total</i>		259	2,064	8		
	<i>Separations Covid-19 cases: Total</i>		65,342	172,000	5,549		

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Strategies to overcome areas of under-reporting

District Hospitals

- District teams to engage relevant officials to address issues raised by patients.
- Improve communication with patients.
- Continue to strengthen existing interventions including Integrated Management of Childhood Illnesses (IMCI), effective triage, twice daily medical review of new admissions and high care patients, respiratory support, and Emergency Triage and Treatment Training.
- Procurement of equipment consumables particularly circuits for respiratory support equipment.

Sub-Programme: Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Sexually Transmitted Infections (STI) & Tuberculosis (TB) Control [HAST]

- Coordinate targeted social mobilisation on importance of adherence to treatment.
- Implementation of the monthly transfer out tracking and tracing tool.
- Continued data clean-up.
- Implementation of the bring back 25% of lost to follow up patients per week during Operation Phuthuma visits.
- Implementation of the adherence guidelines.
- Districts to conduct mortality audits and implement quality improvement plans
- Linkage of all drug resistant TB patients to outreach teams to identify patients with complications early and refer to hospital.
- Community awareness campaigns on importance of early presentation to clinic for TB treatment and adherence to treatment
- Enhanced adherence counselling with detailed individual plans shall be accelerated, especially following adherence guidelines (AGL) Provincial engagement update.
- Case management strategy to be enhanced to recognize early warning signs of defaulting.
- Implementation of intense enhanced adherence counselling in the form of the ABCDE approach (A-Adherence, B-Bugs/Concomitant, C-Correct dosage, D-Drug vs Drug interaction, E-Resistance).
- Phased-in implementation of Dolutegravir (DTG), especially monitoring stock levels of legacy regimen.
- Implementation of adherence guidelines, especially the Disclosure standing operating procedures (SOP).

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- Revitalisation of support groups targeting children and their caregivers.
- Re-orientate all DR-TB sites on referral pathways to and from the Centre of Excellence.
- Linkage of DR-TB patients to outreach teams.
- Implementation of aligned tracking and tracing with all stakeholders.
- Facilitate extension of mobile men health services and monitoring of improved HAST services for men.

Sub-Programme: Maternal, Neonatal, Child & Women's Health & Nutrition [MNC&WH and N]

- Trace pregnant women who default on treatment by adding them to HAST and TB tracing teams list.
- Continue Household pregnancy testing which is done by Outreach teams and strengthen referral for linkage to antenatal care.
- Train 150 healthcare workers in Essential New-born care including resuscitation.
- Maintain the implementation of the Essential Package of Neonatal Care.
- Advocate for an increase in bed capacity by commissioning Dr Pixley Ka Isaka Seme Memorial Hospital Maternity, Paediatric and Neonatal services, opening a neonatal unit at King Dinizulu Hospital and increasing Kangaroo mother care beds in eThekweni, in line with resource availability.
- Integrate with government departments and partners to implement strategies to reduce early pregnancies, also to address societal issues.
- Conduct dialogues to improve early antenatal care booking in districts with low rates i.e., King Cetshwayo, Amajuba and uThukela Districts.
- Improve syphilis management for pregnant women.
- Continue to strengthen existing interventions including IMCI, effective triage, twice daily medical review of new admissions and high care patients, respiratory support, and Emergency Triage and Treatment Training.
- Procurement of equipment consumables particularly circuits for respiratory support equipment.
- Monitor treatment of syphilis positive pregnant women as syphilis is the most easily preventable cause of stillbirths.
- Strengthen implementation of improved screening for syphilis according to new provincial guidelines, including dual syphilis and HIV test and treat which started in June 2023.
- Disseminate, orientate and implement newly revised VTP (PMTCT) guidelines to improve management of NPRIs.
- Implement the Integrated Multi Stakeholder Health Promotion Strategy championed by DOH and coordinated within Office of the Premier (OTP).
- Educate and raise awareness on Dual Protection.
- Pilot user friendly services for youth to access contraceptives in eThekweni, Zululand, uThukela and uMgungundlovu higher learning institutions and TVETs.

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Sub-programme: Disease Prevention and Control

- Health education has been strengthened through all media platforms including community radio stations, social media platforms, print media and door to door campaigns.
- Mortality audits are being conducted and reports are shared with treating health facilities.
- Expansion of indoor residual spraying in areas that have been targeted and where cases have been detected.
- Malaria surveillance along the borders.

Linking performance with budget

TABLE 24: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
2.1	District Management	371 834	371 834	-	353 072	353 072	-
2.2	Community Health Clinics	5 644 577	5 644 577	-	5 090 933	5 090 933	-
2.3	Community Health Centres	2 303 984	2 296 610	7 374	1 723 106	1 723 106	-
2.4	Community Based Services	1 088 355	1 069 747	18 608	944 883	944 883	-
2.5	Other Community Services	1 526 691	1 878 222	-351 531	3 896 066	3 896 066	-
2.6	HIV and AIDS	6 172 841	6 172 076	765	6 512 292	6 512 292	-
2.7	Nutrition	35 812	31 547	4 265	30 882	30 882	-
2.8	Coroner Services	286 304	300 017	-13 713	281 252	281 252	-
2.9	District Hospitals	9 397 354	9 745 939	-348 585	8 347 660	8 347 660	-
	Total	26 827 752	27 510 569	-682 817	27 180 146	27 180 146	-

Source: Annual Financial Statements and BAS

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PROGRAMME 3 - EMERGENCY MEDICAL SERVICES

Programme Description & Purpose

Rendering pre-hospital Emergency Medical Services, including Inter-hospital Transfers and Planned Patient Transport

The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal function.

Sub-Programme 3.1: Emergency Services

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

Sub-Programme 3.2: Planned Patient Transport

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

Both the EMS P1 response rates for urban and rural areas decreased when compared to the baselines. The targets for both the indicators were not met, and this is because of resource constraints that are a key challenge.

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TABLE 25: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (EMS)

APP 2023/24: Page 116: Table 48							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
EMS P1 response in urban areas under 30 minutes	19.	EMS P1 urban response under 30 minutes rate	41.9%	50%	41.5%	(17%)	Various resource constraints remain the key challenge impacting Emergency Medical Services. These include among others human resources, vehicles (specifically operational ambulances), base infrastructure, budget, etc.
		<i>EMS P1 urban response under 30 minutes</i>	39,676	78,112	40,403		
		<i>EMS P1 urban responses</i>	94,781	156,222	97,467		
EMS P1 response in rural areas under 60 minutes	20.	EMS P1 rural response under 60 minutes rate	48.2%	55%	46.6%	(15%)	Various resource constraints remain the key challenge impacting Emergency Medical Services. These include among others human resources, vehicles (specifically operational ambulances), base infrastructure, budget, etc.
		<i>EMS P1 rural response under 60 minutes</i>	70,063	111,240	66,474		
		<i>EMS P1 rural responses</i>	145,497	202,258	142,744		

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Strategies to overcome areas of under-performance

- Allocation of infrastructure budget to increase number of customized built bases.
- Identify satellite bases that are strategically placed.
- Vehicle management service provider has been engaged to increase the pool of service providers and increase supervision of fleet matters.
- EMS operational staff roster and working hours to be revised to reduce the compulsory overtime expenditure. If this is achieved, then EMS will have budget for voluntary overtime as well as employing of new staff to ensure the operational schedule is achieved.

Linking performance with budget

TABLE 26: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
3.1	Emergency Transport	1 450 928	1 443 564	7 364	1 490 117	1 490 117	-
3.2	Planned Patient Transport	226 687	248 002	-21 315	177 749	177 749	-
	Total	1 677 615	1 691 566	-13 951	1 667 866	1 667 866	-

Source: Annual Financial Statements and BAS

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PROGRAMME 4 – PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

Programme Description & Purpose

Programme Purpose

Deliver hospital services which are accessible, appropriate, and effective and provide general specialist services, including specialized rehabilitation service, as well as a platform for training health professionals and research. *There are no changes to the Programme 4 structure.*

Sub-Programme 4.1: General (Regional) Hospitals

Render hospital services at a general specialist level and provides a platform for training of health workers and research.

Sub-Programme 4.2: Tuberculosis Hospitals

Convert present Tuberculosis hospitals into strategically placed centres of excellence. TB centres of excellence will admit patients with complicated TB requiring isolation for public protection and specialised clinical management in the intensive phase of treatment to improve clinical outcomes. This strategy will reduce operational costs in the long term.

Sub-Programme 4.3: Psychiatric/Mental Hospitals

Render a specialist psychiatric hospital service for people with mental illness and intellectual disability and provide a platform for the training of health workers and research.

Sub-Programme 4.4: Sub-Acute, Step down and Chronic Medical Hospitals

Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

Sub-Programme 4.5: Dental Training Hospital

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, targets, and actual achievements

Regional hospitals

The patient experience of care satisfaction rate increased by 1% from the baseline despite the target not being met. Some of what the patients were not satisfied with include long waiting times, lack of communication from health practitioners, and non-functional hand basins. The increase in patient safety

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incident case closure rate is attributed to functional patient safety incident committees and the implementation of interventions for improvement. The number of maternal deaths increased by 13% from the baseline even though much lower and better than what was targeted. Timely referrals and better access to respiratory support and oxygen resulted to the reduction in deaths under 5 years. The child under 5 years diarrhoea case fatality rate decreased by 33% from the baseline despite the target not being met. The pneumonia case fatality rate in children under 5 years remained the same. The child under 5 years severe acute malnutrition case fatality rate decreased by 26% from the baseline and the target met. Adherence to the guidelines resulted to the improvement in the reporting of the severity assessment code (SAC) 1 incidents.

Specialized TB hospitals

The patient experience of care satisfaction rate increased by 3% from the baseline, but the target was not met. The patient safety incident case closure rate decreased by 7% from the baseline and the target was not met. There was one severity assessment code 1 incident recorded in the financial year and it is for the facility that has been converted to being a community health centre.

Specialized Psychiatric hospitals

The patient experience of care rate remained the same and the target was not met. The reinforcement of the implementation of the standard operating procedures and national guidelines resulted to the increase in the patient safety incident case closure rate and the achievement of the target thereof. The severity assessment code 1 incident reported within 24 hours rate increased when comparing this financial year's actual with the baseline. The target was not met due to the reporting challenges reported for some of the facilities.

Chronic/Sub-Acute hospitals

The patient experience of care satisfaction rate decreased by 3% against the baseline, but the target was met and exceeded. The target for the patient safety incident case closure rate was met and the increase against the baseline recorded. The severity assessment code 1 incident reported within 24 hours rate increased by 100% against the baseline and the target was met.

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TABLE 27: OUTCOME INDICATORS (PROVINCIAL HOSPITALS)

APP 2023/24: Page 122: Table 53							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE							
XXXVII	Patient Experience of Care satisfaction rate – Regional Hospitals	WebDHIS PEC	79.5%	83%	80.4%	(3%)	Patients were unhappy with long waiting times, lack of communication from health practitioners and non-functional hand basins.
	<i>Patient experience of care survey satisfied responses - Regional Hospitals</i>	Patient Surveys	95,599	83,000	121,485		
	<i>Patient experience of care survey total responses - Regional Hospitals</i>		120,215	100,000	151,131		
XXXVIII	Patient Safety Incident (PSI) case closure rate - Regional Hospital	Patient Safety Incidence Software	97.8%	97%	98.3%	1%	Functional PSI committees and the implementation of interventions for improvement resulted in the positive performance.
	<i>Patient Safety Incident (PSI) case closed - Regional Hospitals</i>	Patient Safety Incidence Report	2,709	2,134	2,676		
	<i>Patient Safety Incident (PSI) case reported - Regional Hospitals</i>		2,769	2,200	2,723		
OUTCOME: REDUCED MORBIDITY AND MORTALITY							
XXXIX	[Number of] Maternal deaths in facility - Regional Hospitals	Maternal register	78	109	88	19%	Interventions like Essential Steps in the Management of Obstetric Emergencies (ESMOE) and Caesarean Section evaluation of minimum standards continue. Conditions that contribute to morbidity and mortality are better managed at district hospital level as Obstetrics and Gynecology outreach education sessions on common conditions that causes maternal morbidity and mortality continues.

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APP 2023/24: Page 122: Table 53							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
XL	[Number of] Deaths in facility under 5 years - Regional Hospitals⁷	Midnight report	1,783	1,754	1,666	5%	Timely referrals and better access to respiratory support and oxygen contributed to the reduction in deaths.
XLI	Child under 5 years diarrhoea case fatality rate – Regional Hospital	DHIS	2.6%	1.7%	1.8%	(3%)	Deaths were associated with late entry into the health service with advanced disease.
	<i>Diarrhoea death under 5 years – Regional hospital</i>	<i>Midnight report</i>	97	49	65		
	<i>Diarrhoea separation under 5 years – Regional hospital</i>	<i>Ward register</i>	3,681	2,820	3,712		
XLII	Child under 5 years pneumonia case fatality rate –Regional Hospital	DHIS	2%	2.2%	2.2%	(1%)	Target was not achieved due to high preterm birth, low birth weight and HIV exposed babies.
	<i>Pneumonia death under 5 years – Regional Hospital</i>	<i>Midnight report</i>	100	105	100		
	<i>Pneumonia separation under 5 years – Regional Hospital</i>	<i>Ward register</i>	4,879	4,851	4,573		
XLIII	Child under 5 years Severe Acute Malnutrition case fatality rate – Regional Hospital	DHIS	10.3%	7.6%	7.6%	0%	No deviation
	<i>Severe acute malnutrition death under 5 years - Regional Hospitals</i>	<i>Midnight report</i>	85	57	59		
	<i>Severe acute malnutrition inpatient under 5 years - Regional Hospital</i>	<i>Ward register</i>	825	750	774		

⁷ [Number of] inpatient deaths under 5 years - Regional Hospitals in the 2022/23 Annual Report

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TABLE 28: OUTPUT INDICATORS AND MTEF TARGETS (REGIONAL HOSPITALS)

APP 2023/24: Page 123: Table 54							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED PATIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Regional Hospitals	21.	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Regional Hospital	92.3%	90.2%	97.3%	8%	Improved adherence to guidelines.
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – Regional Hospital</i>	262	331	217		
		<i>Severity assessment code (SAC) 1 incident reported – Regional Hospital</i>	284	367	223		

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SUB-PROGRAMME: TUBERCULOSIS HOSPITALS

TABLE 29: OUTCOME INDICATORS (TB HOSPITALS)

APP 2023/24: Page 123: Table 56							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
XLIV	Patient Experience of Care satisfaction rate – TB Hospital	WebDHIS PEC Module	85.4%	97.3%	87.9%	(10%)	The results are from uMzinyathi and 2 health establishments in uMgungundlovu. It is possible that the participants also included Richmond hospital which is no longer a TB hospital. It is possible that the awareness on PEC survey was not done, and patients did not receive full explanation of their role in the survey.
	<i>Patient experience of care survey satisfied responses – TB Hospital</i>	Patient Surveys	712	1,654	2,697		
	<i>Patient experience of care survey total responses – TB Hospital</i>		834	1,700	3,068		
XLV	Patient Safety Incident (PSI) case closure rate – TB Hospital	Patient Safety Incidence Software	99.1%	100%	92.3%	(8%)	The outstanding PSI occurred in Q4 and was still under investigation at the end of the quarter.
	<i>Patient Safety Incident (PSI) case closed – TB Hospital</i>	Patient Safety Incidence	217	250	12		
	<i>Patient Safety Incident (PSI) case reported – TB Hospital</i>	Reports	219	250	13		

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TABLE 30: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TB HOSPITALS)

APP 2023/24: Page 124: Table 57							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - TB Hospitals	22.	Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital	92%	95%	0%	(100%)	There was 1 incident that was recorded under St Margaret's Hospital which is now designated as a Community Health Centre (CHC).
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – TB Hospital</i>	24	31	0		
		<i>Severity assessment code (SAC) 1 incident reported – TB Hospital</i>	26	32	1		

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SUB-PROGRAMME: PSYCHIATRIC - MENTAL HOSPITALS

TABLE 31: OUTCOME INDICATORS (PSYCHIATRIC HOSPITALS)

APP 2023/24: Page 125: Table 59							
No.	Indicator Name	Data Source	Five Year Target (2024/25)	2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
XLVI	Patient Experience of Care satisfaction rate – Psychiatric Hospital	WebDHIS PEC	85.2%	90%	85.4%	(5%)	Psych patients' mental status makes the validity of the responses questionable. Some patients are in denial of their conditions, others have behavioral problems, and as a result may provide false negative responses.
	<i>Patient experience of care survey satisfied responses – Psychiatric Hospital</i>	Patient surveys	6,209	13,500	7,036		
	<i>Patient experience of care survey total responses – Psychiatric Hospital</i>		7,284	15,000	8,235		
XLVII	Patient Safety Incident (PSI) case closure rate – Psychiatric Hospital	Patient Safety Incidence Software	98.8%	92%	98.3%	7%	Management reinforced the implementation of Standing Operating Procedures (SOPs) and National Guidelines.
	<i>Patient Safety Incident (PSI) case closed – Psychiatric Hospital</i>	Patient Safety Incidence Reports	167	184	285		
	<i>Patient Safety Incident (PSI) case reported – Psychiatric Hospital</i>		169	200	290		

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TABLE 32: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PSYCHIATRIC HOSPITALS)

APP 2023/24: Page 125: Table 60							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Psychiatric Hospital	23	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital	81.3%	95%	91.7%	(4%)	Reporting challenges identified at uMzimkhulu and Fort Napier Hospitals.
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – Psychiatric Hospital</i>	13	38	22		
		<i>Severity assessment code (SAC) 1 incident reported – Psychiatric Hospital</i>	16	40	24		

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SUB-PROGRAMME: SUB-ACUTE, STEP DOWN AND CHRONIC MEDICAL HOSPITALS

TABLE 33: OUTCOME INDICATORS (CHRONIC HOSPITALS)

APP 2023/24: Page 126: Table 62							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
XLVIII	Patient Experience of Care satisfaction rate – Chronic/Sub-acute Hospital	WebDHIS PEC	86.6%	80%	92.5%	16%	There was rigorous explanation of medicine side effects to patients when they visited Pharmacy.
	<i>Patient experience of care survey satisfied responses – Chronic/Sub-acute Hospital</i>	Patient Surveys	3,196	6,400	531		
	<i>Patient experience of care survey total responses – Chronic/Sub-acute Hospital</i>		3,690	8,000	574		
XLIX	Patient Safety Incident (PSI) case closure rate – Chronic/Sub-acute Hospital	Patient Safety Incidence Software	96.9%	100%	100%	0%	No deviation
	<i>Patient Safety Incident (PSI) case closed – Chronic/Sub-acute Hospital</i>	Patient Safety Incidence Reports	63	60	12		
	<i>Patient Safety Incident (PSI) case reported – Chronic/Sub-acute Hospital</i>		65	60	12		

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TABLE 34: OUTPUT INDICATORS (CHRONIC HOSPITALS)

APP 2023/24: Page 127: Table 63							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Chronic Hospitals	24	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Chronic/Sub-acute Hospital	-	100%	100%⁸	0%	No deviation
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – Chronic/Sub-acute Hospital</i>	0	12	0		
		<i>Severity assessment code (SAC) 1 incident reported – Chronic/Sub-acute Hospital</i>	0	12	0		

Strategies to overcome areas of under-reporting

Regional hospitals

- QA teams to address issues raised by patients and work towards improving the satisfaction rate.
- Community awareness on consulting a health professional, for management of persistent diarrhoea or when there is blood in stool or if there are signs of dehydration.

Specialized TB hospitals

- Analysis of the performance of TB hospitals and then develop and monitor the improvement plan
- Adherence to the PSI guideline so that all PSIs are closed by the end of each quarter.

⁸ Although 0/0 is an undefined number, for this purposes the performance is interpreted as 100% because the numerator and denominator were the same.

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Specialized Psychiatric hospitals

- Health Research unit to conduct a random survey in Psych hospitals, regarding the validity and reliability of the patients' responses.

Linking performance with budget

TABLE 35: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
4.1	General (Regional) Hospitals	10 750 058	11 297 258	-547 200	10 432 675	10 432 675	-
4.2	Tuberculosis Hospitals	428 613	424 957	3 656	496 359	496 359	-
4.3	Psychiatric / Mental Hospitals/Sub-acute/Step-down and Chronic	1 125 030	1 115 945	9 085	1 019 296	1 019 296	-
4.4	Medical Hospitals	334 489	329 060	5 429	366 697	366 697	-
4.5	Dental Training Hospital	20 406	20 406	-	19 500	19 500	-
	Total	12 658 596	13 187 626	-529 030	12 334 527	12 334 527	-

Source: Annual Financial Statements and BAS

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PROGRAMME 5 – CENTRAL AND TERTIARY HOSPITALS

Programme Description & Purpose

Programme Purpose

To provide tertiary health services and create a platform for training of health professionals

There are no changes to the structure of Programme 5.

Sub-Programmes

Sub-Programme 5.1: Central Hospital Services

Render highly specialised medical health tertiary and quaternary services on a national basis and serve as platform for the training of health workers and research.

Sub-Programme 5.2: Provincial Tertiary Hospital Services

To provide tertiary health services and creates a platform for the training of Specialist Health Professionals.

Outcomes for the year under review

- Universal Health Coverage
- Improved Patient Experience of Care
- Reduced Morbidity and Mortality

Outcomes, outputs, output indicators, targets, and actual achievements

Tertiary hospitals

The patient experience of care satisfaction rate increased by 11% from the baseline and the target was met. The achievement is attributed to Batho Pele training conducted, conducting of exit interviews and improving the waiting times. The meeting of the target for increase in patient safety incident case closure rate is attributed to the implementation of interventions to improve adherence to patient safety incident guidelines. The number of maternal deaths decreased by 24% from the baseline and the target was met. This is due to implementation of Essential Steps in the Management of Obstetric Emergencies (ESMOE) and better management at district hospital level happening as a result of obstetrics and gynaecology outreach education sessions. Timely referrals and better access to respiratory support and oxygen resulted to the reduction in deaths under 5 years. The child under 5 years diarrhoea case fatality rate increased by 123% from the baseline and the target was not met. The pneumonia case fatality rate in children under 5 years increased by 44% against the baseline. The child under 5 years severe acute malnutrition case fatality rate increased by 41% against the baseline and the target was not met. The severity assessment code (SAC) 1 incidents reported within 24 hours rate increased by 1% against the target despite the target not being met.

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Central hospital

The patient experience of care satisfaction rate increased by 5% from the baseline and the target was met. The achievement is as a result of increased awareness in the resolution of complaints. The patient safety incident case closure rate decreased by 0.3% when compared to the baseline and the target was not met. The number of maternal deaths decreased by 57% from the baseline and the target was met. This is due to implementation of ESMOE and better management at district hospital level happening as a result of obstetrics and gynaecology outreach education sessions. Timely referrals and better access to respiratory support and oxygen resulted to the reduction in deaths under 5 years. The pneumonia case fatality rate in children under 5 years increased by 25% against the baseline. The child under 5 years severe acute malnutrition case fatality rate decreased by 58% against the baseline and the target was met. The good performance in the child under 5 years severe acute malnutrition case fatality rate is attributed to compliance with the management of patients admitted with severe acute malnutrition. The severity assessment code (SAC) 1 incidents reported within 24 hours rate increased by 16% against the target even though the target was not met.

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SUB-PROGRAMME: TERTIARY HOSPITALS

TABLE 36: OUTCOME INDICATORS (TERTIARY HOSPITALS)

APP 2023/24: Page 132: Table 68							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
L	Patient Experience of Care satisfaction rate – Tertiary Hospitals	WebDHIS PEC	78.1%	85%	86.3%	2%	In-service training of all staff on Batho Pele principles and creating awareness on PEC survey contributed to meeting the target. Ngwelezana Hospital conducts Batho Pele training quarterly. Also implemented an improvement plan to address the gaps that were identified during the previous survey in Pharmacy. King Edward Hospital also conducted exit interviews on 100 patients which was a pilot study. Gaps identified were shared with patients using pamphlets. Greys improved on the waiting time in Outpatients Department (OPD) and on the time taken to draw patient files.
	<i>Patient experience of care survey satisfied responses - Tertiary Hospitals</i>	Patient Surveys	17,461	34,000	23,145		
	<i>Patient experience of care survey total responses - Tertiary Hospitals</i>		22,360	40,000	26,806		
LI	Patient Safety Incident (PSI) case closure rate – Tertiary Hospital	Patient Safety Incidence Software	99.6%	96.4%	97.6%	1%	Implementation of interventions to improve adherence of PSI guidelines.
	<i>Patient Safety Incident (PSI) case closed - Tertiary Hospitals</i>	Patient Safety Incidence Reports	669	1,880	651		
	<i>Patient Safety Incident (PSI) case reported - Tertiary Hospitals</i>		672	1,950	667		
OUTCOME: REDUCED MORBIDITY AND MORTALITY							

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APP 2023/24: Page 132: Table 68							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
LII	[Number of] maternal deaths in facility - Tertiary Hospital	Maternal register	25	23	19	17%	Interventions like ESMOE and Caesarean Section evaluation of minimum standards continue. Conditions that contribute to morbidity and mortality are better managed at district hospital level as Obstetric and Gynae outreach education sessions on common conditions that causes maternal morbidity and mortality continues.
LIII	[Number of] Death in facility under 5 years - Tertiary Hospital⁹	Midnight Report	321	285	282	1%	Timely referrals and better access to respiratory support and oxygen contributed to the reduction in deaths.
LIV	Child under 5 years diarrhoea case fatality rate – Tertiary Hospital	DHIS	0.8%	1.2%	1.8%	(49%)	The rate wasn't achieved due to the lower than projected separations, as patients are managed appropriately at the lower levels of care.
	<i>Diarrhoea death under 5 years – Tertiary Hospital</i>	<i>Midnight Report</i>	3	5	5		
	<i>Diarrhoea separation under 5 years – Tertiary Hospital</i>	<i>Ward register</i>	399	412	280		
LV	Child under 5 years pneumonia case fatality rate –Tertiary Hospital	DHIS	3.4%	2.5%	4.9%	(95%)	The rate wasn't achieved due to the lower than projected separations, which was because of reduced admissions from the impact of the pneumococcal vaccination.
	<i>Pneumonia death under 5 years – Tertiary Hospital</i>	<i>Midnight Report</i>	22	25	15		
	<i>Pneumonia separation under 5 years – Tertiary Hospital</i>	<i>Ward register</i>	647	990	307		
LVI	Child under 5 years Severe acute malnutrition case fatality rate –Tertiary Hospital	DHIS	8.3%	6%	11.7%	(95%)	Deaths were because of complex chronic conditions.

⁹ [Number of] inpatient deaths under 5 years - Tertiary Hospital in the 2022/23 Annual Report

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APP 2023/24: Page 132: Table 68

No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
	Severe acute malnutrition death under 5 years - Tertiary Hospitals	Midnight Report	12	8	11		
	Severe acute malnutrition inpatient under 5 years - Tertiary Hospital	Ward register	145	133	94		

TABLE 37: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (TERTIARY HOSPITALS)

APP 2023/24: Page 133: Table 69

Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Tertiary Hospital	25.	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Tertiary Hospital	94.3%	100%	95.2%	(5%)	Reporting challenges identified at Ngwelezana and Grey's Hospitals
		Severity assessment code (SAC) 1 incidents reported within 24 hours – Tertiary Hospital	100	200	60		
		Severity assessment code (SAC) 1 incident reported – Tertiary Hospital	106	200	63		

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SUB-PROGRAMME: CENTRAL HOSPITAL

Table 38: OUTCOME INDICATORS (CENTRAL HOSPITALS)

APP 2023/24: Page 133: Table 71							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
LVII	Patient Experience of Care satisfaction rate – Central Hospitals	WebDHIS PEC	91.2%	93.7%	95.8%	2%	Increased awareness in the resolution of complaints which was identified as a challenge in the previous PEC survey.
	<i>Patient experience of care survey satisfied responses - Central Hospitals</i>	Patient Surveys	11,752	14,055	11,493		
	<i>Patient experience of care survey total responses - Central Hospitals</i>		12,886	15,000	12,000		
LVIII	Patient Safety Incident (PSI) case closure rate – Central Hospital	Patient Safety Incidence Software	99.5%	100%	99.2%	(1%)	The outstanding PSI occurred in Q4 and was still under investigation at the end of the quarter.
	<i>Patient Safety Incident (PSI) case closed - Central Hospitals</i>	Patient Safety Incidence	407	350	360		
	<i>Patient Safety Incident (PSI) case reported - Central Hospitals</i>	Reports	409	350	363		
OUTCOME: REDUCED MORBIDITY AND MORTALITY							

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APP 2023/24: Page 133: Table 71							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
LIX	[Number of] maternal deaths in facility - Central Hospital	Maternal register	7	9	3	67%	Interventions like ESMOE and Caesarean Section evaluation of minimum standards continue. Conditions that contribute to morbidity and mortality are better managed at district hospital level as Obstetric and Gynae outreach education sessions on common conditions that causes maternal morbidity and mortality continue.
LX	[Number of] Death in facility under 5 years - Central Hospital¹⁰	Midnight Report	206	185	176	5%	Timely referrals and better access to respiratory support and oxygen contributed to the reduction in deaths.
LXI	Child under 5 years pneumonia case fatality rate –Central Hospital	DHIS	28%	8.4%	35%	(317%)	Contributing factor to deaths is insufficient access to paediatric ICU beds.
	<i>Pneumonia death under 5 years – Central Hospital</i>	<i>Midnight Report</i>	23	16	21		
	<i>Pneumonia separation under 5 years – Central Hospital</i>	<i>Ward register</i>	82	190	60		
LXII	Child under 5 years Severe acute malnutrition case fatality rate – Central Hospital	DHIS	5.3%	8.3%	2.2%	73%	Compliance with the management of patients admitted with severe acute malnutrition in hospital
	<i>Severe acute malnutrition death under 5 years - Central Hospital</i>	<i>Midnight Report</i>	3	1	2		
	<i>Severe acute malnutrition inpatient separation under 5 years - Central Hospital</i>	<i>Ward register</i>	57	12	89		

¹⁰ [Number of] inpatient deaths under 5 years - Central Hospital in the 2022/23 Annual Report

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TABLE 39: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (CENTRAL HOSPITAL)

APP 2023/24: Page 134: Table 72							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: IMPROVED CLIENT EXPERIENCE OF CARE							
Severity Assessment Code (SAC) 1 incidence reported within 24 hrs rate - Central Hospital	26.	Severity assessment code (SAC) 1 incident reported within 24 hours rate – Central Hospital	68.8%	95%	80%	(16%)	Non-adherence to PSI reporting guidelines.
		<i>Severity assessment code (SAC) 1 incidents reported within 24 hours – Central Hospital</i>	11	19	20		
		<i>Severity assessment code (SAC) 1 incident reported – Central Hospital</i>	16	20	25		

Strategies to overcome areas of under-reporting

Tertiary hospitals

- Maintain existing PHC programmes and oral rehydration corners in every clinic and CHC
- Establish high care beds in every district to improve referrals turnaround time.
- Continue to pursue the development of additional paediatric critical care services.
- Continue with training on IMCI to encourage case detection of Moderate Acute Malnutrition (MAM) and SAM at district hospital level.
- Reminding the institutions that adherence to the National Guideline on PSI Reporting and Learning in South Africa is mandatory.

Central hospital

- Adherence to the PSI guideline so that all PSIs are closed by the end of each quarter.
- Continue to explore development of additional paediatric critical care services.

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- PSI management committee to conduct in-service training on the PSI guidelines.

Linking performance with budget

TABLE 40: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
5.1	Central Hospital Services	2 758 100	2 758 100	-	2 689 567	2 689 567	-
5.2	Provincial Tertiary Hospitals Services	3 078 925	3 101 845	-22 920	2 973 518	2 973 518	-
	Total	5 837 025	5 859 945	-22 920	5 663 085	5 663 085	-

Source: Annual Financial Statements (BAS)

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PROGRAMME 6 - HEALTH SCIENCES AND TRAINING

Programme Description & Purpose

Render training and development opportunities for actual and potential employees of the Department of Health.

There are no changes to the structure of Programme 6.

Sub-Programme 6.1: Nurse Training Colleges

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees.

Sub-Programme 6.2: EMS Training Colleges

Train rescue and ambulance personnel. Target group includes actual and potential employees.

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at under- and postgraduate levels targeting actual and potential employees

Sub-Programme 6.4: Primary Health Care Training

Provision of bursaries for health science training programmes at under-and postgraduate levels, targeting actual and potential employees

Sub-Programme 6.5: Training Other

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, Targets and actual achievements

The number of bursaries awarded to first year nursing students did not change when compared to the baseline, but the set target was exceeded. The achievement is attributed to the redirection of the funding from the post-basic nurses training provisions, considering the department is not yet accredited to offer all post-basic nurse training programmes. The number of internal employees awarded bursaries increased by 4% against the baseline value and the target was met.

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TABLE 41: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 6)

APP 2023/24: Page 140: Table 77							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
First Year Nursing Students awarded bursaries	27.	Number of Bursaries awarded to first year nursing students	160	120	160	33%	Funding was redirected from the post-basic nurse training provisions as the Department has still not received full accreditation from the South African Nursing Council (SANC) and the Council on Higher Education to deliver all post-basic nurse programmes, resulting in the increased intake.
Bursaries awarded to internal employees	28.	Number of internal employees awarded bursaries	462	480	480	0%	No deviation

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Strategies to overcome areas of under-reporting

Not applicable.

Linking performance with budget

TABLE 42: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
6.1	Nursing Training Colleges	234 551	229 952	4 599	211 895	211 895	-
6.2	EMS Training Colleges	31 082	23 391	7 691	23 680	23 680	-
6.3	Bursaries	28 076	25 360	2 716	43 573	43 573	-
6.4	Primary Health Care Training	44 325	32 588	11 737	30 879	30 879	-
6.5	Training Other	1 054 792	1 029 331	25 461	1 028 879	1 028 879	-
	Tota	1 392 826	1 340 622	52 204	1 338 906	1 338 906	-

Source: Annual Financial Statements (BAS)

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PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES

Programme Description & Purpose

To render support services required by the Department to realise its aims.

There are no changes to the structure of Programme 7.

Sub-Programme 7.1: Medicine Trading Account

To Render Pharmaceutical services to the Department. Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities via the Medicine Trading Account.

Sub-Programme 7.2: Laundry Services

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

Sub-Programme 7.3: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The tracer medicine stock out rate at the provincial pharmaceutical supply depot decreased by 50% when compared to the baseline value and the target was met. The achievement is due to following up on the suppliers with overdue orders. The tracer medicine stock out rate at facilities target was met and exceeded despite the increase against the baseline.

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TABLE 43: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 7)

APP 2023/24: Page 146: Table 82							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
Tracer medicine stock out rate - PPSD	29.	Tracer Medicine Stock-Out Rate at the Provincial Pharmaceutical Supply Depot (PPSD)	3.9%	≤5%	2.5%	50%	Following up on suppliers with overdue orders. Rationing the stock of products with supply constraints. Preparing for transitioning into new contracts by stock piling.
		<i>Number of medicine out of stock</i>	36	Varies	23		
		<i>Total number of tracer medicine expected to be in stock</i>	924	Varies	924		
Tracer medicine stock out rate at facilities	30.	Tracer Medicine Stock-Out Rate at facilities (hospitals, community health centres and clinics)	1.4%	≤5%	1.9%	63%	PPSD rationed the stock of products with supply constraints to ensure that all facilities were covered. Redistribution of stock to facilities with low stock levels.
		<i>Number of Tracer medicines stock out in bulk store</i>	8,160	Varies	12,812		
		<i>Number of tracer medicines expected to be stocked in the bulk store</i>	577,068	Varies	687,906		

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Strategies to overcome areas of under-reporting

Not applicable.

Linking performance with budget

TABLE 44: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
7.1	Medicine Trading Accounts	82 152	86 930	-4 778	69 028	69 028	-
7.2	Laundry Services	209 979	209 979	-	178 194	178 194	-
7.3	Orthotic and Prosthetic Services	62 536	59 302	3 234	63 114	63 114	-
	Total	354 667	356 211	-1 544	310 336	310 336	-

Source: Annual Financial Statements and BAS

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PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT

Programme Description & Purpose

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing health facilities

There are no changes to the structure of Programme 8.

Sub-Programme 8.1: Community Health Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres and Primary Health Care clinics and facilities

Sub-Programme 8.2: District Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

Sub-Programme 8.3: Emergency Medical Rescue Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities

Sub-Programme 8.4: Provincial Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/Regional Hospitals and Specialised Hospitals

Sub-Programme 8.5: Central Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

Sub-Programme 8.6: Other Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges and schools

Outcomes for the year under review

- Universal Health Coverage

Outcomes, outputs, output indicators, targets, and actual achievements

The targets for the percentage of public health facilities refurbished, repaired, and maintained and percentage of health facilities with completed capital infrastructure projects were exceeded. These achievement are attributed to the unbundling of the initial packaged projects at the implementation stage. The number of jobs created through the expanded public works programme (EPWP) increased by 11% against the baseline and the target exceeded. The achievement is due to improved job creation reporting on capital projects implementation and the introduction of EPWP maintenance programme for some of the clinics. The appointment of a new coordinator responsible for the reporting of data on capital projects also contributed to the achievement.

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TABLE 45: OUTCOME INDICATORS

APP 2023/24: Page 152: Table 87							
No.	Indicator Name	Data Source	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
LXIII	Percentage of public health facilities refurbished, repaired and maintained	Infrastructure Management System	Not monitored	100%	214.7%	115%	Initial packaged projects were unbundled at the implementation stage. Additional emergency and storm damage projects were identified during the financial year.
	<i>Total number of health facilities completed capital infrastructure projects (i.e., Practical Completion or equivalent achieved for projects categorised as New & Replacement, Upgrades & Additions or Rehabilitation, Renovations & Refurbishment's</i>		-	-	73		
	<i>Total number of health facilities planned to have completed capital infrastructure projects (i.e., Practical Completion or equivalent achieved for projects categorised as New & Replacement, Upgrades & Additions or Rehabilitation, Renovations & Refurbishment's</i>		-	-	34		

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TABLE 46: OUTPUT PERFORMANCE INDICATORS AND MTEF TARGETS (PROGRAMME 8)

APP 2023/24: Page 152: Table 88							
Outputs	No.	Output Indicator	Actual 2022/23	Target 2023/24	Actual 2023/24	Deviation from Planned 2023/24 Target	Comment on Deviation
OUTCOME: UNIVERSAL HEALTH COVERAGE							
Health facilities with completed capital infrastructure projects	31.	Percentage of health facilities with completed capital infrastructure projects (Programme 8)	134.3%	100%	214.7%	115%	Initial packaged projects were unbundled at the implementation stage. Additional emergency and storm damage projects were identified during the financial year.
		<i>Total number of health facilities with completed refurbishment Capital infrastructure projects i.e., Practical completion certificate (or equivalent issued)</i>	141	41	73		
		<i>Total number of health facilities on the 10-year infrastructure plan that needed major planned to have completed Capital infrastructure projects i.e. Practical completion certificate (or equivalent</i>	105	41	34		
Jobs created through the Expanded Public Works Programme (EPWP)	32.	Number of jobs created through the EPWP	3,173	2,500	3,510	40%	Improved Job creation reporting on Capital projects implementation and introduction of EPWP maintenance programme for eThekweni clinics. Appointment of a new coordinator responsible for reporting data on capital projects.

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Strategies to overcome areas of under-reporting

Not applicable.

Linking performance with budget

TABLE 47: BUDGET APPROPRIATION AND EXPENDITURE

Programme per sub programme		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
8.1	Community Health Facilities	541 616	719 183	-177 567	482 804	482 804	-
8.2	District Hospital Services	321 166	368 081	-46 915	529 573	529 573	-
8.3	Emergency Medical Services	-	-	-	-	-	-
8.4	Provincial Hospital Services	517 912	442 925	74 987	570 408	570 408	-
8.5	Central Hospital Services	70 287	52 967	17 320	60 881	60 881	-
8.6	Other Facilities	423 807	324 529	99 278	269 010	269 010	-
	Total	1 874 788	1 907 685	-32 897	1 912 676	1 912 676	-

Source: Annual Financial Statements (BAS)

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PART C: GOVERNANCE

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Risk Management

The department has a risk management policy and strategy which gets updated periodically. The department conducts regular risk assessments to determine the effectiveness of its risk management strategy and to identify new and emerging risks. The department has a Risk Management Committee that advises management on the overall system of risk management, especially the mitigation of unacceptable levels of risk. The Audit Committee advises the department on risk management and independently monitors the effectiveness of the system of risk management.

The department at this stage does not see progress in the management of risks and this has been communicated to the Executive Committee (Exco) and Head of Department (HOD) to get their intervention. All that is required is support from the Senior Management to get those who report to them to update progress on their Risk Mitigation Strategies (Action Plan) on quarterly basis. A new Risk Management IT System has been developed and installed in order to assist to improve the Risk Management process.

Fraud and Corruption

The Department has a Fraud Prevention Plan together with its implementation plan which was approved by the HOD. It has also developed Fraud Prevention Strategy, Fraud Prevention Policy, and a Whistleblowing Policy to complement the plan during its implementation. The Department has commenced with the implementation of these policies by broadcasting them on the intranet for the entire staff to be able to access and read through. The Fraud prevention plan forms part of the presentation that is shared during the fraud prevention awareness workshops.

During the financial year 2023/2024 seven (7) workshops were conducted in various districts. The participants of these workshops were District Directors, District Management teams as well as the Chief Executive Officers (CEOs) of institutions within the targeted district together with the senior management teams as well as officials from within the finance, supply chain management and human resources sections from those facilities. The participants were exposed to the applicable legislation, the tools to identify (red flags) and report incidents of fraud as well as mechanisms to prevent fraud. It is envisaged that through these interventions the recurrence of these incidents would be addressed.

The following mechanism are in place for the department to report the fraud and corruption cases:

Departmental hotline e-mail	fraudline@kznhealth.gov.za
Departmental fax number	033 346 6434
Departmental Call Centre	0800 005 133
National Anti-Corruption Hotline (NACH)	0800 701 701

The department has an approved Whistleblowing Policy in place which accommodates the reporting of incidents "Anonymously" for the reporter not to identify his/her details. Even if the reporter has provided his/her name, the investigator/s has a duty to conduct investigations and treat the matter with confidentiality.

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The cases are reported through the abovementioned mechanism or through management at different levels. The reported cases are issued to the Departmental Investigations Services Unit (Internally) or referred to other law enforcement offices like Office of the Premier, South African Police Services (SAPS), Hawks, etc. Subject to legal constraints, information about outcomes of any investigation and disciplinary process is disseminated on a "need to know" basis.

Minimising Conflict of Interest

There are several instances where conflict of interest (direct or perceived) may be prevalent.

1. Conducting business with the State in that officials are registered as Directors/Owners/Members of Companies that are registered on the Central Supplier Database (CSD).

A CSD report is accessed for each potential bidder or service provider who quotes through the procurement processes. If a government employee is identified as being part of the company/service provider this would be considered a conflict of interest and therefore involvement in such companies is expressly prohibited.

The Supplier Business Declaration (SBD) 4 form which is a supplier business declaration form, is another important tool in managing the conflict of interest in the Supply Chain Management (SCM) environment. The SBD 4 form is required to be completed by a potential supplier and makes provision for listing of relatives of bidders who are employed by the State. At this point the respective SCM Committee's must exercise due diligence and examine for potential and/or direct conflict of interest.

2. Conflict of interest is also managed through the separation of functions at a SCM Finance and SCM level.
3. Instances of direct conflict as identified through audits and internal control processes are also another source of information. In this regard, once the list is sent to the Ethics Office, communication is addressed to the identified officials reminding them of the provisions of the Public Service Regulations as well as the Public Administration Management Act and instructing them to deregister the company from CSD or resign as a member/Director of the company and/or resign from Public Service. The Legislation is also clear that the act of conducting business with state is a criminal offence and an offender could be prosecuted accordingly. This is the final step, should officials not show any indication of willingness to comply.

Such cases are then referred to Labour Relations for disciplinary action and if need be, to the Departmental Investigations Unit for further investigation with the intention of recovery.

4. The Provincial Other Remunerative Work Outside the Public Service (ORWOPS) Committee receives all applications for ORWOPS and makes recommendations to the Accounting Officer based on the information supplied. Any potential/ perceived / actual and direct conflict of interest are highlighted, and such applications are not recommended. This includes a CSD check and any official who has a company listed on CSD, has their application for ORWOPS rejected. A further level of intervention to avoid conflict of interest is the inclusion of an

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Addendum that the supervisor and CEO signs off, committing to monitoring, reporting and motivating for the revoking of the approved ORWOPS should any conflict of interest and/or compromising of service delivery arise.

5. Conflict of interest in the HRM recruitment and selection space is managed through completion of declarations or recusals. A further control measure is the completion of the Recruitment Declaration form by shortlisted candidates and personnel security screening which is conducted by the Security Management Services Directorate.
6. All gifts, sponsorships and donations have to be declared on a monthly basis and the delegation for the acceptance resides with the Accounting Officer. The acceptance process is managed through the Ethics Office and a Donation/Gift/Sponsorship register is maintained. The register is collated and submitted on a monthly basis to the Accounting Officer and to the Finance Office for recording in the Financial Statements of the Department.
7. Conflict of interests are also managed through the process of Financial Disclosure by employees and any potential conflict of interest is addressed when identified and if need be referred for possible lifestyle review in terms of Section 15(5) of the Public Administration Management Act, 2014.
8. The Department has an approved Policy on Conducting Business with the State which gives effect to the Regulation 13(c) of the Public Service Regulations (PSR), 2016. This Policy outlines the Statutory Mandate and serves to promote ethical behaviour among employees, eradicate and prevent unethical behaviour and reduce possible/perceived and potential conflicts of interest.
9. The Public Service Regulations Chapter 2 which focuses on conduct, financial disclosures, anti-corruption and Ethics Management and the Public Administration Management Act Chapter 3(8) is widely workshopped to all levels of employees in order to bring awareness to possible contraventions. The Department has further developed posters as well as a booklet on Ethics in the Workplace and these are distributed to all facilities and available on the intranet for downloading.
10. The Department has a Whistleblowing Policy which takes cognisance of the fact that every employer and employee has a responsibility to disclose criminal and/or any other irregular conduct in the workplace. This Policy provides users with the various avenues in which misconduct/fraud/irregular conduct can be reported anonymously. A dedicated fraud hotline is made available for anonymous reporting of fraud, corruption and unethical behaviour and/or conduct.
11. The Department has an approved Fraud Prevention Plan which is the cornerstone of all fraud prevention enablers that exists to support the implementation of fraud risk management at both strategic and operational levels in the Department.

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Code of Conduct

Section 195 of the Constitution of the Republic of South Africa outlines the democratic values and principles governing the Public Administration. The Public Service Code of Conduct is directional in nature and is the standard of behaviour that is expected from all Public servants.

As such a breach of the Code of conduct is dealt with via the progressive disciplinary process. Progressive discipline allows the supervisor/ manager implement consequence management, depending on the nature of the misconduct, and ranges from counselling up to dismissal.

The Department has developed a Code of Ethical Conduct handbook for employees which is informed by the Legislative framework governing the Public Service, the Code of Conduct for the Public Service, the Batho Pele Principles and the Integrity Management Framework for the Public Service amongst others. The principles of Ethics and good conduct in the workplace which are outlined in the handbook seeks to promote an ethical Organisational Culture. Additionally, the Department has developed posters on the code of conduct which include the relationship between the employee and the public as well as relationships between employees.

The Department has implemented a standardised employee Induction and Orientation programme which is rolled out in all Districts for all newly appointed employees. This programme seeks to provide the employee with a basic understanding of the Public Service as well as expectations of the Department in terms of code of conduct and an emphasis of the applicable Public Service Regulations as well as compliance thereof.

Health and Safety and Environmental Issues

An employer must provide a working environment that is safe and without risk to its employees

Non-compliance with OHS Act,

Noncompliance may, unsafe environment for worker, patients, and visitors. There will be many injuries, illnesses, disabilities, and worse loss of life. This may potentially lead to litigation, and the department losing a lot of money through worker compensation and patients suing the department. Further to this an unsafe working environment may lead to low staff morale, absenteeism, unhappiness, etc. These unfavourable working conditions can increase high staff turnover, leading to poor service delivery.

Poor uptake of Medical Surveillance

Data collected from institution demonstrate that although there is a functional medical surveillance program in the institution, there are still challenges in ensuring that all staff members are under the medical surveillance, and this include senior management.

The consequence to this could be unfit employees assigned to duties that may be demanding and that may possibly aggravate already existing conditions, leading to increased occupational injuries and diseases. The department will then be expected to spend more on medical bills of employees, at the same time dealing with staff shortage and unwell staff members.

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Non-Compliance to Fire Safety

Older institutions do not fully comply with the fire safety requirements in terms of the structural design, e.g., narrow passages, fewer alternative emergency exit, fire detection and alarm system not installed in all buildings and insufficient space for assembling in case of an emergency. This may result in the damage of infrastructure, the loss of life and no service delivery.

Poor ventilation

Ventilation is a challenge in most institution and mechanical ventilation is not adequately maintained or surveyed to determine its effectiveness. Staff members, thus become exposed to hazardous biological agent like tuberculosis, SARS-cov-2, etc. this has detrimental effect on employees as well as patients as these biological agents are communicable.

Dilapidated buildings

Although there are projects aimed at revamping the infrastructure, however, there are still institutions with buildings which are in disrepair state and are a health hazard to users. Most of these buildings do not possess compliance certificates, e.g., certificate of occupancy, health and safety compliance certificates, electrical compliance certificates, fire safety certificates, etc.

Congested facilities

The physical expansion of facilities is not in line with the expansion of services provided in the health facilities, thus leading to congestion. This may lead to inability for the health facility to adequately protect staff and patients from communicable diseases, emergency evacuation will also be a huge challenge. In high rise buildings, congestion may further put strain on the stability of the structures as it will be holding weight beyond its capacity.

Health Portfolio Committee

The Health Portfolio Committee meetings took place as follows:

- 20 January 2023
- 02 March 2023
- 16 March 2023
- 06 June 2023
- 04 August 2023 (Postponed)

Standing Committee On Public Accounts (SCOPA) Resolutions

Table: SCOPA Resolutions summary

Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
STANDING COMMITTEE ON PUBLIC ACCOUNTS - REPORT OF THE STANDING COMMITTEE ON PUBLIC ACCOUNTS ON THE FOLLOW-UP HEARINGS HELD IN MARCH 2023 ON THE 2021/2022 REPORT OF THE AUDITOR-GENERAL				
20/2023	Internal investigations (relating to Resolution 169/2022)	The Accounting Officer report to the Committee by the 30th of June 2023 on:	Refer to the detailed responses	Refer to the detailed responses

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		[1] Progress made in the pending disciplinary cases. [2] Steps taken to recover any losses and the anticipated time frames for finalisation. [3] The outcome of the implementation of turnaround strategies to prevent a recurrence.	submitted to the SCOPA	submitted to the SCOPA
21/2023	Investigations by the Forensic Unit (relating to Resolution 170/2022)	The Accounting Officer report to the Committee by the 30 th of June 2023 on progress made in the implementation of all recommendations emanating from the forensic investigations, the criminal investigations still underway and the finalisation of the investigations emanating from FR 02/2017 and FR 06/2018, as well as time frames for concluding the investigations.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
28/2023	Relating to Transversal Resolution 217/2022 - filling of critical posts	The Accounting Officers and Accounting Authorities of the relevant Departments and Public Entities report to the Committee by the 30 th of June 2023 on: [1] Progress made in the filling of critical management posts and the time frames for filling of those posts. [2] Where no progress has been made, reasons must be provided as well as steps taken to expedite implementation.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
RESOLUTIONS ON UNAUTHORISED EXPENDITURE FOR 2019/20, 2020/2021 AND 2021/2022				
32/2023	Unauthorized Expenditure for the 2019/20 Financial Year: R91.617 Million	The unauthorized expenditure disclosed in the 2019/20 annual financial statements of the Department of Health amounting to R91,617,000 be authorized as a first charge against the future budget(s) of the Department in terms of section 34(2) of the Public Finance Management Act No.1 of 1999 over a five-year period commencing from the 2024/25 financial year.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
STANDING COMMITTEE ON PUBLIC ACCOUNTS - REPORT OF THE STANDING COMMITTEE ON PUBLIC ACCOUNTS ON THE HEARINGS HELD IN OCTOBER 2023 ON THE 2022/2023 REPORT OF THE AUDITOR-GENERAL				
103/2023	Uncertainty relating to future outcome of litigation	The Accounting Officer report to the committee by 31 January 2024 on strategies adopted and measures implemented by the department to: (a) Identify and address the root causes of medico-legal claims; and (b) Mitigate its liability in respect of medico-legal claims, including but not limited to improved record-keeping for evidential purposes and training of staff to avoid future claims.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
104/2023	Payables Not Recognised: R212.05 Million	The Accounting Officer report to the committee by 31 January 2024 on: [1] The impact the accrued expenditure has had on service delivery in 2023/24 and measures implemented to mitigate the impact.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>[2] The outcome of ongoing discussions with Provincial Treasury on the impact of budget cuts on service delivery in the department.</p> <p>[3] The effectiveness of the steps taken to ensure all invoices are paid within 30 days.</p>		
105/2023	Irregular Expenditure in 2022/23: R2.55 Billion (2022: R2.53 Billion)	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] Progress made in the determination testing of the irregular expenditure, as required in terms of the PFMA Compliance and Reporting Framework issued under National Treasury Instruction Note 4 of 2022/23 and time frames for concluding the determination testing.</p> <p>[2] If the determination testing has been concluded, the outcomes thereof, including:</p> <ul style="list-style-type: none"> ▪ The root causes of the expenditure; ▪ Measures implemented to address any deficiencies in internal control to avoid a recurrence and the effectiveness of the measures; ▪ Disciplinary action taken against the officials responsible for the irregular expenditure and the sanctions imposed; ▪ Steps taken to recover any losses; ▪ The outcome of any criminal investigation and steps taken pursuant thereto; and ▪ The time frames for concluding the above processes. <p>[3] Progress made in submitting a request for condonation to the relevant authority and the outcome of the condonation request.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
106/2023	Irregular Expenditure: Cumulative Balance Incurred in Prior Financial Years not yet Condoned: R15.91 Billion	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] Progress made in submitting all outstanding information to Provincial Treasury relating to the condonation requests of R1.133 billion.</p> <p>[2] Progress made in submitting all remaining irregular expenditure not yet submitted for condonation and time frames for making the submissions.</p> <p>[3] Overall progress made in the finalisation of all condonation requests.</p> <p>[4] Details of consequence management implemented, and sanctions imposed, where applicable.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
107/2023	Consequence Management: Unauthorised Expenditure in Prior Financial Years: R93.83 Million	<p>The accounting officer report to the committee by 31 January 2024 on the implementation of consequence management against officials responsible for the unauthorised expenditure, steps taken to recover any losses, opening of criminal cases where criminal conduct was</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		found, and measures implemented to prevent a future recurrence.		
108/2023	Fruitless and Wasteful Expenditure in 2022/23: R 870 000	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] Progress made in the determination testing of the fruitless and wasteful expenditure, as required in terms of the PFMA Compliance and Reporting Framework issued under National Treasury Instruction Note 4 of 2022/23 and time frames for concluding the determination testing.</p> <p>[2] If the determination testing has been concluded, the outcomes thereof, including:</p> <ul style="list-style-type: none"> ▪ the root causes of the fruitless and wasteful expenditure; ▪ disciplinary action taken against officials responsible for the fruitless and wasteful expenditure and the sanctions imposed; ▪ steps taken to recover any losses and the amount of any losses recovered or written off; ▪ measures implemented to address any deficiencies in internal control to avoid a recurrence and the effectiveness of the measures; ▪ the outcome of any criminal investigation and steps taken pursuant thereto; and ▪ the time frames for concluding the above processes. 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
109/2023	Fruitless and Wasteful Expenditure Incurred Prior to 2022/23 not yet resolved: R2.7 Million	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] A breakdown of the fruitless and wasteful expenditure.</p> <p>[2] The reasons for the delay in resolving the balance of the fruitless and wasteful expenditure from prior financial years, progress made in the investigations and the time frames for the conclusion of the investigations.</p> <p>[3] The findings and recommendations of the investigations and steps taken to implement the recommendations, including disciplinary steps taken against those officials responsible for the expenditure, the sanctions imposed, steps taken to recover any losses, measures implemented to avoid a recurrence, opening of criminal cases where criminal conduct was found, the amounts written off and the time frames for concluding the implementation of all recommendations.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
110/2023	Procurement and Contract Management: Non-Compliance with Legislation	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] Progress made in the implementation of measures to address the findings on procurement and contract management and the adequacy and</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<p>effectiveness thereof to avoid a recurrence of the findings.</p> <p>[2] A list of all transactions above R1 million awarded without inviting competitive bids where deviations were approved, the value of those transactions and the reasons for the deviations.</p> <p>[3] Details of disciplinary action taken against officials who had a private or business interest in contracts awarded by the department who failed to disclose such interest as well as officials whose close family members, partners or associates had a private or business interest in contracts awarded by the department and who failed to disclose such interest, the value of the contracts awarded in those instances and the sanctions imposed.</p>		
111/2023	Material Findings on Performance Information: Programme 2: District Health Services - Various Indicators	The Accounting Officer report to the committee by 31 January 2024 on progress made in the implementation of the SOP and standardised assessment practices and the adequacy and effectiveness of these measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
112/2023	Material Findings on Performance Information: Programme 2: District Health Services - Ideal Clinic Status Rate	The Accounting Officer report to the committee by 31 January 2024 on progress made in the implementation of the SOP and standardised assessment practices and the adequacy and effectiveness of these measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
113/2023	Material Findings on Performance Information: Programme 4: Provincial Hospital Services - Various Indicators	The accounting officer report to the committee by 31 January 2024 on progress made in the implementation of the measures intended to address these findings and the adequacy and effectiveness of the measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
114/2023	Achievement of Planned Targets: Key Service Delivery Indicators Not Achieved: Programme 2: District Health Services And Programme 4: Provincial Hospital Services	The Accounting Officer report to the committee by 31 January 2024 on progress made in the implementation of the measures intended to address these findings and the adequacy and effectiveness of the measures.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
115/2023	Strategic Planning and Performance Management (Repeat Finding)	The Accounting Officer report to the committee by 31 January 2024 on progress made in the implementation of the audit improvement plan and the adequacy and effectiveness thereof in addressing this audit finding and avoiding a recurrence.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
116/2023	Material Irregularities: Interest on Overdue Accounts: R2.09 Million	The Accounting Officer report to the committee by 31 January 2024 on the outcome of the investigation relating to the balance of R640 000, the findings and recommendations and steps taken to implement the recommendations, including disciplinary steps against the officials responsible, the sanctions imposed, steps taken to recover the losses	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		and measures put in place to avoid a recurrence, as well as time frames for concluding all processes.		
117/2023	Internal Control Deficiencies: Proper Document Management and Record Keeping System Not Implemented: e-health System	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] Effective interventions implemented to address the audit findings and recommendations regarding the eHealth System as a matter of priority, including:</p> <ul style="list-style-type: none"> ▪ the development of a project management plan; ▪ the establishment of formal project management practices and standards, to be implemented retrospectively; ▪ the appointment of suitably skilled and experienced persons to manage the project; ▪ regular monitoring of the project status, quantification of costs, timelines and return on investment; and ▪ the time frames for full implementation of the eHealth System at all health institutions. <p>[2] A quantification of the costs incurred thus far and the anticipated final costs.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
118/2023	ICT Control Environment Requiring Intervention	The Accounting Officer report to the committee by 31 January 2024 on measures implemented to address the ICT-related audit findings, time frames for implementation and the adequacy and effectiveness of the interventions.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
119/2023	Investigations	<p>The Accounting Officer report to the committee by 31 January 2024 on:</p> <p>[1] The nature of the allegations and the amounts involved, per investigation still in progress or finalised.</p> <p>[2] The findings and recommendations of completed investigations.</p> <p>[3] Steps taken to implement the recommendations and the outcomes of finalised investigations, including disciplinary steps and the sanctions imposed, steps taken to recover any losses, opening of criminal cases where criminal conduct was found and remedial steps taken to avoid a recurrence.</p> <p>[4] The anticipated time frame for completion of all ongoing investigations and implementation of all recommendations.</p>	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
120/2023	Various Flood Relief Initiatives	That the accounting officer report to the committee by 31 January 2024 on progress made in addressing the audit findings, the	Refer to the detailed responses	Refer to the detailed responses

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		status of the flood relief projects and the adoption of a disaster management plan.	submitted to the SCOPA	submitted to the SCOPA
121/2023	Infrastructure Projects: Dr Pixley Ka Seme Memorial Hospital	The Accounting Officer report to the committee by 31 January 2024 on: [1] The appointment of human capital resources, as a matter of priority, to run the neonatal unit and ensuring all plant and equipment are available and functional to fully operationalize the hospital, as well as the timelines for implementation. [2] Measures implemented to finalise the defective work and the timelines for completion. [3] Steps taken to implement consequence management against the responsible members of the project team for not meeting the project deliverables.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
122/2023	Infrastructure Projects: McCord Eye Hospital	The Accounting Officer report to the committee by 31 January 2024 on the plans and steps taken to remedy the defective work and to complete the installation of a fire detection system, as well as timelines for completion of all work.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
123/2023	Infrastructure Projects: King Edward Hospital	The Accounting Officer report to the committee by 31 January 2024 on the plans and steps taken to remedy the outstanding and defective work and to complete the additional repairs, as well as timelines for completion of all work.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
124/2023	Ideal Clinic Realisation and Maintenance Programme	The Accounting Officer report to the committee by 31 January 2024 on steps taken to ensure quality improvement plans are implemented by the clinics and are monitored, as well as steps taken to implement consequence management for non-compliance by officials responsible.	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA
125/2023	Emergency Medical Services (EMS)	The Accounting Officer report to the committee by 31 January 2024 on: [1] Implementation of a long-term procurement strategy for ambulances and prioritising budgets for the replacement of ambulances. [2] Corrective action to be taken for: - <ul style="list-style-type: none"> ▪ delays in response times and repairing of ambulances; ▪ lack of due care by staff regarding proper hygiene practices, proper storage and management of medication, equipment and medical supplies; ▪ replacement of equipment; ▪ enforcement of strict control over compliance with policies, regulations and SOP's; and 	Refer to the detailed responses submitted to the SCOPA	Refer to the detailed responses submitted to the SCOPA

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Resolution Number	Subject	Details	Response by the Department	Resolved (Yes/No)
		<ul style="list-style-type: none"> implementation of consequence management where officials have failed to perform their duties. 		

Prior modifications to Audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance	Financial year in which it first arose	Progress made in clearing / resolving the matter
Moveable Tangible Capital Assets (Qualified)	2008/09	The qualification in the 2021/22 financial year related to the valuation of assets. The Department has developed a detailed valuation methodology and has discussed this with the Provincial and National Treasury's as well as with the Auditor-General to determine the application of the valuation methodology.
Irregular Expenditure (Qualified)	2012/13	The Department has utilised an electronic tool to ensure the complete and accurate recording and disclosure of all Irregular Expenditure.
Accruals and Payables Not Recognised (Modified Audit Opinion)	2017/18	The Department will ensure the complete and accurate recording and disclosure of all Accruals as well the correct recognition of all Payables Not Recognised (PNR's).
Goods and Services (Modified Audit Opinion)	2019/20	The Goods Received Note (GRN) has been fully implemented. Assessments are currently being undertaken to ensure that all goods and services received in the Department are receipted accordingly and all supporting documentation is available for audit.
Unqualified Audit Opinion	2022/23	Improvement Strategy and Plan developed to sustain the Unqualified Audit Opinion
Unqualified Audit Opinion	2023/24	Improvement Strategy and Plan developed to continue to sustain the Unqualified Audit Opinion and to move towards a "Clean Audit"

Internal Control Unit

The Directorate: Audit and Internal Control which consists of two sub-directorates, namely Audit Management and Internal Control has been responsible for the following functions:

1. Audit Management
2. Internal Control
3. Co-ordination and collation of information for the compilation of reports to the Oversight Committees
- 4.

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1. Audit Management

Audit and Internal Control is responsible for the management of all audit assignments that are undertaken in the Department by the Auditor-General and the Internal Audit Unit. In this regard, the component is responsible for ensuring that all audit queries/findings as identified by the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury are analysed, co-ordinated and responded to, as well to create and maintain a working relationship with both the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury.

The component is also responsible for the compilation of the Audit Improvement Plans relative to the audits that were undertaken, undertaking validations / follow-ups of the implemented actions through assessments as well as the reporting on the status of implemented actions management and the Cluster Audit and Risk Committee (CARC).

2. Internal Control

The Component is responsible for the undertaking and finalising of internal control assessments in respect of all administrative disciplines as well providing management at Head Office, Districts and Institutions with information concerning the various risk areas that prevail within their institutions/areas of responsibility as well as developing strategies and actions to ensure that the identified control weaknesses are mitigated.

Internal Control Assessments are undertaken on an ongoing basis, and meetings are subsequently convened with the management teams from the facilities that were reviewed who are then required to provide explanations regarding the findings of the assessments. The developed improvement plans are also discussed during these engagements.

Audit and Internal Control has also been assessing financial performance at institutions through the review of information that is collated by the CEO's and Finance Managers through the Management Reporting packs.

Further to the above, the component has been undertaking Employee Verifications / Headcount exercises in the Department.

3. Co-ordination and reporting to the Oversight Committees

The Component is also responsible for the drafting of reports to the Standing Committee on Public Accounts (SCOPA) and the Cluster Audit and Risk Committee (CARC) relative to the reports of the Auditor-General and that of the KwaZulu-Natal Provincial Treasury's Internal Audit Unit. Further, the Component is also responsible for the co-ordination, formulation and finalisation of all responses to resolutions of the Finance Portfolio Committee and the Health Portfolio Committee.

Internal Audit and Audit Committees

The strategic objective of KZN Department of Health, Internal Audit Services is to provide an independent and objective assurance and consulting service designed to add value and improve KwaZulu-Natal

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Provincial Administration operations through evaluations of the systems of internal control, risk management and corporate governance processes.

In terms of the progress against the Internal Audit Annual Plan for 2023/24, the Department of Health had planned to conduct nine (9) audit assignments during the quarter. The Internal Audit Unit completed and finalised six (6) audit assignments planned for the financial year, one (1) is at the planning stage and two (2) assignments were deferred to Q1 of the 2024/25 financial year.

The following table lists all audit assignments completed during the 2023/24 financial year:

The following audits were completed during 2023/24	Quarter	Rating
Legislated Audits		
Performance Management	Q4	N/A
Follow-up Audits		
Follow-up on Resolved AG Audit Findings	Q3	Moderate
Risk Based Audits		
Emergency Medical Services	Q2	Critical
Infrastructure Development, Maintenance and Technical Support	Q2	Critical
Human Resources Management	Q3	Major
Pharmaceutical Services	Q3	Critical
Laundry Services	Q3	Major
Financial Audit		
Management of Key Accounts	Deferred to Q1	N/A
Review of Annual Financial Statements	Deferred to Q1	N/A

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Report of the Audit & Risk Committee on Vote 7 – Health

The Audit Committee herewith presents its report for the financial year ended 31 March 2024, as required by Treasury Regulation 3.1.13 read with section 77 of the Public Finance Management Act, 1999 (Act No. 1 of 1999, as amended by Act No. 29 of 1999).

The Provincial Audit and Risk Committee (PARC) is the shared audit and risk committee for the provincial departments and is further sub-divided into three Cluster Audit & Risk Committees (CARC's) that provide oversight of key functions to the KZN Provincial Government Departments. The KZN Department of Health is served by the Social Protection, Community and Human Development (SPCHD) Cluster Audit & Risk Committee.

The Audit Committee reports that it has adopted formal terms of reference contained in its Audit and Risk Committee Charter. The Committee complied with its responsibilities arising from the Public Finance Management Act and Treasury Regulations. The Committee was fully constituted for the full financial year.

1. Audit Committee Members and Attendance

The SPCHD CARC consisted of the members listed hereunder who have met as reflected below.

#	Name of Member	CARC Meetings Attended
1.	Mr S Mthethwa – CARC Chairperson	4 of 4
2.	Ms R Ramphal	4 of 4
3.	Mr S Magagula	3 of 4

The PARC consisted of the members listed hereunder who have met as reflected below.

#	Name of Member	Ordinary Meetings Attended	Special Meetings Attended
1.	Mr Z Zulu – PARC Chairperson	4 of 4	1 of 1
2.	Ms S Makhathini	4 of 4	1 of 1
3.	Dr M Zakwe	3 of 4	1 of 1
4.	Mr S Maharaj	4 of 4	1 of 1
5.	Mr M Tarr	4 of 4	1 of 1
6.	Ms B Jojo	3 of 4	1 of 1
7.	Mr S Mthethwa	4 of 4	1 of 1
8.	Ms R Ramphal	4 of 4	1 of 1
9.	Mr S Magagula	3 of 4	1 of 1

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On 4th September 2023, three new Provincial Audit and Risk Committee members, namely, Dr M Zakwe; Ms B Jojo and Mr S Magagula were appointed by the MEC for Finance for a period of 3 years.

2. Effectiveness of Internal Control

The Committee has reviewed the reports of the Internal Audit Unit, the Audit Report on the Annual Financial Statements and Management Report of the Auditor General of South Africa (AGSA) and has noted with concern, the weaknesses in controls in the following:

- Infrastructure Development, Maintenance and Technical Support
- Emergency Medical Services
- Human Resources Management
- Pharmaceutical Services
- Laundry Management
- Expenditure Management
- Revenue Management
- Procurement and contract management
- Consequence Management

The Committee considered the appropriateness of management's planned interventions to improve the overall system of controls and advised management to implement these measures urgently, in order to avoid the recurrence of audit findings.

3. Effectiveness of Internal Audit

Internal Audit Unit activities were reviewed by the Committee during the special PARC and CARC monitoring processes. The Committee evaluated Internal Audit Units' reports detailing the assessment of the adequacy and effectiveness of controls designed to mitigate the risks associated with the operational and strategic activities of the department.

The Internal Audit Unit planned to conduct nine audit assignments for the period under review, of which six were finalised and three were carried over to quarter 1 of 2024/25 financial year.

The Committee satisfied with Internal Audit Units' performance on audits that were finalised during the period under review, however noted with concern the audit assignments that were not finalised. During the 2024/25 financial year, the Committee will continue to monitor the progress made by the Internal Audit Unit against its operational plans in order to ensure that it continues to fulfil its mandate and add value to the Department.

4. Risk Management

The responsibilities of the Committee with respect to risk management are formally defined in its Charter. For the period under review, the Committee's responsibilities have been focused, amongst other things, on the quarterly review of the Department's risk register and monitoring progress made by the Department on various risk management initiatives.

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With regard to the Department's risk register as at 31 March 2024, as summarised in the table below, the Committee noted with concern the slow progress (of 16%) made by the Department on implementing its risk mitigation plans. The Department was urged to address remaining risk mitigations through, among other things, holding risk owners and line management accountable for implementation of agreed risk mitigation plans.

Focus Area	Risk Grouping					Total
	Critical	Major	Moderate	Minor	Insignificant	
Number of identified risks	53	105	23	6	2	189
Number of agreed risk mitigation plans.	117	226	40	2	2	387
Number of completed risk mitigation plans.	16	37	4	1	2	60
% completion of risk mitigation plans.	14%	16%	10%	50%	100%	16%

The Committee noted progress made by the Department on implementing minimum risk management standards as prescribed by the 2021 Provincial Risk Management Framework. From the assessment performed by PIAS (Risk and Advisory Services) during the period under review, the Department fully complied with eight of the 15 standards and partly complied with seven. The Department was urged to increase its efforts to fully comply with all the standards, as well as ensure that the vacant positions within the risk management function are filled.

The Committee encouraged the Department to enhance its business continuity management (BCM) practices through customisation and adoption of various BCM templates and guidelines as provided by the PIAS (Risk and Advisory Services). The Department was also advised to link its BCM practices with disaster management plans (as required by the Disaster Management Act) to ensure seamless resumption of business operations and critical services in the event of emergencies.

5. Quality of in year management and monthly/quarterly reports

The Committee was satisfied with the content and quality of quarterly reports in respect of in year management and quarterly performance, prepared and issued by the Accounting Officer of the Department during the year under review, in terms of the PFMA and the Division of Revenue Act. However, the Committee raised concerns over the unauthorised expenditure incurred during the year as well as the payments that were not made in 30 days which was disclosed as payables not recognised.

The Committee monitored the implementation of corrective actions in respect of the detailed findings emanating from the previous regulatory audit as well as PIAS audits on a quarterly basis through the CARC processes.

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6. Evaluation of Financial Statements

The Committee has:

- Reviewed and discussed the Annual Financial Statements, including the audit report, with the Accounting Officer, Auditor General and Internal Audit Unit;
- Reviewed the Auditor General's Management Report.
- Reviewed the Department's processes for compliance with legal and regulatory provisions, where concerns have been noted with expenditure management, consequence management, revenue management, procurement and contract management and the failure to implement effective steps to prevent irregular expenditure; and
- Reviewed the conclusion on the usefulness and reliability of performance information resulting from the audit of the Department.

The Committee noted that three matters had been emphasised in report which did not affect the audit opinion, and these matters related to the following:

- Departments' uncertainty relating to the future outcomes of litigation of R3.98 billion relating to litigation for medical negligence and claims against the state. Provision and liability against these litigations had not been disclosed in the financial statements.
- The Department had disclosed payables not recognised of R879,80 million regarding payments that had exceeded the 30 days term of payment.
- The Department had disclosed unauthorised expenditure of R1.15 billion resulting from budget cuts which rendered the Departments' budget insufficient to cover expenditure obligations.

With regards to compliance with legislation, the Committee noted with concern that material findings in some instances repeat findings were identified in respect of the following areas:

- Expenditure management.
- Revenue management.
- Procurement and contract management.
- Consequence management and
- Strategic planning and performance management.

The Committee noted with concern material findings in respect of availability of evidence to support reported performance and material differences between actual and reported performance in the review of the Annual Performance Report for the programmes subjected for review. The material misstatements were not all corrected by the Department resulting in the material findings reported.

The Committee noted, that in respect of the material irregularity (MI) identified in the prior year, relating to interest on overdue accounts wherein the Department suffered a financial loss of R 2,09 million, the Department had since recovered R 1,45 million and R0,64 million was written off by the supplier. The efforts implemented by the Department have been deemed sufficient to resolve the MI.

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7. Forensic Investigations

In terms of forensic investigations, the SIU was performing investigations relating to procurement irregularities, employees performing remunerative work outside public service and theft or abuse of petrol cards. The investigation cover period August 2023 to January 2024 and were still in progress at year-end. The Committee will follow-up on the process of these matter throughout the next financial year as part of conducting its oversight responsibilities.

8. Auditor-General's Report

The Committee has met with the Auditor General of South Africa to discuss and evaluate the issues that emanated from the current regulatory audit. The Committee will ensure that corrective actions in respect of the detailed findings emanating from the current regulatory audit continue to be monitored on a quarterly basis through the CARC processes.

The Committee concurs with and accepts the conclusion of the Auditor General's opinion on the Annual Financial Statements of an unqualified audit opinion with material findings and is of the opinion that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor General.

9. Appreciation

The Committee wishes to express its appreciation to the Management of the Department, the Auditor General of South Africa, and the Provincial Internal Audit Services for the co-operation and support they have provided to enable us to compile this report.



Mr Z Zulu

Chairperson: Provincial Audit and Risk Committee

08 August 2024

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B-BBEE Compliance performance information

The following table has been completed in accordance with the compliance to the BBEE requirements of the BBEE Act of 2013 and as determined by the Department of Trade and Industry.

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 <i>(include a discussion on your response and indicate what measures have been taken to comply)</i>
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	Yes ¹¹	The National Health Act's sections 36(3) (a) – (m) clearly articulates that criterion that must be considered when a decision is being made. Key and specific to this, is (f) "the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998), within the emerging small, medium and micro-enterprise sector;" provides for this.
Developing and implementing a preferential procurement policy?	Yes	
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	

¹¹ On 24 July 2024, the High Court of Gauteng Division handed down a ruling on the matter between Solidarity Trade Union (and others) vis-à-vis Minister of Health (and others) on the constitutional challenge to the constitutionality of the Certificate of Need scheme (CoN) as set out in sections 36 – 40 of the national Health Act 61 of 2003. The Constitutional court previously found the scheme inchoate without regulations and proclamations of the scheme set aside in 2015 – as regulations still not promulgated and scheme not proclaimed. The scheme was found to violate sections 10 (dignity), 21 (freedom of movement and residence), 22 (to choose a trade, occupation, and profession), 25(1) (no arbitrary deprivation of property), 25(2) (impermissible expropriation), and 27(1) (right of access to healthcare) of the Constitution. CoN scheme was declared unconstitutional and section 36 – 40 severed from the Act. Matter referred to the Constitutional Court for confirmation.

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PART D: HUMAN RESOURCES OVERSIGHT REPORT

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INTRODUCTION

The information contained in this part of the annual report has been prescribed by the Minister for the Public Service and Administration for all departments in the public service.

Human Resource Management Services (HRMS) endeavoured to pursue its strategic intent by aligning internal human resource processes to Government's human resource policies and strategies, to ensure the execution of the Department's mandated functions. In doing so, HRMS accomplished significant achievements in some areas whilst the most prominent challenge experienced related to the Compensation of Employees (CoE) budget allocation received.

OVERVIEW OF HUMAN RESOURCES

Achievements

- The vacancy rate at the end of the reporting period was 11.50%. It has been very difficult to reduce the vacancy rate in the Department due to the COVID-19 pandemic and all the additional posts that were created to meet the demands for COVID-19.
- 3 Organisational structures (St Chad's CHC, eDumbe CHC and Nseleni CHC) were finalised during the reporting period and submitted for approval to the Executive Authority.
- The Annual HR Planning Implementation Report was approved by the Head of Department on 30 May 2023 and submitted to the OTP on 31 May 2023.
- To ensure the availability of staff with scarce skills in the Department, the ratio of key personnel per 100 000 populated had an improved performance as follows during 2023/24. The improved performance can be ascribed to the increased allocation of Medical Interns and Community Service Medical Officers and the increased appointment of Professional Nurses to assist in the fight against COVID-19 who have been subsequently appointed into permanent positions:
 - The actual performance of Medical Officers was 34.9 / 100 000 against a target of 27.4;
 - The actual performance of Professional Nurses was 155.1 / 100 000 against a target of 152.5.
- The Department has appointed 7020 contract staff in various categories to assist with the fight against the COVID-19 pandemic. As at 31 March 2024, 6553 contract staff have been appointed into permanent posts.
- The Job Access Strategic Framework Report for 2022/2023 and the Job Access Strategic Framework Plan for 2023/24 was submitted to the DPSA and OTP on 10 May 2023 and acknowledged by the DPSA on the same date.
- The Gender Equality Strategic Framework Report for 2022/2023 and the Gender Equality Strategic Framework Plan for 2023/24 was submitted to the DPSA and OTP on 10 May 2023 and acknowledged by the DPSA on the same date.
- The Approved Annual Employment Equity Report was submitted to Department of Employment and Labour on 11 December 2023 and an acknowledgement letter was received on the same day. With regards to the implementation of HOD's 8 Principles Action Plan for Public Service Women in Management Week, a successful meeting was held on 28 August 2023 which was chaired by the HoD.

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- The performance agreement for the Head of Department was submitted on 30 April 2023.
- Out of 88 SMS posts that are filled, 75 SMS members complied with the submission of performance agreements and 1 SMS member was newly appointed on 1 January 2024, 3 are on suspension and 8 are deemed as non-compliant. No payment of pay progressions and disciplinary action will be implemented for non-compliant Managers.
- Four PHSDCBC Chamber meetings were held during 2023/24 between the employer and trade unions so as to create a platform to address transversal challenges affecting employees and the Department.
- A total of 29 041 employees (17 364 females and 11 677 males) have undergone various training and development initiatives during 2023/24 utilising the Department's skill development budget.
- 23 SMS Members were trained on the Emotional Intelligence Programme.
- 10 Managers and officials attended the Gender Mainstreaming in the Public Service whilst 156 officials attended the Mentoring for Growth for the Public Service.
- A total of 4048 employees were subjected to orientation and re-orientation programmes during the reporting period.
- The target of 120 first year bursaries nursing students was exceeded. 160 bursaries were awarded. The increased intake was as a result funding redirected from the post-basic nurse training provisions as the Department has still not received full accreditation from the SANC and the Council on Higher Education to deliver all post-basic nurse programmes. Of the 160 students, 62 are male (39%) and 98 (61%) are females and all 160 students are from the youth category.
- 480 Internal employees were awarded bursaries against a planned target of 360. The target has been exceeded as a result of spending on the RSA-Cuban Medical Programme being reduced due to returning students that completed the programme and funding was re-directed to internal bursaries.
- The Employee Health and Wellness (EHW) unit provided 889 psychosocial support sessions to staff over the reporting period.
- As part of the Department's interventions, work and play programmes that focuses on physical, recreational and relaxation activities has been reactivated. In lieu of cost cutting measures, EHW is already exploring using virtual platforms to reach out to employees.
- The Department conducted 70 labour relations workshops at health facilities in the Department with the aim of ensuring compliance with labour relations prescripts.
- The Department continues to partner with the Office of the Premier and work with other Departments in ensuring ways to finalise labour cases within the prescribed period. The Department reviewed all precautionary suspensions as directed by the Office of the Premier. As at April 2023, the Department had 22 officials on precautionary suspensions. Eleven of those cases were at the disciplinary hearing stage and the remaining eleven cases were under investigation. By the end of the reporting period, eight officials are on precautionary suspension.
- The senior appointments made in the Department for the reporting period were for the posts of Chief Director: Clinical Support Services, Director: Forensic Pathology Services, Director: Labour Relations, Director: Nutrition, Director: Oral Health Services, District Director: Harry Gwala District Office, District Director: Umgungundlovu District Office (renewal of contract), CEO posts for Eshowe, Charles Johnson Memorial, Montebello, Bethesda, Doris Goodwin and Nkonjeni Hospitals and Othobothini and

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Kwamashu CHCs whilst the posts of Director: Revenue and Debt Management, Director: HRD and PMDS, District Directors for Umkhanyakude and King Cetshwayo Districts were vacated in the same period. The CEO posts for Newcastle, Ceza, Vryheid, RK Khan, Benedictine, Richmond, Umgeni, and St. Apollinaris Hospitals were vacated during the same period for various reasons.

Challenges

- It has been very difficult to reduce the vacancy rate in the Department due to the inadequate funding allocation received which means vacant posts remain unfunded.
- 295 employees demised whilst 33 employees were discharged as a result of ill-health and 925 employees retired during the reporting period.
- There is a shortage of Investigating Officers and Presiding Officers to handle the large volume of misconduct cases. There are also numerous requests for postponements by parties. Additionally, there is a shortage of dedicated Labour Relations Practitioners in health facilities which adds to delays in finalizing misconduct cases.
- Training initiatives and training intakes are limited due to the constricting funding envelope and this is evidenced by the fact that the Department did not award any health sciences bursaries during 2023/24.
- The reviewed process for the filling of posts has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which, consequently, has a negative impact on staff well-being as well as service delivery backlogs as a result of having vacant posts.

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1.1 Personnel related expenditure

The following tables summarise the final audited personnel related expenditure by programme and by salary bands. In particular, it provides an indication of the following:

- amount spent on personnel
- amount spent on salaries, overtime, homeowner's allowances, and medical aid.

TABLE 48: (3.1.1) PERSONNEL EXPENDITURE BY PROGRAMME FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000)
Administration	1 700 654	527 743	0	0	31	565
Central Hospital Services	5 846 939	3 459 309	0	0	59,2	611
District Health Services	27 369 081	17 557 460	0	0	64,2	363
Emergency Medical Services	1 692 819	1 261 525	0	0	74,5	434
Health Care Support Services	356 255	174 009	0	0	48,8	365
Health Facilities Management	1 896 625	102 514	0	0	5,4	26
Health Sciences & Training	1 342 635	1 242 605	0	0	92,5	525
Provincial Hospital Services	13 215 714	9 748 221	0	0	73,8	545
Total as on Financial Systems (BAS)	53 420 722	34 073 386	0	0	63,8	413

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 49: 3.1.2 PERSONNEL COSTS BY SALARY BAND FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary band	Personnel expenditure (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee
Lower skilled (Levels 1-2)	761 150	2	3 743	203 353
Skilled (Levels 3-5)	7 693 236	22	26174	293 927
Highly skilled production (Levels 6-8)	7 792 911	23	17 664	441 175
Highly skilled supervision (Levels 9-12)	14 194 850	41	14 986	947 207
Senior management (Levels >= 13)	107 485	0	79	1 360 570
Other	200 363	1	408	491 086

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Salary band	Personnel expenditure (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee
Contract (Levels 1-2)	56 918	0	157	362 535
Contract (Levels 3-5)	390 834	1	755	517 661
Contract (Levels 6-8)	414 285	1	908	456 261
Contract (Levels 9-12)	1 936 618	6	2 057	941 477
Contract (Levels >= 13)	22 856	0	7	3 265 143
Contract Other	30 101	0	587	51 279
Periodical Remuneration	63 199	0	448	140 915
Abnormal Appointment	607 357	2	14 593	41 619
TOTAL	34 272 163	100	82 567	415 084

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 50: (3.1.3) SALARIES, OVERTIME, HOMEOWNERS ALLOWANCE AND MEDICAL AID BY PROGRAMME FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Programme	Salaries		Overtime		Homeowners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
Administration	482 809	82.5	4 624	0.8	11 230	1.9	22 933	3.9
Central Hospital Services	2 597 103	75.4	285 205	8.3	90 519	2.6	158 429	4.6
District Health Services	14 202 997	79.8	483 753	2.7	629 475	3.5	895 389	5
Emergency Medical Services	858 851	67.8	152 977	12.1	56 249	4.4	94 530	7.5
Health Care Support Services	126 678	71.5	5 678	3.2	9 276	5.2	17 241	9.7
Health Facilities Management	14 218	21.2	0	0	40	0.1	108	0.2
Health Sciences & Training	978 881	78.4	222 967	17.9	6 274	0.5	11 857	0.9
Provincial Hospital Services	7 447 503	75.8	756 915	7.7	282 397	2.9	473 112	4.8
Total	26 709 041	77.6	1 912 119	5.6	1 085 459	3.2	1 673 598	4.9

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

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TABLE 51: (3.1.4) SALARIES, OVERTIME, HOMEOWNERS ALLOWANCE AND MEDICAL AID BY SALARY BAND FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary band	Salaries		Overtime		Homeowners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Over time as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
Lower skilled (Levels 1-2)	550 650	72.3	1 455	0.2	66 629	8.8	72 349	9.5
Skilled (Levels 3-5)	5 655 755	73.2	133 388	1.7	490 803	6.3	700 969	9.1
Highly skilled production (Levels 6-8)	6 080 189	77.6	112 150	1.4	323 337	4.1	527 349	6.7
Highly skilled supervision (Levels 9-12)	11 135 881	78.2	1 231 659	8.6	203 134	1.4	370 559	2.6
Senior management (Levels >= 13)	93 988	85	1 698	1.5	748	0.7	747	0.7
Other	198 232	97.9	311	0.2	145	0.1	620	0.3
Contract (Levels 1-2)	56 762	99.7	92	0.2	0	0	0	0
Contract (Levels 3-5)	388 694	98.8	1 544	0.4	101	0	70	0
Contract (Levels 6-8)	407 413	98	4 656	1.1	245	0.1	553	0.1
Contract (Levels 9-12)	1 482 077	76.4	425 070	21.9	316	0	374	0
Contract (Levels >= 13)	20 983	88.5	89	0.4	0	0	8	0
Contract Other	30 080	99.7	7	0	0	0	0	0
Periodical Remuneration	63 166	93.6	0	0	0	0	0	0
Abnormal Appointment	545 172	89.8	0	0	0	0	0	0
TOTAL	26 709 041	77.6	1 912 119	5.6	1 085 459	3.2	1 673 598	4.9

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

1.2 Employment and Vacancies

The tables in this section summarise the position with regard to employment and vacancies.

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment.

This information is presented in terms of three key variables:

- programme

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- salary band
- critical occupations (see definition in notes below).

Departments have identified critical occupations that need to be monitored. In terms of current regulations, it is possible to create a post on the establishment that can be occupied by more than one employee. Therefore, the vacancy rate reflects the percentage of posts that are not filled.

TABLE 52: (3.2.1) EMPLOYMENT AND VACANCIES BY PROGRAMME AS ON 31 MARCH 2024

Programme	Number of posts on approved establishment ¹²	Number of posts filled ¹³	Vacancy Rate	Number of employees additional to the establishment ¹⁴
Administration	1 091	926	15.1	173
Central Hospital Services	6 634	5 646	14.9	12
District Health Services	42 156	37 420	11.2	2 183
Emergency Medical Services	3 127	2 903	7.2	2
Health Care Support Services	617	476	22.9	2
Health Facilities Management	4	4	0	0
Health Sciences & Training	2 650	2 336	11.8	2 301
Provincial Hospital Services	20 019	17 814	11	19
Total	76 298	67 525	11.5	4 692

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 53: (3.2.2) EMPLOYMENT AND VACANCIES BY SALARY BAND AS ON 31 MARCH 2024

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment ¹⁵
Lower Skilled (Levels 1-2)	4 145	3 743	9.7	38
Skilled (Levels 3-5)	29 446	26 174	11.1	164
Highly Skilled Production (Levels 6-8)	19 618	17 664	10	58

¹² These are actual Posts on Persal. Organograms are not captured to ensure compliance with Cabinet Resolution to keep vacancy rates below 10%.

¹³ This refers to filled posts. Please note that more than one sessional employee may occupy a post.

¹⁴ Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment in addition to additional to employment posts.

¹⁵ Please note that as per a DPSA Directive, employees in training ranks e.g. Medical Interns and Community Service ranks e.g. Community Service Pharmacists are employed on contract and their posts are created as additional to the establishment in addition to additional to employment posts.

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Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment ¹⁵
Highly Skilled Supervision (Levels 9-12)	18 098	14986	17.2	7
Senior Management (Levels >= 13), Permanent	112	79	29.5	0
Other	995	995	0	937
Contract (Levels 1-2)	157	157	0	212
Contract (Levels 3-5)	755	755	0	645
Contract (Levels 6-8)	908	908	0	886
Contract (Levels 9-12)	2 057	2 057	0	1 744
Contract (Levels >= 13)	7	7	0	1
TOTAL	76 298	67 525	11.5	4 692

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 54: (3.2.3) EMPLOYMENT AND VACANCIES BY CRITICAL OCCUPATIONS AS ON 31 MARCH 2024

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Artisan	350	90	20,45%	0
Chiropracist	2	0	0%	0
Dentist	152	18	10,59%	43
Dietician	192	32	14,29%	37
EMS	2 823	216	7,11%	11
Engineer	44	17	27,87%	6
Environmental Health	85	10	10,53%	5
Head of Department	1	1	50%	0
Medical Physicist	9	1	10%	0
Medical Practitioners	4 023	402	9,08%	1297
Medical Specialist	687	165	19,37%	0
Medical Technician / Technologist	112	4	3,45%	104
Nutritionist	21	1	4,55%	0
Occupational Therapist	179	70	28,11%	69
Optometrist	66	6	8,33%	1
Oral Hygienist	26	10	27,78%	0
Pharmacist	1044	84	7,45%	311
Physiotherapist	304	32	9,52%	75
Professional Nurse	18 294	2 824	13,37%	396

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Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Psychologist	85	46	35,11%	21
Radiographer	685	100	12,74%	83
Social Worker	265	29	9,86%	4
Speech Therapy & Audiology	234	32	12,03%	98
Total	29 683	4 190	12,37%	2561

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

1.3 Filling of SMS Posts

The tables in this section provide information on employment and vacancies as it relates to members of the Senior Management Service by salary level. It also provides information on advertising and filling of SMS posts, reasons for not complying with prescribed timeframes and disciplinary steps taken.

TABLE 55: (3.3.1) SMS POST INFORMATION AS ON 31 MARCH 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
Director-General/Head of Department	1	1	100	0	0%
Salary Level 16 ¹⁶	1	1	100	0	0%
Salary Level 15	7	4	57%	3	43%
Salary Level 14	21	14	67%	7	33%
Salary Level 13	66	23	74%	89	26%
Total	118	85	72%	33	28%

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: HR Provisioning

TABLE 56: (3.3.2) SMS POST INFORMATION AS ON 30 SEPTEMBER 2023

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
Director-General/Head of Department	1	1	100%	0	0%
Salary Level 16	1	2	100%	0%	0%
Salary Level 15	7	4	57%	3	43%
Salary Level 14	21	13	62%	8	38%
Salary Level 13	88	67	76%	21	24%
Total	117	85	73%	32	27%

¹⁶ MEC's Post

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Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: HR Provisioning

TABLE 57: (3.3.3) ADVERTISING AND FILLING OF SMS POSTS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	0	0	2
Salary Level 13	0	0	5
Total	0	0	7

Source: Director HR Practices

TABLE 58: (3.3.4) REASONS FOR NOT HAVING COMPLIED WITH THE FILLING OF FUNDED VACANT SMS - ADVERTISED WITHIN 6 MONTHS AND FILLED WITHIN 12 MONTHS AFTER BECOMING VACANT FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Reasons for vacancies not advertised within six months
Budget Constrains.

Reasons for vacancies not filled within twelve months
Budget Constrains.

Source: Director HR Practices

TABLE 59: (3.3.5) DISCIPLINARY STEPS TAKEN FOR NOT COMPLYING WITH THE PRESCRIBED TIMEFRAMES FOR FILLING SMS POSTS WITHIN 12 MONTHS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Reasons for vacancies not advertised within six months
None - Budget Constrains

Reasons for vacancies not filled within six months
Budget Constrains

Source: Director HR Practices

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TABLE 60: (3.4.1) JOB EVALUATION BY SALARY BAND FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower Skilled (Levels 1-2)	4 145	0	0	2	100	34	100
Skilled (Levels 3-5)	29 446	1	0	2	100	29	100
Highly Skilled Production (Levels 6-8)	19 618	0	0	0	0	11	100
Highly Skilled Supervision (Levels 9-12)	18 098	1	0	7	14,29	4	100
Senior Management Service Band A	83	2	2,4	0	0	0	0
Senior Management Service Band B	19	0	0	0	0	0	0
Senior Management Service Band C	8	0	0	0	0	0	0
Senior Management Service Band D	2	0	0	0	0	0	0
Other	995	0	0	0	0	0	0
Contract (Levels 1-2)	157	0	0	0	0	0	0
Contract (Levels 3-5)	755	0	0	0	0	0	0
Contract (Levels 6-8)	908	0	0	0	0	0	0
Contract (Levels 9-12)	2 057	0	0	0	0	0	0
Contract Band A	4	0	0	0	0	0	0
Contract Band B	2	0	0	0	0	0	0
Contract Band D	10	0	0	0	0	0	0
TOTAL	76 298	4	0	11	45,45	78	100

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

The following table provides a summary of the number of employees whose positions were upgraded due to their post being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

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TABLE 61: (3.4.2) PROFILE OF EMPLOYEES WHOSE POSITIONS WERE UPGRADED DUE TO THEIR POSTS BEING UPGRADED FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Gender	African	Asian	Coloured	White	Total
Female	6	0	0	0	6
Male	4	0	0	1	5
Employees with a Disability	0	0	0	0	0
Total	10	0	0	1	11

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

The following table summarises the number of cases where remuneration bands exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case.

TABLE 62: (3.4.3) EMPLOYEES WITH SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION BY OCCUPATION FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Occupation Band	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Senior Officials and Managers	2	Level 13 to 14	Level 14 to 16	Retention/ head hunting
Professionals	669	Level 3 to 12	Level 4 to level 13	Grade progression
Technicians and Associate Professionals	1 443	Level 3 to 14	Level 4 to level 15	Grade progression/ OSD implementation
Clerks	203	Level 2 to 8	Level 4 to level 9	Grade progression
Service Shop and Market Sales Workers	3 389	Level 3 to 9	Level 4 to level 10	Grade progression/ OSD implementation
Craft and Related Trade Workers	51	Level 5 to 9	Level 6 to level 10	Grade progression/ OSD implementation
Plant and Machine Operators And Assemblers	1	Level 3	Level 6	Grade progression/ OSD implementation
Labourers and Related Workers	11	Level 2 to 3	Level 3 to 6	Grade progression
Total number of employees whose salaries exceeded the level determined by job evaluation				5771
Percentage of total employed				7.8%

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

The following table summarises the beneficiaries of the above in terms of race, gender, and disability.

TABLE 63: (3.4.4) PROFILE OF EMPLOYEES WHO HAVE SALARY LEVELS HIGHER THAN THOSE DETERMINED BY JOB EVALUATION FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Gender	African	Asian	Coloured	White	Total
Female	3 280	383	59	56	3 778
Male	1 825	144	16	8	1 993
Total	5 105	527	75	64	5 771

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Gender	African	Asian	Coloured	White	Total
Employees with a disability	13	3	0	1	17

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

Total number of Employees whose salaries exceeded the grades determine by job evaluation	5771
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Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Director: Organisational Efficiency Services

Employment Changes

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the department. The following tables provide a summary of turnover rates by salary band and critical occupations (see definition in notes below).

TABLE 64: (3.5.1) ANNUAL TURNOVER RATES BY SALARY BAND FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary band	Number of employees at beginning of period- 1 April 2023	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower Skilled (Levels 1-2)	3 430	605	121	3.50
Skilled (Levels 3-5)	25 670	2 524	845	3.3
Highly Skilled Production (Levels 6-8)	16 495	1 133	876	5.3
Highly Skilled Supervision (Levels 9-12)	14 760	1 500	1 426	9.7
Senior Management Service Band A	61	1	4	6.6
Senior Management Service Band B	11	0	0	0
Senior Management Service Band C	4	0	0	0
Senior Management Service Band D	2	0	0	0
Other	951	583	411	43.2
Contract (Levels 1-2)	534	64	370	69.3
Contract (Levels 3-5)	2 656	538	1 699	64
Contract (Levels 6-8)	1 315	516	1 202	91.4
Contract (Levels 9-12)	2 164	1 221	1 263	58.4
Contract Band A	3	2	2	66.7
Contract Band B	2	0	0	0
Contract Band C	0	1	1	0
Contract Band D	1	0	0	0
TOTAL	68 059	8 688	8 220	12.1

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

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TABLE 65: (3.5.2) ANNUAL TURNOVER RATES BY CRITICAL OCCUPATION FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Critical occupation	Number of employees at beginning of period- April 2023	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
All Artisans in the Building Metal Machinery Etc.	374	81	36	9,6
Ambulance and Related Workers	2 88	80	14	0,5
Chiropodists and Other Related Workers	1	0	0	0
Dental Practitioners	146	53	39	26,7
Dieticians and Nutritionists	222	53	60	27
Engineers and Related Professionals	51	3	3	5,9
Environmental Health	83	10	17	20,5
Head of Department	1	0	0	0
Medical Practitioners	3 798	1 463	1 244	32,8
Medical Specialists	1 142	190	143	12,5
Medical Technicians/Technologists	185	5	12	6,5
Occupational Therapy	228	90	108	47,4
Optometrists and Opticians	65	6	6	9,2
Oral Hygiene	27	2	4	14,8
Pharmacists	1 370	339	324	23,6
Physicists	0	2	0	0
Physiotherapy	340	103	95	27
Professional Nurse	18 548	2 045	2 188	11,8
Psychologists and Vocational Counsellors	103	50	40	38,8
Radiography	656	142	118	18
Senior Managers	99	10	7	7,1
Social Work and Related Professionals	272	12	9	3,3
Speech Therapy and Audiology	219	100	87	39,7
Total	30 813	4 839	4 554	14,8

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

The table below identifies the major reasons why staff left the department.

TABLE 66: (3.5.3) REASONS WHY STAFF LEFT THE DEPARTMENT FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Termination Type	Number	% of Total Resignations
Death	295	3.6
Resignation	3 028	36.8
Expiry of contract	3 785	46

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Termination Type	Number	% of Total Resignations
Transfers	4	0
Discharged due to ill health	33	0.4
Dismissal-misconduct	57	0.7
Dismissal-inefficiency	9	0.1
Retirement	925	11.3
Other	84	1
TOTAL	8 220	100
Total number of employees who left as a % of total employment	12.2%	

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 67: (3.5.4) PROMOTIONS BY CRITICAL OCCUPATION FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Occupation	Employees 1 April 2023	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
All Artisans in the Building Metal Machinery Etc.	374	13	3,5	231	61,8
Ambulance and Related Workers	2 883	18	0,6	1 407	48,8
Chiropodists and Other Related Workers	1	0	0	0	0
Dental Practitioners	146	0	0	88	60,3
Dental Specialists	1	0	0	0	0
Dieticians and Nutritionists	222	2	0,9	123	55,4
Engineers and Related Professionals	50	0	0	24	4
Environmental Health	83	0	0	29	34,
Head of Department	1	0	0	0	
Medical Practitioners	3 798	70	1,8	1 274	33,5
Medical Specialists	1 142	33	2,9	334	29,2
Medical Technicians/Technologists	185	0	0	123	66,5
Occupational Therapy	22	4	1,8	102	44,7
Optometrists and Opticians	65	1	1,5	45	69,2
Oral Hygiene	27	0	0	21	77,8
Pharmacists	1 370	15	1,1	545	39,8
Physiotherapy	340	1	0,3	200	58,8
Professional Nurse	18 548	222	1,2	7 098	38,3
Psychologists and Vocational Counsellors	103	2	1,9	36	35
Radiography	656	13	2	445	67,8
Social Sciences Related	1	0	0	2	200
Social Work and Related Professionals	271	0	0	99	36,5

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Occupation	Employees 1 April 2023	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progression as a % of employees by occupation
Speech Therapy and Audiology	219	2	0,9	109	49,
Total	30 714	396	1,3	12 335	40,2

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 68: (3.5.5) PROMOTIONS BY SALARY BAND FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary Band	Employees 1 April 2023	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progression as a % of employees by salary bands
Lower Skilled (Levels 1-2)	3 430	0	0	1510	44
Skilled (Levels 3-5)	25 670	126	0.5	13 612	53
Highly Skilled Production (Levels 6-8)	16 495	180	1.1	8 814	53.4
Highly Skilled Supervision (Levels 9-12)	14 760	394	2.7	6 538	44.3
Senior Management (Levels >= 13)	78	6	7.7	3	3.8
Other	951	0	0	12	1.3
Contract (Levels 1-2)	534	0	0	12	2.2
Contract (Levels 3-5)	2 656	1	0	122	4.6
Contract (Levels 6-8)	1 315	1	0.1	6	0.5
Contract (Levels 9-12)	2 164	6	0.3	65	3
Contract (Levels >= 13)	6	0	0	0	0
TOTAL	68 059	714	1	30 694	45.1

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

Employment Equity ¹⁷

TABLE 69: (3.6.1) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL CATEGORIES AS ON 31 MARCH 2024

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Officials and Managers	40	1	8	1	39	1	8	6	104
Professionals	2 603	64	802	211	2 952	97	1 156	285	8 170

¹⁷ Please note that the Employment Equity data on the Tables below differ from Table 2 as sessional and periodical employees are not factored in for purposes of Employment Equity.

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Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Technicians and Associate Professionals	4 044	37	302	15	17 738	390	1 633	193	24 352
Clerks	2 744	37	233	16	4644	96	339	53	8 162
Service Shop and Market Sales Workers	3 689	31	366	7	13 851	78	228	19	18 269
Craft and Related Trade Workers	346	13	33	19	17	0	0	0	428
Plant and Machine Operators And Assemblers	472	5	37	1	179	4	6	1	705
Labourers and Related Workers	2 184	29	139	15	4 047	32	85	6	6 537
Clerical Support Workers	15	0	0	0	55	0	1	0	71
Elementary	5	0	0	0	7	0	0	0	12
Managers	1	0	0	0	0	0	0	0	1
Plant & Machine Operators & Assemblers	2	0	0	0	0	0	0	0	2
Professionals	116	2	14	3	209	6	24	3	377
Protect Rescue Social Health Science Support Pers	72	1	4	0	234	4	10	0	325
Technicians & Associate Technical Occupations	1	1	0	0	8	0	0	0	10
TOTAL	16 334	221	1 938	288	43 980	708	3 490	566	67 525
Employees with disabilities	194	3	38	8	172	3	25	8	451

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Deputy Director: Employment Equity

TABLE 70: (3.6.2) TOTAL NUMBER OF EMPLOYEES (INCLUDING EMPLOYEES WITH DISABILITIES) IN EACH OF THE FOLLOWING OCCUPATIONAL BANDS AS ON 31 MARCH 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	6	0	0	0	1	0	0	0	7
Senior Management	25	0	6	3	32	0	3	3	72
Professionally qualified and experienced specialists and mid-management	3 084	60	834	174	8 842	259	1 833	277	15 363
Skilled technical and academically qualified workers, junior management, supervisors, foremen	3 480	55	536	30	12 363	224	877	99	17 664

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Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Semi-skilled and discretionary decision making	7 402	65	323	23	17 793	131	410	27	26 174
Unskilled and defined decision making	1 303	10	55	2	2 905	25	55	6	4 361
Contract (Top Management)	1	0	0	0	0	0	0	0	1
Contract (Senior Management)	3	0	0	0	3	0	0	0	6
Contract (Professionally Qualified)	637	24	172	51	783	38	252	100	2057
Contract (Skilled Technical)	209	5	10	4	558	21	51	50	908
Contract (Semi-Skilled)	133	1	2	1	596	10	7	5	755
Contract (Unskilled)	51	1	0	0	104	0	1	0	157
TOTAL	16 334	221	1 938	288	43 980	708	3 490	566	67 525

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Deputy Director: Employment Equity

TABLE 71: (3.6.3) RECRUITMENT FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Management	0	0	0	0	1	0	0	0	1
Professionally qualified and experienced specialists and mid-management	572	13	99	29	949	15	118	28	1 823
Skilled technical and academically qualified workers, junior management, supervisors, foremen	309	0	5	0	769	16	32	2	1 133
Semi-skilled and discretionary decision making	580	2	9	0	2 161	12	20	0	2 784
Unskilled and defined decision making	210	0	1	0	393	1	0	0	605
Contract (Top Management)	1	0	0	0	0	0	0	0	1
Contract (Senior Management)	0	0	0	0	2	0	0	0	2
Contract (Professionally qualified)	396	12	96	23	486	17	147	44	1 221
Contract (Skilled technical)	86	3	6	3	303	17	50	48	516

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Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Contract (Semi-skilled)	95	1	3	2	414	9	7	7	538
Contract (Unskilled),	17	0	0	0	47	0	0	0	64
TOTAL	2 266	31	219	57	5 525	87	374	129	8 688
Employees with disabilities	9	0	2	1	14	2	2	1	31

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Deputy Director: Employment Equity

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TABLE 72: (3.6.4) PROMOTIONS FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	0	0	0	0	1
Senior Management	4	0	1	0	3	0	0	0	8
Professionally qualified and experienced specialists and mid-management	1 399	36	470	91	3 660	134	1 020	134	6 944
Skilled technical and academically qualified workers, junior management, supervisors, foremen	1 816	37	348	21	6 113	119	488	52	8 994
Semi-skilled and discretionary decision making	4 377	45	223	16	8 696	82	282	17	13 738
Unskilled and defined decision making	504	5	12	0	980	3	6	0	1 510
Contract (Professionally qualified)	19	2	4	8	26	2	4	6	71
Contract (Skilled technical)	3	0	0	0	3	0	1	0	7
Contract (Semi-skilled)	12	0	0	0	110	0	1	0	123
Contract (Unskilled)	4	0	0	0	8	0	0	0	12
TOTAL	8 139	125	1 058	136	19 599	340	1 802	209	31 408
Employees with disabilities	141	2	29	4	115	0	19	4	314

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Deputy Director: Employment Equity

TABLE 73: (3.6.5) TERMINATIONS FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Senior Management	2	0	0	0	2	0	0	0	4
Professionally qualified and experienced specialists and mid-management	353	13	94	45	926	28	143	46	1 648
Skilled technical and academically qualified workers, junior management,	192	5	42	3	522	28	72	12	876

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Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
supervisors, foremen									
Semi-skilled and discretionary decision making	319	5	28	2	458	8	20	5	845
Unskilled and defined decision making	97	2	3	1	180	9	15	3	310
Contract (Top Management)	1	0	0	0	0	0	0	0	1
Contract (Senior Management)	0	0	0	0	1	1	0	0	2
Contract (Professionally qualified)	421	7	106	42	471	14	141	61	1 263
Contract (Skilled technical)	194	3	11	6	797	24	95	72	1 202
Contract (Semi-skilled)	216	1	3	0	1 464	5	8	2	1 699
Contract (Unskilled)	111	0	0	0	258	1	0	0	370
TOTAL	1 906	36	287	99	5 079	118	494	201	8 220
Employees with disabilities	12	0	4	0	14	0	0	3	33

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Deputy Director: Employment Equity

TABLE 74: (3.6.6) DISCIPLINARY ACTION FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Correctional counselling	9	0	0	0	5	0	0	0	14
Verbal warning	0	0	0	0	3	0	0	0	3
Written warning	4	0	2	0	17	2	2	1	28
Final written warning	9	0	1	1	0	20	1	0	32
Suspended without pay	0	0	0	0	1	2	0	0	3
Dismissal	0	0	0	0	1	0	0	0	1
Abscondment	1	0	0	0	0	1	0	0	2
Withdrawn	1	0	0	0	02	0	0	0	3
TOTAL	24	0	3	1	29	25	3	1	86

Source: FOSAD and Director Labour Relations

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TABLE 75: (3.6.7) SKILLS DEVELOPMENT FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Occupational category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	548	16	63	28	954	14	67	21	1 711
Professionals	1 965	12	188	33	7 056	116	497	94	9 961
Technicians and associate professionals	5 707	107	1 821	26	6 027	68	248	25	14 029
Clerks	700	12	32	6	1 267	11	54	7	2 089
Service and sales workers	243	0	5	0	722	3	12	1	986
Skilled agriculture and fishery workers	10	0	0	0	4	0	0	0	14
Craft and related trades workers	41	0	2	1	12	0	1	0	57
Plant and machine operators and assemblers	34	0	2	0	16	0	0	1	53
Elementary occupations	68	2	5	0	66	0	0	0	141
Total	9 316	149	2 118	94	16 124	212	879	149	29 041
Employees with disabilities									86¹⁸

Source: Acting Director: HRD

1.4 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 is presented here.

TABLE 76: (3.7.1) 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	1	1	1	100%
Salary Level 16	1 ¹⁹	1	0	0
Salary Level 15	4	4	2 ²⁰	50%
Salary Level 14	11	11	10 ²¹	100%
Salary Level 13	71	71	62 ²²	87%

¹⁸ The source document template, the Annual Training Report, only provides distribution by race only and not gender, hence only total PWD provided (of the 86 there are African-74, Coloured-2, Indian-10, White-0).

¹⁹ This post is for the MEC and reporting is done directly to the Office of the Premier.

²⁰ Performance agreement for 1 SMS member was submitted late and the other was suspended.

²¹ 1 SMS Member suspended.

²² 7 level 13 Managers were non-complaint, 1 suspended and 1 was newly appointed.

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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
Total	88	88	75	85%

Source: Acting Director: HRD

TABLE 77: (3.7.2) REASONS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS FOR ALL SMS MEMBERS AS ON 31 MARCH 2024

Reasons
1 SMS member is the MEC who reports directly to OTP.
8 SMS members were non-complaint- as Performance agreements submitted after 31 May 2023
3 SMS members were suspended.
1 newly appointed SMS member.

Source: Acting Director: HRD

TABLE 78: (3.7.3) DISCIPLINARY STEPS TAKEN AGAINST SMS MEMBERS FOR NOT HAVING CONCLUDED PERFORMANCE AGREEMENTS AS ON 31 MARCH 2024

Reasons
Disciplinary letters were issued to all non-complaint managers
Non- payment of pay progression for the 2023/2024 cycle.

Source: Acting Director: HRD

1.5 Performance Rewards

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations (see definition in notes below).

TABLE 79: (3.8.1) PERFORMANCE REWARDS BY RACE, GENDER AND DISABILITY FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African, Female	0	43 808	0	0	0
African, Male	0	16 140	0	0	0
Asian, Female	0	3 465	0	0	0
Asian, Male	0	1 900	0	0	0
Coloured, Female	0	705	0	0	0
Coloured, Male	0	218	0	0	0
Total Blacks, Female	0	47 978	0	0	0
Total Blacks, Male	0	18 258	0	0	0

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Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
White, Female	0	558	0	0	0
White, Male	0	280	0	0	0
Employees with a disability	0	451	0	0	0
TOTAL	0	67 525	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2024 and Acting Director: HRD

TABLE 80: (3.8.2) PERFORMANCE REWARDS BY SALARY BAND FOR PERSONNEL BELOW SENIOR MANAGEMENT SERVICE FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Lower Skilled (Levels 1-2)	0	3 728	0	0	0	0
Skilled (Levels 3-5)	0	25 991	0	0	0	0
Highly Skilled Production (Levels 6-8)	0	17 436	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	14 566	0	0	0	0
Other	0	941	0	0	0	0
Contract (Levels 1-2)	0	150	0	0	0	0
Contract (Levels 3-5)	0	749	0	0	0	0
Contract (Levels 6-8)	0	902	0	0	0	0
Contract (Levels 9-12)	0	2 046	0	0	0	0
TOTAL	0	66 509	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 81: (3.8.3) PERFORMANCE REWARDS BY CRITICAL OCCUPATION FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Artisan	0	350	0	0	0
Chiropracist	0	2	0	0	0
Dentist	0	152	0	0	0
Dietician	0	192	0	0	0
EMS	0	2 823	0	0	0
Engineer	0	44	0	0	0

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Critical occupation	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Environmental Health	0	85	0	0	0
Head of Department	0	1	0	0	0
Medical Physicist	0	9	0	0	0
Medical Practitioners	0	4 023	0	0	0
Medical Specialist	0	687	0	0	0
Medical Technician / Technologist	0	112	0	0	0
Nutritionist	0	21	0	0	0
Occupational Therapist	0	179	0	0	0
Optometrist	0	66	0	0	0
Oral Hygienist	0	26	0	0	0
Pharmacist	0	1 044	0	0	0
Physiotherapist	0	304	0	0	0
Professional Nurse	0	18 294	0	0	0
Psychologist	0	85	0	0	0
Radiographer	0	685	0	0	0
Social Worker	0	265	0	0	0
Speech Therapy & Audiology	0	234	0	0	0
TOTAL	0	29 683	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 82: (3.8.4) PERFORMANCE RELATED REWARDS (CASH BONUS), BY SALARY BAND FOR SENIOR MANAGEMENT SERVICE FOR THE PERIOD 1 APRIL 2023 TO 31 MARCH 2024

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	62	0	0	0	0
Band B	0	14	0	0	0	0
Band C	0	5	0	0	0	0
Band D	0	3	0	0	0	0
Total	0	84	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

1.6 Foreign Workers

The tables below summarise the employment of foreign nationals in the department in terms of salary band and major occupation.

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TABLE 83: (3.9.1) FOREIGN WORKERS BY SALARY BAND FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary band	01 April 2023		31 March 2024		Change	
	Number	% of total	Number	% of total	Number	% Change
Highly skilled production (Levels 6-8)	2	4.6	0	0	-2	4.6
Highly skilled supervision (Levels 9-12)	39	88.5	0	0	-39	88.5
Lower skilled (Levels 1-2)	0	0	0	0	0	0
Other	3	6.9	0	0	-3	6.9
Senior management (Levels 13-16)	0	0	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0	0	0
TOTAL	44	100	0	0	-44	100

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

TABLE 84: (3.9.2) FOREIGN WORKERS BY MAJOR OCCUPATION FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Major occupation	01 April 2023		31 March 2024		Change	
	Number	% of total	Number	% of total	Number	% Change
Administrative office workers	0	0	0	0	0	0
Craft and related trades workers	0	0	0	0	0	0
Elementary occupations	0	0	0	0	0	0
Other occupations	0	0	0	0	0	0
Professionals and managers	44	100	0	0	-44	100
Social natural technical and medical sciences + support	0	0	0	0	0	0
Technicians and associated professionals	0	0	0	0	0	0
TOTAL	44	100	0	0	-44	100

Source: Vulindlela HR Oversight Report extracted on 03/05/2024

1.7 Leave utilisation

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave and disability leave. In both cases, the estimated cost of the leave is also provided.

TABLE 85: (3.10.1) SICK LEAVE FOR THE PERIOD 1 JANUARY 2023 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)
Contract (Levels 1-2)	1 862	81.5	334	0.6	6	1 154

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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)
Contract (Levels 3-5)	11 020	77.7	2 189	3.9	5	10 217
Contract (Levels 6-8)	6 974	70.4	1 424	2.5	5	8 615
Contract (Levels 9-12)	10 570	63.3	1 967	3.5	5	24 922
Contract Other	811	84.8	245	0.4	3	203
Highly skilled production (Levels 6-8)	114 050	83.3	14 460	25.8	8	176 289
Highly skilled supervision (Levels 9-12)	98 622	80.9	12 403	22.1	8	296 959
Lower skilled (Levels 1-2)	17 999	84.6	2 489	4.4	7	12 247
Other	130	80.8	14	0	9	343
Senior management (Levels 13-16)	295	83.7	44	0.1	7	1 406
Skilled (Levels 3-5)	158 350	82.8	20 511	36.6	8	155 977
TOTAL	420 683	81.8	56 080	100	8	688 331

Source: Vulindlela HR Oversight Report extracted on 03/05/2024, Acting Director: Service Conditions

TABLE 86: (3.10.2) DISABILITY LEAVE (TEMPORARY AND PERMANENT) FOR THE PERIOD 1 JANUARY 2023 TO 31 DECEMBER 2023

Salary band	Total days	% Days with Medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 1-2)	28	100	3	0.2	9	17
Contract (Levels 3-5)	342	100	11	0.7	31	333
Contract (Levels 6-8)	363	100	10	0.6	36	495
Contract (Levels 9-12)	442	100	17	1	26	1 228
Highly skilled production (Levels 6-8)	19 395	99.9	487	29.5	40	30 512
Highly skilled supervision (Levels 9-12)	19 138	99.9	446	27	43	59 099
Lower skilled (Levels 1-2)	3 099	100	78	4.7	4	2 170
Senior management (Levels 13-16)	5	100	1	0.1	5	23
Skilled (Levels 3-5)	22 609	100	596	36.1	38	22 424
TOTAL	65 421	100	1 649	100	40	116 301

Source: Vulindlela HR Oversight Report extracted on 03/05/2024, Acting Director: Service Conditions

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

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TABLE 87: (3.10.3) ANNUAL LEAVE FOR THE PERIOD 1 JANUARY 2023 TO 31 DECEMBER 2023

Salary band	Total days taken	Number of Employees using annual leave	Average per employee
Contract (Levels 1-2)	8 202.52	577	14
Contract (Levels 13-16)	47	5	9
Contract (Levels 3-5)	37 330.4	2 896	13
Contract (Levels 6-8)	24 424.6	1 795	14
Contract (Levels 9-12)	39 109.12	2 363	17
Contract Other	9 928	538	18
Highly skilled production (Levels 6-8)	424 504.87	17 557	24
Highly skilled supervision (Levels 9-12)	362 848.73	15 200	24
Lower skilled (Levels 1-2)	75 406.19	21	21
Other	373.25	23	16
Senior management (Levels 13-16)	1 819	76	24
Skilled (Levels 3-5)	604 699.96	26 276	23
TOTAL	1 588 693.64	7 086	22

Source: Vulindlela HR Oversight Report extracted on 03/05/2024, Acting Director: Service Conditions

TABLE 88: (3.10.4) CAPPED LEAVE FOR THE PERIOD 1 JANUARY 2023 TO 31 DECEMBER 2023

Salary band	Total days of capped leave taken	Number of Employees using capped leave	Average number of days taken per employee	Average capped leave per employee as on 31 March 2024
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 13-16)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	0
Contract Other	0	0	0	0
Highly skilled production (Levels 6-8)	388.25	84	5	41
Highly skilled supervision (Levels 9-12)	325.06	81	4	42
Lower skilled (Levels 1-2)	3	1	3	16
Other	2	1	2	35
Senior management (Levels 13-16)	0	0	0	69
Skilled (Levels 3-5)	446.25	69	6	37
TOTAL	1 164.56	236	5	40

Source: Vulindlela HR Oversight Report extracted on 03/05/2024, Acting Director: Service Conditions

The following table summarise payments made to employees as a result of leave that was not taken.

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TABLE 89: (3.10.5) LEAVE PAY-OUTS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Reason	Total amount (R'000)	Number of employees	Average per employee (R)
Annual - Discounting with resignation (workdays)	37 070	1 335	27 768
Annual - Discounting: Contract expiry (workdays)	83	11	7 545
Annual - Discounting: Unused Vacation credits (workdays) ²³	34	1	34 000
Annual - Gratuity: Death/Retirement/Medical Retirement(Work)	42 694	1 156	36 933
Annual - (Gratuity) (workdays) ²⁴	99	1	99 000
Capped - Gratuity: Death/Retirement/Medical Retirement (workdays)	52 522	555	94 634
Total	132 503		

Source: Vulindlela HR Oversight Report extracted on 03/05/2024, Acting Director: Service Conditions

1.8 HIV/AIDS & Health Promotion Programmes

TABLE 90: (3.11.1) STEPS TAKEN TO REDUCE THE RISK OF OCCUPATIONAL EXPOSURE.

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
The department has a pool of employees in the childbearing age, these are most likely to have unprotected sex and get exposed to HIV/AIDS/STIs.	<ul style="list-style-type: none"> Aggressive awareness on HIV/AIDS &STI. Continuous distribution of condoms. Prevention and treatment programmes.
The other group is that of employees who work off site for the longest period. Since they are away from their partners for longest period, the risk is higher of them engaging in extra spousal sexual relations and contracting sexually transmitted diseases.	<ul style="list-style-type: none"> Aggressive awareness on HIV/AIDS &STI. Continuous distribution of condoms. Prevention and treatment programmes.
Healthcare workers who uses sharps /needles.	<ul style="list-style-type: none"> Train on strict procedure on how to handle and dispose sharps Training on IPC procedures. Prevention and treatment programmes.
Any person exposed to bodily fluids	<ul style="list-style-type: none"> Training on IPC procedures Prevention and treatment programmes

²³ Payment is in relation to leave discounting on resignation and Persal Code is being corrected.

²⁴ Payment is in relation to a retirement and Persal code is being corrected.

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Source: Director: EH&W

TABLE 91: (3.11.2) DETAILS OF HEALTH PROMOTION AND HIV/AIDS PROGRAMMES (TICK THE APPLICABLE BOXES AND PROVIDE THE REQUIRED INFORMATION)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Dr Nokuthula Dlamini, Director
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		Department has EH&W unit with: <ul style="list-style-type: none"> • 1 Director • 4 Deputy Directors: (OHS & Wellness) • 1 AD (occupational Health) • 1 Wellness Practitioner • 1 Safety Officer • 1 Occupational Health Nurse • 1 Enrolled Nurse • Data Capturer • 1 Admin Officer Budget is linked to HRMS.
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		6 elements or pillars: <ul style="list-style-type: none"> • Counselling services on personal and work-related issues. • Organizational wellness including work and play programme. • Personal Finance Management programme. • HIV/AIDS Programme. • Occupational Health and Safety. • Health & Productivity Management.
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.	Yes		EHW and OHS committee <ol style="list-style-type: none"> 1. Corporate Services (Priya Lallupersad) 2. EHW (Nokuthula Dlamini) 3. Security Services (General Dladla) 4. OHS (Nontuthuzelo Bhengu)

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Question	Yes	No	Details, if yes
			5. Safety (Sibusiso Ngubane)
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.			<ul style="list-style-type: none"> • HIV/AIDS, TB &STI policy • OHS policy • Wellness policy • Health and Productivity policy • Substance Abuse policy
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		<ul style="list-style-type: none"> • An HIV/AIDS policy is in place. The policy clearly outlines that discrimination on the basis on of HIV status is prohibited. • Education and awareness around the issue of HIV/AIDS also assist in dealing with some of the misconceptions and myths around HIV/AIDS. • There is an open-door policy where at any time an HIV positive employee can come and discuss his/her concerns. • There is also the behaviour change programme, stigma fighting programme and human rights programme.
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	Yes		The Department is vigorously encouraging HCT in the department and the response has been very positive. We can pin this success of this program to the stigma and behaviour change programs that we have in the department, more people have participated in the program however this year we are targeting at least 75% of our staff.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		Continuous monitoring of the programme is done through: <ul style="list-style-type: none"> • Monitoring the use of sick and vacation leave.

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Question	Yes	No	Details, if yes
			<ul style="list-style-type: none"> Monitor the attendance of wellness sessions. Analyse data from case work to see how many were successfully closed.

Source: Director: EH&W

1.9 Labour Relations

TABLE 92: (3.12.1) COLLECTIVE AGREEMENTS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Total number of Collective agreements	None
---------------------------------------	------

Source: Director: Labour Relations

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

TABLE 93: (3.12.2) MISCONDUCT AND DISCIPLINARY HEARINGS FINALISED FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Outcomes of disciplinary hearings ²⁵	Number	% of total
Correctional counselling	14	16.3
Verbal warning	03	3.5
Written warning	28	32.6
Final written warning	32	37.2
Suspended without pay	03	3.5
Fine	00	00
Demotion	00	00
Dismissal	01	1.2
Withdrawn	03	3.5
Abscondment	02	2.3
Total	86	100%

Source: FOSAD and Director Labour Relations

TABLE 94: (3.12.3) TYPES OF MISCONDUCT ADDRESSED AT DISCIPLINARY HEARINGS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Type of misconduct	Number	% of total
Fraud/Theft	04	4.6
Misuse of state property	02	2.3
Insubordination	04	4.6
Absenteeism from without reason or permission l	18	20

²⁵ Misconduct cases are based on finalised cases.

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Type of misconduct	Number	% of total
Sexual Harassment	02	2.3
Under influence of Alcohol/drugs	1	1.1
Assault	1	1.1
Remuneration work outside the department without approval	7	8.1
Fail to comply with or contravenes any act	5	5.8
Negligence	08	9.3
Abandoned a patient	9	10.4
Abscondment	2	2.3
Improper conduct	5	5.8
Failure to carry out duties	6	6.9
Others	12	13.9
Total	86	100%

Source: FOSAD and Director Labour Relations

TABLE 95: (3.12.4) GRIEVANCES LOGGED FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Grievances	Number	% of Total
Number of grievances resolved	79	36.92%
Number of grievances not resolved	135	63.08
Total number of grievances lodged	214	100%

Source: FOSAD and Director Labour Relations

TABLE 96: (3.12.5) DISPUTES LOGGED WITH COUNCILS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Disputes	Number	% of Total
Number of disputes upheld	03	12
Number of disputes dismissed	22	88
Total number of disputes lodged	25	100%

Source: PHSDSBC and Director Labour Relations

TABLE 97: (3.12.6) STRIKE ACTIONS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

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

Source: Director Labour Relations

TABLE 98: (3.12.7) PRECAUTIONARY SUSPENSIONS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Number of people suspended	21
Number of people whose suspension exceeded 30 days	10
Average number of days suspended	88.5
Cost of suspension (R'000)	R1,108,845.28

Source: FOSAD and Director Labour Relations

1.10 Skills development

This section highlights the efforts of the department with regard to skills development.

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TABLE 99: (3.13.1) TRAINING NEEDS IDENTIFIED FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Occupational category	Gender	Number of employees as at 1 April 2023	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials, and managers	Female	50	0	648	35	683
	Male	45	0	412	42	454
Professionals	Female	4 357	0	7 365	874	8 239
	Male	3 452	0	2 708	406	3 114
Technicians and associate professionals	Female	20 529	0	2 198	603	2 801
	Male	4 508	0	908	304	1212
Clerks	Female	5 311	0	1965	473	2438
	Male	3 027	0	1 334	256	1 590
Service and sales workers	Female	14 358	0	1458	236	1694
	Male	4 224	0	814	95	909
Craft and related trades workers	Female	15	0	6	18	24
	Male	355	0	83	22	
Plant and machine operators and assemblers	Female	182	0	48	12	60
	Male	507	0	166	14	180
Elementary occupations	Female	4 305	0	260	23	283
	Male	2 415	0	209	132	341
Sub Total	Female	49 107	0	13 949	2 294	16 243
	Male	18 533	0	6 633	1 251	7 884
Total		67 638	0	20 582	3 545	24 127

Source: Acting Director: HRD

TABLE 100: (3.13.2) TRAINING PROVIDED FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Occupational category	Gender	Number of employees as at 1 April 2023	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	50	0	1 056	36	1 092
	Male	45	0	655	28	683
Professionals	Female	4 357	0			
	Male	3 452	0	7 763	725	8 488
Technicians and associate professionals	Female	20 529	0	2 198	353	2 551
	Male	4 508	0	6 368	337	6 705
Clerks	Female	5 311	0	7661	171	7 832
	Male	3 027	0			
Service and sales workers	Female	14 358	0	1339	289	1 628
	Male	4 224	0	750	122	872

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Occupational category	Gender	Number of employees as at 1 April 2023	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Craft and related trades workers	Female	15	0	4	0	4
	Male	355	0	10	0	10
Plant and machine operators and assemblers	Female	182	0	13	6	19
	Male	507	0	44	7	51
Elementary occupations	Female	4 305	0	755	103	858
	Male	2 415	0	284	50	334
Sub Total	Female	49 107	0	66	6	72
	Male	18 533	0	75	33	108
Total		67638	0	17 364	1502	18 866

Source: Acting Director: HRD

1.11 Injury on duty

The following tables provide basic information on injury on duty.

TABLE 101: (3.14.1) INJURY ON DUTY FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Nature of injury on duty	Number	% of total
Required basic medical attention only	362	90.5%
Temporary Total Disablement	38	9.5%
Disablement	0	0
Fatal	0	0
Total	400	100%

Source: Acting Director: Service Conditions

1.12 Utilisation of Consultants

The following tables relates information on the utilisation of consultants in the department.

In terms of the Public Service Regulations "consultant" means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

- The rendering of expert advice.
- The drafting of proposals for the execution of specific tasks; and
- The execution of a specific task which is of a technical or intellectual nature but excludes an employee of a department.

TABLE 102: (3.15.1) REPORT ON CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Project title	Total number of consultants that worked on project	Duration (workdays)	Contract value in Rand
N/A	N/A	N/A	N/A

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Project title	Total number of consultants that worked on project	Duration (workdays)	Contract value in Rand
N/A	N/A	N/A	N/A

Total number of projects	Total individual consultants	Total duration Workdays	Total contract value in Rand
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

TABLE 103: (3.15.2) ANALYSIS OF CONSULTANT APPOINTMENTS USING APPROPRIATED FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

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

TABLE 104: (3.15.3) REPORT ON CONSULTANT APPOINTMENTS USING DONOR FUNDS FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Project title	Total Number of consultants that worked on project	Duration (Workdays)	Donor and contract value in Rand
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

Total number of projects	Total individual consultants	Total duration Workdays	Total contract value in Rand
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

TABLE 105: (3.15.4) ANALYSIS OF CONSULTANT APPOINTMENTS USING DONOR FUNDS, IN TERMS OF HISTORICALLY DISADVANTAGED INDIVIDUALS (HDI) FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

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

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1.13 Severance Packages

TABLE 106: (3.16.1) GRANTING OF EMPLOYEE-INITIATED SEVERANCE PACKAGES FOR THE PERIOD 1 APRIL 2023 AND 31 MARCH 2024

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Lower Skilled (Levels 1-2)	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0
Highly Skilled Production (Levels 6-8)	0	0	0	0
Highly Skilled Supervision (Levels 9-12)	0	0	0	0
Senior Management (Levels 13-16)	0	0	0	0
TOTAL	0	0	0	0

Source: Vulindlela HR Oversight Report extracted on 03/05/2024, Acting Director: Service Conditions

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PART E: PFMA COMPLIANCE REPORT

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IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

Irregular expenditure

a) Reconciliation of irregular expenditure

Description	2023/2024	2022/2023
	R'000	R'000
Opening balance	18 621 473	15 907 601
Prior period error		0
AS Restated	1 8621 473	15 907 601
Add: Irregular expenditure confirmed	3 058 492	2 713 872
Less: Irregular expenditure condoned		0
Less: Irregular expenditure not condoned and removed		0
Less: Irregular expenditure recoverable		0
Less: Irregular expenditure not recovered and written off		0
Closing balance	21 679 965	18 621 473

The 2022/23 disclosure of R 2 546 610 billion has been adjusted by R 167 261 million. This was primarily due to the contract for Buhle Waste for which the Department did not obtain permission to participate in (R 151 101 million)

Reconciling notes

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure that was under assessment in 2021/22	0	19 048
Irregular expenditure that relates to 2021/22 and identified in 2022/23	0	151 101
Irregular expenditure for the current year	3 058 492	2 543 723
Total	3 058 492	2 713 872

b) Details of current and previous year irregular expenditure (under assessment, determination, and investigation)

Description ²⁶	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure under assessment	719 440	2 968 311
Irregular expenditure under determination	0	0

²⁶ Group similar items

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Description ²⁶	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure under investigation	0	0
Total 27	719 440	2 968 311

The original amount of R 2 987 360 billion for 2022/23 has been reduced by R 19 048 million as these transactions have been confirmed as irregular.

c) Details of current and previous year irregular expenditure condoned

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure condoned	0	0
Total	0	0

d) Details of current and previous year irregular expenditure removed - (not condoned)

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure NOT condoned and removed	0	0
Total	0	0

e) Details of current and previous year irregular expenditure recovered

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure recovered	0	0
Total	0	0

f) Details of current and previous year irregular expenditure written off (irrecoverable)

Description	2023/2024	2022/2023
	R'000	R'000
Irregular expenditure written off	0	0
Total	0	0

Additional disclosure relating to Inter-Institutional Arrangements

²⁷ Total unconfirmed irregular expenditure (assessment), losses (determination), and criminal conduct (investigation)

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g) 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
Total Nil

h) Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

Description	2023/2024	2022/2023
	R'000	R'000
None	0	0
Total	0	0

i) Details of current and previous year disciplinary or criminal steps taken as a result of irregular expenditure

Disciplinary steps taken
None

Fruitless and wasteful expenditure

a) Reconciliation of fruitless and wasteful expenditure

Description	2023/2024	2022/2023
	R'000	R'000
Opening balance	2 700	4 151
Add: Fruitless and wasteful expenditure confirmed	3 948	870
Less: Fruitless and wasteful expenditure written off	1 574	0
Less: Fruitless and wasteful expenditure recoverable	0	601
Closing balance	5 074	2 700

Reconciling notes

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Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2021/22	0	0
Fruitless and wasteful expenditure that relates to 2021/22 and identified in 2022/23	0	0
Fruitless and wasteful expenditure for the current year	3 948	870
Total	3 948	870

b) Details of current and previous year fruitless and wasteful expenditure (under assessment, determination, and investigation)

Description ²⁸	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure under assessment		
Fruitless and wasteful expenditure under determination	1 724	2 700
Fruitless and wasteful expenditure under investigation		
Total ²⁹	1 724	2 700

c) Details of current and previous year fruitless and wasteful expenditure recovered

Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure recovered	0	601
Total	0	0

d) Details of current and previous year fruitless and wasteful expenditure not recovered and written off

Description	2023/2024	2022/2023
	R'000	R'000
Fruitless and wasteful expenditure written off	1 574	0
Total	1 574	0

e) Details of current and previous year disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

Disciplinary steps taken
None

²⁸ Group similar items

²⁹ Total unconfirmed fruitless and wasteful expenditure (assessment), losses (determination), and criminal conduct (investigation)

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Disciplinary steps taken

Total

Unauthorised expenditure

a) Reconciliation of unauthorised expenditure

Description	2023/2024	2022/2023
	R'000	R'000
Opening balance	93 825	108 074
Add: unauthorised expenditure confirmed	1 153 695	
Less: unauthorised expenditure approved with funding		-14 249
Less: unauthorised expenditure approved without funding		
Less: unauthorised expenditure recoverable		
Less: unauthorised not recovered and written off ³⁰		
Closing balance	1 247 520	93 825

Overspending of the Vote

Reconciling notes

Description	2023/2024	2022/2023
	R'000	R'000
Unauthorised expenditure that was under assessment in 2021/22	0	0
Unauthorised expenditure that relates to 2022/23 and identified in 2023/24	0	0
Unauthorised expenditure for the current year	1 153 695	0
Total	1 153 695	0

b) Details of current and previous year unauthorised expenditure (under assessment, determination, and investigation)

Description ³¹	2023/2024	2022/2023
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	0	0
Unauthorised expenditure under investigation	0	0

³⁰ This amount may only be written off against available savings

³¹ Group similar items

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Description ³¹	2023/2024	2022/2023
	R'000	R'000
Total ³²	0	0

Additional disclosure relating to material losses in terms of PFMA Section 40(3)(b)(i) &(iii)

a) Details of current and previous year material losses through criminal conduct

Material losses through criminal conduct	2023/2024	2022/2023
	R'000	R'000
Theft	0	0
Other material losses	0	0
Less: Recovered	0	0
Less: Not recovered and written off	0	0
Total	0	0

b) Details of other material losses

Nature of other material losses	2023/2024	2022/2023
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
Nil	0	0
Total	0	0

c) Other material losses recovered

Nature of losses	2023/2024	2022/2023
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
None	0	0
Total	0	0

d) Other material losses written off

Nature of losses	2023/2024	2022/2023
	R'000	R'000
<i>(Group major categories, but list material items)</i>		
None	0	0
Total	0	0

³² Total unconfirmed unauthorised expenditure (assessment), losses (determination), and criminal conduct (investigation)

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LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	Number of invoices	Consolidated Value
		R'000
Valid invoices received	312 469	18 700 616
Invoices paid within 30 days or agreed period	300 381	17 565 436
Invoices paid after 30 days or agreed period	12 088	1 551 279
Invoices older than 30 days or agreed period (unpaid and without dispute)	691	879 801
Invoices older than 30 days or agreed period (unpaid and in dispute)	0	0

SUPPLY CHAIN MANAGEMENT

Contract variations and expansions

Project description	Name of supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
The supply and delivery of forensic items for various institutions	Various	Expansion	ZNB 5052/2017	R1.424.237.00.00	CPI 2021: 5% 2022: 7,6%	CPI 2021: 5% 2022: 7,6% 2023: 5,9%
The supply and delivery of intravenous, central and intraosseous access lines and invasive monitoring access for various institutions	Various	Expansion	ZNB 5325/2018	R1.000.000.00	CPI 2021: 5% 2022: 7,5%	CPI 2021: 5% 2022: 7,5% 2023: 5,4%
The supply and delivery of maxillofacial and oral surgery including implants for grey's, king Edward viii and Inkosi albert Luthuli hospitals: contract period: 1 October 2020 to 30 September 2023	Various	Expansion	ZNB 5495/2017	R2.157.597.92	CPI 2021: 5% 2022: 7,6%	CPI 2021: 5% 2022: 7,6% 2023: 5,9%
The supply and delivery of needles and syringes used for regional	Various	Expansion	ZNB 5531/2018	R485.501.00.00	CPI 2021: 5% 2022: 7,6%	CPI 2021: 5% 2022: 7,6%

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Project description	Name of supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value	Value of previous contract expansion/s or variation/s (if applicable)	Value of current contract expansion or variation
				R'000	R'000	R'000
anaesthesia and pain control: various institutions contract period: 1 October 2020 to 30 September 2023"						2023: 5,9%
The supply and delivery of physiotherapy consumables for various institutions in KZN	Biologica pharmaceutical	Expansion	ZNB 5728/2017	R6.388.735.00	CPI 2022: 5,9%	CPI 2022: 5,9% 2023: 6,8%
The provision of security screening services to the department of health contract period: 2 November 2020 to 1 November 2023	Lexus Nexis	Expansion	ZNB 5755/2018	R4.000.000.00	CPI 2021: 4,9% 2022: 7,6%	CPI 2021: 4,9% 2022: 7,6% 2023: 4,8%
The supply and delivery of filters and liners for various institutions contract period: 1 November 2020 – 31 October 2023	Various	Expansion	ZNB 6225/2017	R331.665.000.00	CPI 2021: 5,5% 2022: 7,4%	CPI 2021: 5,5% 2022: 7,4% 2023: 5,5%
The supply and delivery of respiratory aids and related items for various institutions contract period: 1 January 2021 to 31 December 2023	Various	Expansion	ZNB 6685/1/2018	R468.279.000.00	CPI 2022: 5,7%	CPI 2022: 5,7% 2023: 6,9%
The supply and delivery of respiratory aids and related items for various institutions contract period: 1 October 2020 to 30 September 2023	Various	Expansion	ZNB 6685/2/2018	R468.279.000.00	CPI 2021: 5% 2022: 7,6%	CPI 2021: 5% 2022: 7,6% 2023: 5,9%
Total				R3 191 507 333		

Note:

This total is not an actual amount but estimated figure, the actual amount will occur as a when each procuring institution issues an order.

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PART F: ANNUAL FINANCIAL STATEMENTS

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AUDIT REPORT

KwaZulu-Natal Department of Health

2023-24

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Report of the auditor-general to the KwaZulu-Natal Provincial Legislature on vote no. 7: Department of Health

Report on the audit of the financial statements

Opinion

1. I have audited the financial statements of the Department of Health set out on pages 223 to 272, which comprise the appropriation statement, statement of financial position as at 31 March 2024, statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2024 and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) as prescribed by the National Treasury and the requirements of the Public Finance Management Act 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2023 (Dora).

Basis for opinion

3. 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.
4. 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.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of matters

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

Uncertainty relating to the future outcome of litigation

7. As disclosed in note 19.1 the department is a defendant on various litigation matters relating to medical negligence and claims against the state amounting to R3,98 billion. The ultimate

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outcome of these matters could not be determined and no provision for any liability that may result was made in the financial statements.

Unauthorised expenditure

8. As disclosed in note 25 to the financial statements, unauthorised expenditure of R1,15 billion was incurred as a result of price increases, the exchange rate fluctuations, the impact of the 2021/2022 budget cuts and the salary increase that were not fully funded, resulting in over-expenditure on 6 of the 8 programmes.

Payables

9. As disclosed in note 21.2 to the financial statements, payables not recognised of R879,80 million exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount would therefore have constituted unauthorised expenditure had the amounts due been paid on time.

Other matter

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

Unaudited supplementary schedules

11. The supplementary information set out on pages 273 to 305 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

12. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS 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.
13. 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.

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Responsibilities of the auditor-general for the audit of the financial statements

14. 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.
15. 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 13, forms part of our auditor's report.

Report on the audit of the annual performance report

16. 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.
17. I selected the following programmes presented in the annual performance report for the year ended 31 March 2024 for auditing. I selected programmes that measure the department's performance on its primary mandated functions and that are of significant national, community or public interest.

Programme	Page numbers	Purpose
District health services	71 - 94	To render primary health care and district hospital services
Provincial hospital services	99 - 110	Deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including rehabilitation services, as well as a platform for training health professionals and research.

18. 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.

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19. 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.

20. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion or conclusion.

21. The material findings on the reported performance information for the selected programmes are as follows:

District health services

Ideal clinic status obtained rate

22. An achievement of 97.9% was reported against a target of 85.1%. However, the audit evidence did not support this achievement. I could not determine the actual achievement, but I estimated it to be materially less than reported. Consequently, it is likely that the target was not achieved.

Various indicators

23. Some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

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Indicator	Target	Reported Achievement
Patient Experience of Care satisfaction rate – PHC	88%	87.8%
Patient Experience of Care satisfaction rate – District Hospitals	81%	80.1%
Child under 5 years diarrhoea case fatality rate –District Hospital	1.6%	0.9%
HIV positive 15-24 year (excl ANC)	1.8%	1.8%
ART child remain in care rate	75%	78.5%
Neonatal death in facility rate – Total	13.3/1000	13.8/1000
Death under 5 years against live birth rate – Total	1.9%	2%
Child under 5 years diarrhoea case fatality rate – total	1.7%	1.2%
Child under 5 years Severe acute malnutrition case fatality rate – total	8%	6.9%
Couple year protection rate	63%	63.4%
Infant PCR test positive around 6 months rate	1%	0.3%
HIV Test positive around 18 months rate	1.5%	0.3%
Immunisation under 1 year coverage	90%	94.6%
Measles 2nd dose coverage	95%	95.8%

Various indicators

24. Based on the audit evidence, the actual achievements for three indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially more.

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Indicator	Target	Reported Achievement
Patient Safety Incident (PSI) case closure rate – District Hospital	90%	95.7%
All DS-TB client treatment success rate	85%	74.3%
TB Rifampicin resistant / Multidrug – Resistant lost to follow up rate	15%	14.2%

Provincial hospital services

Various indicators

25. Based on the audit evidence, the actual achievements for two indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially less. Consequently, the targets were not achieved, the underachievements on the targets were more than reported and the achievements against the targets were lower than reported.

Indicator	Target	Reported Achievement
Patient Safety Incident (PSI) case closure rate - Regional Hospital	97%	98.3%
Severity assessment code (SAC) 1 incident reported within 24 hours rate – District Hospital	90.2%	97.3%

Various indicators

26. Some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

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Indicator	Target	Reported Achievement
Patient Experience of Care satisfaction rate – Regional hospital	83%	80.4%
Patient Experience of Care satisfaction rate – TB Hospital	97.3%	87.9%
Patient Experience of Care satisfaction rate – Psychiatric Hospital	90%	85.4%
Patient Experience of Care satisfaction rate – Chronic/Sub-acute Hospital	80%	92.5%
Child under 5 years diarrhoea case fatality rate –Regional Hospital	1.7%	1.8%
Child under 5 years pneumonia case fatality rate –Regional Hospital	2.2%	2.2%

Other matters

27. I draw attention to the matters below.

Achievement of planned targets

28. 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.
29. The tables that follow provide information on the achievement of planned targets and list 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 48 to 132.

District Health Services

<i>Targets achieved: 54%</i>		
<i>Budget spent: 103%</i>		
Key service delivery indicator not achieved	Planned target	Reported achievement
Patient Experience of Care satisfaction rate – District Hospitals	81%	80.1%

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Child under 5 years pneumonia case fatality rate –District Hospital	1.4%	1.5%
All DS-TB client treatment success rate	85%	74.3%
TB Rifampicin Resistant / Multidrug resistant treatment success rate	70%	67.4%
TB Pre-XDR treatment success rate	65.9%	53.1%
ART Adult Viral load suppressed rate (Below 50) [12 months]	95%	81.1%
ART Child viral load suppressed rate (Below 50) [12 months]	70%	51.7%
All DS-TB client lost to follow up rate	7%	7.5%
TB Pre-XDR Loss to Follow-up Rate	15.9%	20.3%
ART adult remain in care rate (12 months)	75%	67.4%
Maternal Mortality in facility Ratio - Total	90.5/100 000	93.6/100 000
Neonatal death in facility rate – Total	13.3/1000	13.8/1000
Live Birth under 2 500 g in facility rate – Total	11.8%	13.2%
Death under 5 years against live birth rate - Total	1.9%	2%
Child under 5 years Pneumonia case fatality rate – total	1.9%	2%
Delivery 10 - 19 years in facility rate	15.3%	17.6%
Malaria case fatality rate	0%	1.2%

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Provincial Hospital Services

<i>Targets achieved: 59%</i>		
<i>Budget spent: 104%</i>		
Key service delivery indicator not achieved	Planned target	Reported achievement
Patient Experience of Care satisfaction rate – Regional Hospitals	83%	80.4%
Child under 5 years diarrhoea case fatality rate – Regional Hospital	1.7%	1.8%
Patient Safety Incident (PSI) case closure rate – TB Hospital	100%	92.3%
Severity assessment code (SAC) 1 incident reported within 24 hours rate – TB Hospital	95%	0%
Patient Experience of Care satisfaction rate – Psychiatric Hospital	90%	85.4%
Severity assessment code (SAC) 1 incident reported within 24 hours rate – Psychiatric Hospital	95%	91.7%

Material misstatements

30. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were in the reported performance information for district health services and provincial hospital services. Management did not correct all of the misstatements and I reported material findings in this regard.

Report on compliance with legislation

31. 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.
32. 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.
33. 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

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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.

34. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

Expenditure management

35. Effective and appropriate steps were not taken to prevent irregular expenditure as disclosed in note 25.1 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 irregular expenditure disclosed in the financial statements was as a result of the continued use and payments made on expired contracts.
36. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.
37. Public money was spent without the approval of the accounting officer or a properly delegated officer, as required by treasury regulation 8.2.1.

Revenue management

38. I was unable to obtain sufficient appropriate audit evidence that effective and appropriate steps were taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.

Procurement and contract management

39. Some of the quotations were not awarded in an economical manner and the prices of the goods or services were not reasonable as required by PFMA 38(1)(b) and PFMA 45(b).
40. Some of the goods and services of a transaction value above R1 000 000 were procured without inviting competitive bids and deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by Treasury Regulation 16A6.1, paragraph 3.3.1 of NTI 02 of 2021/22, paragraph 4.1 of NTI 03 of 2021/22 and TR 16A6.4. Similar non-compliance was also reported in the prior year.
41. Some of the contracts were awarded to bidders based on evaluation criteria that were not stipulated and differed from those stipulated in the original invitation for bidding and quotations as required by Treasury Regulation 16A6.3(a) and (b).
42. Contracts and quotations were awarded to bidders based on preference points that were not allocated and calculated in accordance with the requirements of the PPPFA and Preferential Procurement Regulation 2017 and 2022. Similar non-compliance was also reported in the prior year.

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43. Persons in service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by Treasury Regulation 16A8.4 and the Public Service Regulations 18(1). Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.
44. Persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by Treasury Regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

Consequence management

45. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular as well as fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to proper and complete records that were not maintained as evidence to support the investigations into unauthorised, irregular as well as fruitless and wasteful expenditure.

Strategic planning and performance management

46. 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).

Other information in the annual report

47. 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.
48. 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.
49. 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.
50. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this 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

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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

51. 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.
52. The matters reported below are limited to the significant internal control deficiencies that resulted in the material findings on the annual performance report and the material findings on compliance with legislation included in this report.
53. Leadership did not provide adequate oversight and monitoring to ensure that action plans were implemented to fully address previous audit findings on predetermined objectives and compliance with legislation. Furthermore, consequence management was not effectively implemented for transgressions of legislation.
54. Management did not effectively implement proper document management and record keeping systems to ensure that complete, relevant and accurate information is accessible and available to support performance reporting and compliance with legislation.

Material irregularities

55. 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.

Status of previously reported material irregularities

Interest on overdue account

56. The department did not comply with treasury regulation 8.2.3 which indicates that unless determined otherwise in a contract or other agreement, all payments due to creditors must be settled within 30 days from receipt of an invoice or, in the case of civil claims, from the date of settlement or court judgement.
57. The department incurred a financial loss of R2,09 million in relation to interest paid on overdue accounts. The interest was imposed as a result of the department not paying within 30 days of receiving invoices and statements. This amounted to a non-compliance with treasury regulation 8.2.3.

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58. The accounting officer was notified of the material irregularity on 26 August 2022 and invited to make a written submission on the actions taken or to be taken to address the matter.
59. The accounting officer recovered the financial loss of R2,09 million, where R1,45 million that was incorrectly calculated by the supplier was refunded back to the department, and the R0,64 million interest that was outstanding was recovered through a credit note to the new invoices received from the supplier, therefore, recovering the full financial loss.
60. The actions taken by the accounting officer were considered sufficient and appropriate in addressing the material irregularity.

Other reports

61. 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.
62. The special investigating unit at the department is performing investigations relating to allegations of supply chain management irregularities in awarding the service provider, employees performing unauthorised remunerative work outside the public service, accusations of theft and abuse of petrol cards. The investigation covers the period of 11 August 2023 to 1 January 2024 which were still in progress and recommendations were still being implemented at the date of this report.

Auditor - General.

Pietermaritzburg

31 July 2024



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

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Annexure to the auditor's report

The annexure includes the following:

- The auditor-general's responsibility for the audit
- The selected legislative requirements for compliance testing

Auditor-general's responsibility for the audit

Professional judgement and professional scepticism

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

Financial statements

In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made
- conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify my opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease operating as a going concern

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- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999	Section 1; 38(1)(b); 38(1)(c)(i); 38(1)(c)(ii); Section 38(1)(d); 38(1)(h)(iii); 38(1)(j); 39(1)(a); Section 39(2)(a); 40(1)(a); 40(1)(b); 40(1)(c)(i); Section 43(1); 43(4); 44(1); 44(2); 45(b)
Treasury Regulations, 2005	Regulation 4.1.1; 4.1.3; 5.1.1; 5.2.1; 5.2.3(a); Regulation 5.2.3(d); 5.3.14; 6.3.1(a); 6.3.1(b); Regulation 6.3.1(c); 6.3.1(d); 6.4.1(b); 7.2.1; Regulation 8.1.1; 8.2.1; 8.2.3; 8.4.1; 9.1.1; 9.1.4; Regulation 10.1.1(a); 10.1.2; 11.4.1; 11.4.2; Regulation 11.5.1; 12.5.1; 15.10.1.2(c); 16A3.2; Regulation 16A3.2(a); 16A6.1; 16A6.2(a); Regulation 16A6.2(b); 16A6.3(a); 16A6.3(b); Regulation 16A6.3(c); 16A 6.3(e); 16A6.4; Regulation 16A6.5; 16A6.6; 16A7.1; 16A7.3; Regulation 16A7.6; 16A7.7; 16A8.2(1); 16A8.2(2); Regulation 16A8.3; ; 16A8.4; 16A9.1(b)(ii); Regulation ; 16A 9.1(d); 16A 9.1(e); 16A9.1(f); Regulation 16A9.2; 16A9.2(a)(ii); 17.1.1; 18.2; Regulation 19.8.4
Construction Industry Development Board Act 38 of 2000	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); Section 16(3)(a)(ii)(bb)

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Legislation	Sections or regulations
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. 03 of 2021/22	Paragraph 4.1; 4.2 (b); 4.3; 4.4(a); 4.17; 7.2; 7.6
National Treasury SCM Instruction No. 11 of 2020/21	Paragraph 3.4(a); 3.4(b); 3.9
National Treasury SCM Instruction No. 2 of 2021/22	Paragraph 3.2.1; 3.2.4; 3.2.4(a); 3.3.1;
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, 2022	Regulation 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
Preferential Procurement Regulation, 2017	Regulation 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; 6.1; 6.2; 6.3; Regulation 6.5; 6.6; 6.8; 7.1; 7.2; 7.3; 7.5; 7.6; 7.8; Regulation 8.2; 8.5; 9.1; 10.1; 10.2; 11.1; 11.2;
Prevention and Combating of Corrupt Activities Act 12 of 2004	Section 34(1)
State Information Technology Agency Act 88 of 1998	Section 7(3)

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Appropriation per programme									
	2023/24							2022/23	
	Adjusted 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
Voted funds and Direct charges									
Programme									
1 ADMINISTRATION	1 257 454	-	-100 596	1 156 858	1 079 598	77 260	93.3%	1 126 213	1 120 318
2 DISTRICT HEALTH SERVICES	26 575 886	-	251 866	26 827 752	27 510 569	-682 817	102.5%	27 180 146	27 180 146
3 EMERGENCY MEDICAL SERVICES	1 677 615	-	-	1 677 615	1 691 566	-13 951	100.8%	1 667 866	1 667 866
4 PROVINCIAL HOSPITAL SERVICES	12 658 596	-	-	12 658 596	13 187 626	-529 030	104.2%	12 334 527	12 334 527
5 CENTRAL HOSPITAL SERVICES	5 867 180	-	-30 155	5 837 025	5 859 945	-22 920	100.4%	5 663 085	5 663 085
6 HEALTH SCIENCES AND TRAINING	1 513 941	-	-121 115	1 392 826	1 340 622	52 204	96.3%	1 338 906	1 338 906
7 HEALTH CARE SUPPORT SERVICES	354 667	-	-	354 667	356 211	-1 544	100.4%	310 336	310 336
8 HEALTH FACILITIES MANAGEMENT	1 874 788	-	-	1 874 788	1 907 685	-32 897	101.8%	1 912 676	1 912 676
Programme sub total	51 780 127	-	-	51 780 127	52 933 822	-1 153 695	102.2%	51 533 755	51 527 860
Statutory Appropriation						-	-	-	-
TOTAL	51 780 127	-	-	51 780 127	52 933 822	-1 153 695	102.2%	51 533 755	51 527 860
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				261 958				297 796	
NRF Receipts				-				-	
Aid assistance				14 608				8 525	
Actual amounts per Statement of Financial Performance (Total Revenue)				52 056 693				51 840 076	
Add:									
Aid assistance						14 608			8 525
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure					52 948 430				51 536 385

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Appropriation per economic classification									
	2023/24							2022/23	
	Adjusted 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	49 327 114	-	110 404	49 437 518	51 073 431	-1 635 913	103.3%	49 188 115	49 353 063
Compensation of employees	33 031 152	-	109 034	33 140 186	34 070 123	-929 937	102.8%	32 699 084	32 699 084
Goods and services	16 295 487	-	1 370	16 296 857	16 999 866	-703 009	104.3%	16 486 918	16 651 866
Interest and rent on land	475	-	-	475	3 442	-2 967	724.6%	2 113	2 113
Transfers and subsidies	780 844	-	-110 404	670 440	637 631	32 809	95.1%	734 246	714 107
Provinces and municipalities	283 525	-	-	283 525	278 662	4 863	98.3%	272 174	271 753
Departmental agencies and accounts	25 694	-	-	25 694	25 739	-45	100.2%	23 455	23 455
Non-profit institutions	66 773	-	-	66 773	66 114	659	99.0%	63 440	63 440
Households	404 852	-	-110 404	294 448	267 116	27 332	90.7%	375 177	355 459
Payments for capital assets	1 672 169	-	-	1 672 169	1 222 169	450 000	73.1%	1 604 459	1 459 650
Buildings and other fixed structures	916 597	-	-41 435	875 162	662 129	213 033	75.7%	840 608	840 608
Machinery and equipment	755 572	-	41 435	797 007	560 040	236 967	70.3%	763 851	619 042
Payment for financial assets	-	-	-	-	591	-591	-	6 935	1 040
Total	51 780 127	-	-	51 780 127	52 933 822	-1 153 695	102.2%	51 533 755	51 527 860

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 1: Administration

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 Office of the MEC	25 861	-	2 298	28 159	28 159	-	100.0%	26 721	26 721
2 Management	1 231 593	-	-102 894	1 128 699	1 051 439	77 260	93.2%	1 099 492	1 093 597
Total	1 257 454	-	-100 596	1 156 858	1 079 598	77 260	93.3%	1 126 213	1 120 318
Economic classification									
Current payments	1 207 607	-	-100 596	1 107 011	1 023 299	83 712	92.4%	1 037 028	1 037 028
Compensation of employees	537 233	-	-12 699	524 534	524 534	-	100.0%	501 188	501 188
Goods and services	670 374	-	-87 897	582 477	498 318	84 159	85.6%	535 102	535 102
Interest and rent on land	-	-	-	-	447	-447	-	738	738
Transfers and subsidies	9 908	-	-	9 908	26 013	-16 105	262.5%	27 660	27 660
Provinces and municipalities	4 751	-	-	4 751	4 216	535	88.7%	5 098	5 098
Departmental agencies and accounts	1	-	-	1	4	-3	400.0%	-	-
Households	5 156	-	-	5 156	21 793	-16 637	422.7%	22 562	22 562
Payments for capital assets	39 939	-	-	39 939	30 286	9 653	75.8%	55 503	55 503
Machinery and equipment	39 939	-	-	39 939	30 286	9 653	75.8%	55 503	55 503
Payment for financial assets	-	-	-	-	-	-	-	6 022	127
Total	1 257 454	-	-100 596	1 156 858	1 079 598	77 260	93.3%	1 126 213	1 120 318

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 2: District Health Services

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 DISTRICT MANAGEMENT	368 376	-	3 458	371 834	371 834	-	100.0%	353 072	353 072
2 COMMUNITY HEALTH CLINICS	5 796 288	-	-151 711	5 644 577	5 644 577	-	100.0%	5 090 933	5 090 933
3 COMMUNITY HEALTH CENTRES	2 362 516	-	-58 532	2 303 984	2 296 610	7 374	99.7%	1 723 106	1 723 106
4 COMMUNITY BASED SERVICES	1 132 451	-	-44 096	1 088 355	1 069 747	18 608	98.3%	944 883	944 883
5 OTHER COMMUNITY SERVICES	1 515 071	-	11 620	1 526 691	1 878 222	-351 531	123.0%	3 896 066	3 896 066
6 HIV AND AIDS	6 172 841	-	-	6 172 841	6 172 076	765	100.0%	6 512 292	6 512 292
7 NUTRITION	35 812	-	-	35 812	31 547	4 265	88.1%	30 882	30 882
8 CORONER SERVICES	286 304	-	-	286 304	300 017	-13 713	104.8%	281 252	281 252
9 DISTRICT HOSPITALS	8 906 227	-	491 127	9 397 354	9 745 939	-348 585	103.7%	8 347 660	8 347 660
Total	26 575 886	-	251 866	26 827 752	27 510 569	-682 817	102.5%	27 180 146	27 180 146

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APPROPRIATION STATEMENT For the year ended 31 March 2024

	2023/24							2022/23	
	Adjusted 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	25 845 824	-	251 866	26 097 690	26 842 859	-745 169	102.9%	26 491 649	26 571 638
Compensation of employees	16 699 183	-	133 814	16 832 997	17 592 471	-759 474	104.5%	17 295 821	17 295 821
Goods and services	9 146 170	-	118 052	9 264 222	9 248 033	16 189	99.8%	9 195 164	9 275 153
Interest and rent on land	471	-	-	471	2 355	-1 884	500.0%	664	664
Transfers and subsidies	476 767	-	-	476 767	458 261	18 506	96.1%	467 179	466 758
Provinces and municipalities	275 373	-	-	275 373	271 839	3 534	98.7%	264 083	263 662
Departmental agencies and accounts	60	-	-	60	143	-83	238.3%	45	45
Non-profit institutions	66 773	-	-	66 773	66 114	659	99.0%	63 440	63 440
Households	134 561	-	-	134 561	120 165	14 396	89.3%	139 611	139 611
Payments for capital assets	253 295	-	-	253 295	209 147	44 148	82.6%	220 971	141 403
Machinery and equipment	253 295	-	-	253 295	209 147	44 148	82.6%	220 971	141 403
Payment for financial assets	-	-	-	-	302	-302	-	347	347
Total	26 575 886	-	251 866	26 827 752	27 510 569	-682 817	102.5%	27 180 146	27 180 146

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 3: Emergency Medical Services

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 EMERGENCY SERVICES	1 473 709	-	-22 781	1 450 928	1 443 564	7 364	99.5%	1 490 117	1 490 117
2 PLANNED PATIENT TRANSPORT	203 906	-	22 781	226 687	248 002	-21 315	109.4%	177 749	177 749
Total	1 677 615	-	-	1 677 615	1 691 566	-13 951	100.8%	1 667 866	1 667 866
Economic classification									
Current payments	1 580 385	-	-	1 580 385	1 622 747	-42 362	102.7%	1 568 514	1 568 514
Compensation of employees	1 239 855	-	-	1 239 855	1 260 578	-20 723	101.7%	1 221 376	1 221 376
Goods and services	340 530	-	-	340 530	362 146	-21 616	106.3%	346 688	346 688
Interest and rent on land	-	-	-	-	23	-23	-	450	450
Transfers and subsidies	6 830	-	-	6 830	7 202	-372	105.4%	16 657	16 657
Provinces and municipalities	3 401	-	-	3 401	2 607	794	76.7%	2 993	2 993
Departmental agencies and accounts	2	-	-	2	2	-	100.0%	-	-
Households	3 427	-	-	3 427	4 593	-1 166	134.0%	13 664	13 664
Payments for capital assets	90 400	-	-	90 400	61 595	28 805	68.1%	82 683	82 683
Machinery and equipment	90 400	-	-	90 400	61 595	28 805	68.1%	82 683	82 683
Payment for financial assets	-	-	-	-	22	-22	-	12	12
Total	1 677 615	-	-	1 677 615	1 691 566	-13 951	100.8%	1 667 866	1 667 866

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 4: Provincial Hospital Services

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virements	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 GENERAL (REGIONAL) HOSPITALS	10 683 534	-	66 524	10 750 058	11 297 258	-547 200	105.1%	10 432 675	10 432 675
2 TUBERCULOSIS HOSPITALS	476 506	-	-47 893	428 613	424 957	3 656	99.1%	496 359	496 359
3 PSYCHIATRIC-MENTAL HOSPITALS SUB-ACUTE, STEP-DOWN AND	1 106 352	-	18 678	1 125 030	1 115 945	9 085	99.2%	1 019 296	1 019 296
4 CHRONIC MEDICAL HOSPITALS	370 793	-	-36 304	334 489	329 060	5 429	98.4%	366 697	366 697
5 DENTAL TRAINING HOSPITAL	21 411	-	-1 005	20 406	20 406	-	100.0%	19 500	19 500
Total	12 658 596	-	-	12 658 596	13 187 626	-529 030	104.2%	12 334 527	12 334 527
Economic classification									
Current payments	12 409 024	-	-	12 409 024	13 025 048	-616 024	105.0%	12 139 182	12 175 507
Compensation of employees	9 545 713	-	-	9 545 713	9 713 044	-167 331	101.8%	8 920 862	8 920 862
Goods and services	2 863 307	-	-	2 863 307	3 311 388	-448 081	115.6%	3 218 086	3 254 411
Interest and rent on land	4	-	-	4	616	-612	15400.0%	234	234
Transfers and subsidies	90 205	-	-	90 205	91 587	-1 382	101.5%	118 498	118 498
Departmental agencies and accounts	113	-	-	113	58	55	51.3%	65	65
Households	90 092	-	-	90 092	91 529	-1 437	101.6%	118 433	118 433
Payments for capital assets	159 367	-	-	159 367	70 900	88 467	44.5%	76 348	40 023
Machinery and equipment	159 367	-	-	159 367	70 900	88 467	44.5%	76 348	40 023
Payment for financial assets	-	-	-	-	91	-91	-	499	499
Total	12 658 596	-	-	12 658 596	13 187 626	-529 030	104.2%	12 334 527	12 334 527

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 5: Central Hospital Services

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 CENTRAL HOSPITAL SERVICES	2 759 690	-	-1 590	2 758 100	2 758 100	-	100.0%	2 689 567	2 689 567
2 PROVINCIAL TERTIARY HOSPITAL SERVICES	3 107 490	-	-28 565	3 078 925	3 101 845	-22 920	100.7%	2 973 518	2 973 518
Total	5 867 180	-	-30 155	5 837 025	5 859 945	-22 920	100.4%	5 663 085	5 663 085
Economic classification									
Current payments	5 757 931	-	-30 155	5 727 776	5 808 231	-80 455	101.4%	5 556 295	5 604 929
Compensation of employees	3 450 987	-	-	3 450 987	3 456 875	-5 888	100.2%	3 268 583	3 268 583
Goods and services	2 306 944	-	-30 155	2 276 789	2 351 356	-74 567	103.3%	2 287 686	2 336 320
Interest and rent on land	-	-	-	-	-	-	-	26	26
Transfers and subsidies	45 687	-	-	45 687	13 395	32 292	29.3%	44 175	24 457
Departmental agencies and accounts	82	-	-	82	96	-14	117.1%	97	97
Households	45 605	-	-	45 605	13 299	32 306	29.2%	44 078	24 360
Payments for capital assets	63 562	-	-	63 562	38 177	25 385	60.1%	62 560	33 644
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	63 562	-	-	63 562	38 177	25 385	60.1%	62 560	33 644
Payment for financial assets	-	-	-	-	142	-142	-	55	55
Total	5 867 180	-	-30 155	5 837 025	5 859 945	-22 920	100.4%	5 663 085	5 663 085

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 6: Health Sciences and Training

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 NURSING TRAINING COLLEGES	234 551	-	-	234 551	229 952	4 599	98.0%	211 895	211 895
2 EMS TRAINING COLLEGES	31 082	-	-	31 082	23 391	7 691	75.3%	23 680	23 680
3 BURSARIES	138 610	-	-110 534	28 076	25 360	2 716	90.3%	43 573	43 573
4 PRIMARY HEALTH CARE TRAINING	44 325	-	-	44 325	32 588	11 737	73.5%	30 879	30 879
5 TRAINING OTHER	1 065 373	-	-10 581	1 054 792	1 029 331	25 461	97.6%	1 028 879	1 028 879
Total	1 513 941	-	-121 115	1 392 826	1 340 622	52 204	96.3%	1 338 906	1 338 906
Economic classification									
Current payments	1 351 338	-	-10 581	1 340 757	1 298 950	41 807	96.9%	1 277 569	1 277 569
Compensation of employees	1 272 443	-	-10 581	1 261 862	1 240 496	21 366	98.3%	1 234 400	1 234 400
Goods and services	78 895	-	-	78 895	58 454	20 441	74.1%	43 168	43 168
Interest and rent on land	-	-	-	-	-	-	-	1	1
Transfers and subsidies	150 499	-	-110 534	39 965	39 440	525	98.7%	59 295	59 295
Departmental agencies and accounts	25 436	-	-	25 436	25 436	-	100.0%	23 248	23 248
Households	125 063	-	-110 534	14 529	14 004	525	96.4%	36 047	36 047
Payments for capital assets	12 104	-	-	12 104	2 232	9 872	18.4%	2 042	2 042
Machinery and equipment	12 104	-	-	12 104	2 232	9 872	18.4%	2 042	2 042
Total	1 513 941	-	-121 115	1 392 826	1 340 622	52 204	96.3%	1 338 906	1 338 906

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APPROPRIATION STATEMENT For the year ended 31 March 2024

Programme 7: Health Care Support Services

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 MEDICINE TRADING ACCOUNT	82 152	-	-	82 152	86 930	-4 778	105.8%	69 028	69 028
2 LAUNDRY SERVICES	203 291	-	6 688	209 979	209 979	-	100.0%	178 194	178 194
3 ORTHOTIC AND PROSTHETIC SERVICES	69 224	-	-6 688	62 536	59 302	3 234	94.8%	63 114	63 114
Total	354 667	-	-	354 667	356 211	-1 544	100.4%	310 336	310 336
Economic classification									
Current payments	342 258	-	-	342 258	351 910	-9 652	102.8%	307 649	307 649
Compensation of employees	176 124	-	-	176 124	174 011	2 113	98.8%	165 124	165 124
Goods and services	166 134	-	-	166 134	177 898	-11 764	107.1%	142 525	142 525
Interest and rent on land	-	-	-	-	1	-1	-	-	-
Transfers and subsidies	948	-	-	948	1 603	-655	169.1%	782	782
Households	948	-	-	948	1 603	-655	169.1%	782	782
Payments for capital assets	11 461	-	-	11 461	2 664	8 797	23.2%	1 905	1 905
Machinery and equipment	11 461	-	-	11 461	2 664	8 797	23.2%	1 905	1 905
Payment for financial assets	-	-	-	-	34	-34	-	-	-
Total	354 667	-	-	354 667	356 211	-1 544	100.4%	310 336	310 336

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APROPRIATION STATEMENT For the year ended 31 March 2024

Programme 8: Health Facilities Management

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1 COMMUNITY HEALTH FACILITIES	501 884	-	39 732	541 616	719 183	-177 567	132.8%	482 804	482 804
2 DISTRICT HOSPITAL SERVICES	321 166	-	-	321 166	368 081	-46 915	114.6%	529 573	529 573
3 EMERGENCY MEDICAL SERVICES	-	-	-	-	-	-	-	-	-
4 PROVINCIAL HOSPITAL SERVICES	517 912	-	-	517 912	442 925	74 987	85.5%	570 408	570 408
5 CENTRAL HOSPITAL SERVICES	70 287	-	-	70 287	52 967	17 320	75.4%	60 881	60 881
6 OTHER FACILITIES	463 539	-	-39 732	423 807	324 529	99 278	76.6%	269 010	269 010
Total	1 874 788	-	-	1 874 788	1 907 685	-32 897	101.8%	1 912 676	1 912 676
Current payments	832 747	-	-130	832 617	1 100 387	-267 770	132.2%	810 229	810 229
Compensation of employees	109 614	-	-1 500	108 114	108 114	-	100.0%	91 730	91 730
Goods and services	723 133	-	1 370	724 503	992 273	-267 770	137.0%	718 499	718 499
Transfers and subsidies	-	-	130	130	130	-	100.0%	-	-
Households	-	-	130	130	130	-	100.0%	-	-
Payments for capital assets	1 042 041	-	-	1 042 041	807 168	234 873	77.5%	1 102 447	1 102 447
Buildings and other fixed structures	916 597	-	-41 435	875 162	662 129	213 033	75.7%	840 608	840 608
Machinery and equipment	125 444	-	41 435	166 879	145 039	21 840	86.9%	261 839	261 839
Total	1 874 788	-	-	1 874 788	1 907 685	-32 897	101.8%	1 912 676	1 912 676

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NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2024

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

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

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

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

3. Detail on payments for financial assets

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

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

4.1 Per Programme:

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
ADMINISTRATION	1 156 858	1 079 598	77 260	7%
Savings under Programme 1 used to defray excess expenditure under other programmes				
DISTRICT HEALTH SERVICES	26 827 752	27 510 569	-682 817	-3%
Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.				
EMERGENCY MEDICAL SERVICES	1 677 615	1 691 566	-13 951	-1%
Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.				
PROVINCIAL HOSPITAL SERVICES	12 658 596	13 187 626	-529 030	-4%
Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.				
CENTRAL HOSPITAL SERVICES	5 837 025	5 859 945	-22 920	0%
Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.				
HEALTH SCIENCES AND TRAINING	1 392 826	1 340 622	52 204	4%
Savings under Programme 6 used to defray excess expenditure under other programmes				
HEALTH CARE SUPPORT SERVICES	354 667	356 211	-1 544	0%
Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.				
HEALTH FACILITIES MANAGEMENT	1 874 788	1 907 685	-32 897	-2%
Over spending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.				

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NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2024

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
4.2 Per economic classification:	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	33 140 186	34 070 123	-929 937	-3%
Goods and services	16 296 857	16 999 866	-703 009	-4%
Interest and rent on land	475	3 442	-2 967	-625%
Transfers and subsidies				
Provinces and municipalities	283 525	278 662	4 863	2%
Departmental agencies and accounts	25 694	25 739	-45	0%
Non-profit institutions	66 773	66 114	659	1%
Households	294 448	267 116	27 332	9%
Payments for capital assets				
Buildings and other fixed structures	875 162	662 129	213 033	24%
Machinery and equipment	797 007	560 040	236 967	30%
Payments for financial assets	0	591	-591	0%

Overspending is due to Compensation of Employees item mainly due to current staff not fully funded as a result of carry-through impact of the 2021/2022 Budget cuts and the salary increase not fully funded.

Overspending on Good and Services are as a result of price increase of Fuel, the impact of load shedding and increase use of Diesel, Municipal tariff increase for electricity, water, sanitation and refuse, property payment increase for maintenance and repairs to Infrastructure and the exchange rate for medicines and medical suppliers due to worldwide price increase.

	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
4.3 Per conditional grant	R'000	R'000	R'000	%
National Tertiary Services Grant	2 000 300	2 000 300	0	0%
Districts Programme Grant	6 812 358	6 812 358	0	0%
Health Facility Revitalisation Grant	1 371 767	1 371 767	0	0%
Human Resource & Training Grant	764 447	764 447	0	0%
Social Sector EPWP Incentive Grant for Provinces	19 594	19 594	0	0%
EPW Integrated Grant to Provinces	8 614	8 614	0	0%
National Health Insurance	126 332	126 332	0	0

All grants allocated spend within allocation

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STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
REVENUE			
Annual appropriation	<u>1</u>	51 780 127	51 533 755
Department Revenue	<u>2</u>	261 958	297 796
Aid Assistance	<u>3</u>	14 608	8 525
TOTAL REVENUE		52 056 693	51 840 076
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	34 070 123	32 699 079
Goods and services	<u>5</u>	16 999 866	16 651 868
Interest and Rent on land	<u>6</u>	3 442	2 112
Aid Assistance	<u>3</u>	14 608	8 525
Total current expenditure		51 088 039	49 361 584
Transfers and subsidies			
Transfers and subsidies	<u>8</u>	637 631	714 108
Total transfers & subsidies		637 631	714 108
Expenditure for capital assets			
Tangible assets	<u>9</u>	1 222 169	1 459 650
Total expenditure for capital assets		1 222 169	1 459 650
Unauthorised expenditure approved without funding		-	-
Payments for Financial Assets	<u>7</u>	591	1 043
TOTAL EXPENDITURE		52 948 430	51 536 385
SURPLUS/ (DEFICIT) FOR THE YEAR		-891 737	303 691
Reconciliation of Net Surplus/ (Deficit) for the year			
Voted Funds		-1 153 695	5 895
Annual Appropriation		-1 153 695	5 895
Conditional grants		-	-
Departmental Revenue and NRF Receipts	<u>14</u>	261 958	297 796
SURPLUS / DEFICIT FOR THE YEAR		-891 737	303 691

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STATEMENT OF FINANCIAL POSITION for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
ASSETS			
Current Assets		28 142	24 104
Cash and Cash Equivalent	10	336	472
Prepayments and advances	11	17	58
Receivables	12	27 789	23 574
Non-Current Assets		15 731	14 557
Receivables	12	15 731	14 557
TOTAL ASSETS		43 873	38 661
LIABILITIES			
Current Liabilities		1 273 671	119 640
Voted funds to be surrendered to the Revenue Fund	13	-	5 895
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	14	9 953	14 651
Bank overdraft	15	1 233 345	80 402
Payables	16	30 373	18 692
TOTAL LIABILITIES		1 273 671	119 640
NET ASSETS		-1 229 798	-80 979
Represented by:			
Recoverable revenue		17 722	12 846
Unauthorised Expenditure		-1 247 520	-93 825
TOTAL		-1 229 798	-80 979

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STATEMENT OF CHANGES IN NET ASSETS For the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
Recoverable revenue			
Opening balance		12 846	11 253
Transfers		4 876	1 593
Debts revised		-91	-212
Debts recovered (included in departmental receipts)		-6 914	-5 896
Debts raised		11 881	7 701
Closing balance		17 722	12 846

	Note	2023/24 R'000	2022/23 R'000
Unauthorised Expenditure			
Opening balance		-93 825	-108 074
Unauthorised Expenditure – current year		-1 153 695	-
Relating to overspending of the vote or main division within the vote		-1 153 695	-
Amounts approved by Parliament/Legislature with funding		-	14 249
Closing Balance		-1 247 520	-93 825
Total		-1 229 798	-80 979

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NOTES TO ANNUAL FINANCIAL STATEMENT

for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		52 056 692	51 819 167
Annual appropriated funds received	1.1	51 780 127	51 533 755
Departmental revenue received	2	261 451	276 510
Interest received	2.3	506	377
Aid assistance received	3	14 608	8 525
Net (increase)/ decrease in working capital		7 507	164
Surrendered to Revenue Fund		-272 551	-364 677
Current payments		-51 084 597	-49 359 472
Interest paid		-3 442	-2 112
Payments for Financial Assets		-591	-1 043
Transfers and subsidies paid		-637 631	-714 108
Net cash flow available from operating activities	17	65 387	1 377 919
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	-1 222 169	-1 459 650
Proceeds from sale of capital assets	2.4	1	20 909
(Increase)/decrease in non-current receivables		-1 174	-4 883
Net cash flows from investing activities		-1 223 342	-1 443 624
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		4 876	15 842
Net cash flows from financing activities		4 876	15 842
Net increase/ (decrease) in cash and cash equivalents		-1 153 079	-49 863
Cash and cash equivalents at beginning of period		-79 930	-30 067
Cash and cash equivalents at end of period	18	-1 233 009	-79 930

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

Summary of significant accounting policies

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

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

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

1	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern The financial statements have been prepared on a going concern basis.
3	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	Comparative information
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

7	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</p> <p>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.</p> <p>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.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and the amount of revenue can be measured reliably. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy</p>
8	<p>Receivables</p> <p>Receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amount already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
9	Expenditure
9.1	Compensation of employees
9.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
9.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>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.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

9.2	<p>Other expenditure</p> <p>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.</p>
9.3	<p>Accruals and payables not recognised</p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.</p>
9.4	<p>Leases</p>
9.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
9.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
10	<p>Aid Assistance</p>
10.1	<p>Aid assistance received</p> <p>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.</p> <p>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.</p>
10.2	<p>Aid assistance paid</p> <p>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.</p>
11	<p>Cash and cash equivalents</p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>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.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

12	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p><Indicate when prepayments are expensed and under what circumstances.></p>
13	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
14	<p>Capital Assets</p>
14.1	<p>Immovable capital assets</p> <p>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.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
14.2	<p>Movable capital assets</p> <p>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.</p> <p>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.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
14.3	<p>Intangible assets</p> <p>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.</p> <p>Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>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.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

14.3	<p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
14.4	<p>Project Costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>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.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
15	Provisions and Contingents
15.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
15.2	<p>Contingent liabilities</p> <p>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.</p>
15.3	<p>Contingent assets</p> <p>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.</p>
15.4	<p>Capital Commitments</p> <p>Capital Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
16	Unauthorised expenditure

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

	<p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • Transferred to receivables for recovery. <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
17	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
18	<p>Irregular expenditure</p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
19	<p>Changes in accounting policies, accounting estimates and errors</p> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>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.</p>
20	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>

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ACCOUNTING POLICIES FOR THE YEAR ENDED 31 MARCH 2024

21	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
22	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
23	<p>Inventories</p> <p>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.</p> <p>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.</p> <p>The cost of inventories is assigned by using the weighted average cost basis.</p>
24	<p>Public-Private Partnerships</p> <p>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.</p> <p>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.</p>
25	<p>Employee benefits</p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>
26	<p>Best Estimate</p> <p>The amount disclosed as a provision and contingent shall be the best estimate of the funds required to settle the present obligation at the reporting date. The time value of money is ignored where the obligation will be settled sometime after the reporting date.</p>

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	Final Budget R'000	2023/2024 Actual Funds received R'000	Funds not requested/ not received R'000	Final Budget R'000	2022/23 Appropriation received R'000	Funds not Requested/ not received R'000
Administration	1 156 858	1 156 858	-	1 126 213	1 126 213	-
District Health Services	26 827 752	26 827 752	-	27 180 146	27 180 146	-
Emergency Medical Services	1 677 615	1 677 615	-	1 667 866	1 667 866	-
Provincial Hospital Services	12 658 596	12 658 596	-	12 334 527	12 334 527	-
Central Hospital Services	5 837 025	5 837 025	-	5 663 085	5 663 085	-
Health Sciences and Training	1 392 826	1 392 826	-	1 338 906	1 338 906	-
Health Care Support Services	354 667	354 667	-	310 336	310 336	-
Health Facilities Management	1 874 788	1 874 788	-	1 912 676	1 912 676	-
Total	51 780 127	51 780 127		51 533 755	51 533 755	-

1.2 Conditional grants

	Note	2023/2024 R'000	2022/23 R'000
Total grants received	Annexure 1A	11 103 412	11 879 807
Provincial Grants included in Total grants received		28 208	38 029

(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)

2. Departmental Revenue

		2023/2024 R'000	2022/23 R'000
Sales of goods and services other than capital assets	2.1	242 361	255 760
Fines, penalties and forfeits	2.2	33	27
Interest, dividends and rent on land	2.3	506	377
Sales of capital assets	2.4	1	20 909
Transactions in financial assets and liabilities	2.5	19 057	20 723
Total Revenue Collected		261 958	297 796
Departmental revenue collected		261 958	297 796

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

		2023/2024 R'000	2022/23 R'000
2.1 Sales of goods and services other than capital assets	<u>2</u>		
Sales of goods and services produced by the department		241 461	254 904
Sales by market establishment		11 461	10 947
Administrative Fees		12 173	10 929
Other sales		217 827	233 028
Sales of scrap, waste and other used current goods		900	856
Total		242 361	255 760
2.2 Fines, penalties and forfeits	<u>2</u>		
Penalties		33	27
Total		33	27
2.3 Interest, dividends and rent on land	<u>2</u>		
Interest		506	377
Total		506	377
2.4 Sales of capital assets	<u>2</u>		
Tangible Assets		1	20 909
Machinery and Equipment		1	20 909
Total		1	20 909
2.5 Transactions in Financial assets and liabilities	<u>2</u>		
Receivables		19 025	20 709
Other receipts including recoverable revenue		32	14
Total		19 057	20 723

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	2023/2024	2022/23
2.6 Gifts, donations and sponsorships received in-kind (not included in the main note or sub note)	R'000	R'000
Gifts	3	2
Donations	230 461	193 863
Sponsorships	4 969	3 462
Closing balance	235 433	197 327

	2023/2024	2022/23
3. Aid Assistance	R'000	R'000
3.1 Aid assistance expenditure per economic classification		
Current	14 608	8 525
Closing balance	14 608	8 525

Foreign Donor Funds Received from USA Government - Refer To Annexure 11

	2023/2024	2022/23
4. Compensation of employees	R'000	R'000
4.1 Salaries and wages		
Basic Salary	21 624 549	20 017 951
Performance award	6 670	6 239
Service Based	28 167	29 609
Compensative/circumstantial	3 425 116	3 182 165
Periodic payments	63 474	56 966
Other non-pensionable allowances	4 617 588	5 583 818
Total	29 765 564	28 876 748
4.2 Social contributions		
Employer contributions		
Pension	2 603 995	2 295 790
Medical	1 695 170	1 521 292
UIF	193	89
Bargaining council	5 201	5 160
Total	4 304 559	3 822 331
Total compensation of employees	34 070 123	32 699 079
Average number of employees	78 725	79 506

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

		2023/2024 R'000	2022/23 R'000
5. Goods and services			
Administrative fees		13 887	7 667
Advertising		43 094	47 957
Minor Assets	5.1	27 608	29 013
Bursaries (employees)		12 892	9 842
Catering		12 632	6 404
Communication		189 548	185 511
Computer services	5.2	158 374	135 708
Laboratory services		2 196 250	2 558 639
Legal services		86 906	110 339
Contractors		270 698	275 608
Agency and support / outsourced services		1 311 933	1 283 094
Audit cost - External	5.3	72 508	49 900
Fleet services		504 964	482 949
Inventory	5.4	7 397 819	7 376 289
Consumables	5.5	340 850	294 812
Operating leases		224 447	213 801
Property payments	5.6	3 966 606	3 435 572
Transport provided as part of the departmental activities		17 105	25 067
Travel and subsistence	5.7	98 479	84 592
Venues and facilities		289	237
Training and development		9 431	9 024
Other operating expenditure	5.8	43 546	29 843
Total		<u>16 999 866</u>	<u>16 651 868</u>

	Note	2023/2024 R'000	2022/23 R'000
5.1 Minor Assets	5		
Tangible assets		27 608	29 013
Machinery and equipment		<u>27 608</u>	<u>29 013</u>
Total		<u>27 608</u>	<u>29 013</u>

	Note	2023/2024 R'000	2022/23 R'000
5.2 Computer services			
SITA computer services	5	36 872	54 967
External computer service providers		121 502	80 741
Total		<u>158 374</u>	<u>135 708</u>

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	Note	2023/2024 R'000	2022/23 R'000
5.3			
Audit cost – external	<u>5</u>		
Regularity audits		30 635	21 983
Investigation		41 873	27 917
Total		72 508	49 900

	Note	2023/2024 R'000	2022/23 R'000
5.4			
Inventory	<u>5</u>		
Food and food supplies		148 704	132 884
Fuel, oil and gas		291 996	244 247
Materials and supplies		273 024	249 533
Medical supplies		2 706 114	2 505 568
Medicine		3 977 981	4 244 057
Total		7 397 819	7 376 289

	Note	2023/2024 R'000	2022/23 R'000
5.5			
Consumables	<u>5</u>		
Consumable supplies		195 131	193 093
Uniform and clothing		143 814	150 902
Household supplies		11 881	11 584
Building material and supplies		37 710	29 201
IT consumables		768	687
Other consumables		958	719
Stationery, printing and office supplies		145 719	101 719
Total		340 850	294 812

	Note	2023/2024 R'000	2022/23 R'000
5.6			
Property Payment	<u>5</u>		
Municipal Services		1 064 354	957 245
Property maintenance and repairs		807 530	551 249
Other		2 094 722	1 927 078
Total		3 966 606	3 435 572

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	Note	2023/2024 R'000	2022/23 R'000
5.7 Travel and subsistence	5		
Local		97 175	83 082
Foreign		1 304	1 510
Total		98 479	84 592
	Note	2023/2024 R'000	2022/23 R'000
5.8 Other operating expenditure	5		
Professional bodies, membership and subscription fees		3 416	3 564
Resettlement costs		8 924	4 107
Other		31 206	22 172
Total		43 546	29 843
		2023/2024 R'000	2022/23 R'000
6. Interest and Rent on Land			
Interest paid		3 442	2 112
Total		3 442	2 112
	Note	2023/2024 R'000	2022/23 R'000
7. Payment for Financial Assets			
Debts written off	7.1	591	1 043
Total		591	1 043
		2023/2024 R'000	2022/23 R'000
7.1 Debts written off	7		
Nature of debts written off			
Other debt written off			
Debts written Off		591	1 043
Total		591	1 043

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	Note	2023/2024 R'000	2022/23 R'000
8. Transfers and subsidies			
Provinces and municipalities	Annexure 1B	278 663	271 754
Departmental agencies and accounts	Annexure 1C	25 738	23 455
Non-profit institution	Annexure 1D	66 114	63 440
Households	Annexure 1E	267 116	355 459
Total		637 631	714 108

	Note	2023/2024 R'000	2022/23 R'000
9. Expenditure for capital assets			
Tangible assets		1 222 169	1 459 650
Buildings and other fixed structures	32	662 131	840 608
Machinery and equipment	31	560 038	619 042
Intangible assets			
Software		-	-
Total		1 222 169	1 459 650

9.1 Analysis of funds utilised to acquire capital assets	2023/2024		
	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	1 222 169	-	1 222 169
Buildings and other fixed structures	662 131	-	662 131
Machinery and equipment	560 038	-	560 038
Intangible assets	-	-	-
Software	-	-	-
Total	1 222 169	-	1 222 169

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

9.2 Analysis of funds utilised to acquire capital assets-

	2022/23		TOTAL R'000
	Voted Funds R'000	Aid assistance R'000	
Tangible Assets	1 459 650	-	1 459 650
Buildings and other fixed structures	840 608	-	840 608
Machinery and equipment	619 042	-	619 042
Total	1 459 650	-	1 459 650

	2023/2024 R'000	2022/23 R'000
10. Cash and cash equivalents		
Consolidated Paymaster General Account	-	-
Cash receipts	89	230
Cash on hand	247	242
Total	336	472

	2023/2024 R'000	2022/23 R'000
11. Prepayments and advances		
Travel and subsistence	17	58
Total	17	58

Analysis of Total Prepayments and advances

	2023/2024 R'000	2022/23 R'000
Current Prepayments and advances	17	58
Total	17	58

	Note	2023/2024			2022/2023		
		Current R'000	Non- current R'000	Total R'000	Current R'000	Non- current R'000	Total R'000
12. Receivable							
Claims recoverable	12.1	4 962	-	4 962	3 349	-	3 349
Recoverable Expenditure	12.2	8 051	-	8 051	4 894	2 744	7 638
Staff debt	12.3	14 776	15 731	30 507	12 595	11 813	24 408
Other receivables	12.4	-	-	-	2 736	-	2 736
Total		27 789	15 731	43 520	23 574	14 557	38 131

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	Note	2023/2024 R'000	2022/23 R'000
12.1 Claims recoverable	12		
Provincial departments		3 941	1 692
Foreign Governments		425	976
Public entities		589	631
Private enterprises		7	50
Total		4 962	3 349
	Note	2023/2024 R'000	2022/23 R'000
12.2 Recoverable Expenditure (disallowance accounts)	12		
Medsas Clearing account		2	7
Salary Medical Aid		292	260
Salary Deduction Disallowance		-	62
Disallowances Damages and losses Recover :CA		-201 705	-248 052
Disallowances Damages and losses :CA		201 705	248 052
Salary Reversal Control		7 757	7 309
Total		8 051	7 638
	Note	2023/2024 R'000	2022/23 R'000
12.3 Staff debt	12		
Breach of Contract Employees and Non Employees		3 192	2 713
Employee Debt Salary overpayment		23 215	18 535
Fruitless and wasteful		32	32
Government Accidents		123	39
Fraud		1	12
Supplier Debt		1 644	633
Bursary Debt		111	162
Medical Bursary Debt		-	4
Tax Debt		2 160	2 277
Losses and Damages Employees		29	1
Total		30 507	24 408
	Note	2023/2024 R'000	2022/23 R'000
12.4 Other receivables	12		
Disall. Dishonoured Cheques		-	18
National Claims Clearing Account		-	2 718
Total		-	2 736

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	Note	2023/2024 R'000	2022/23 R'000
12.5 Impairment of receivables	12		
Estimate of impairment of receivables		9 377	4 974
Total		9 377	4 974

Ex - Staff Debtors that are in excess of 3 years that deceased or untraceable

	Note	2023/2024 R'000	2022/23 R'000
13. Voted funds to be surrendered to the Revenue Fund			
Opening balance		5 895	71 191
Prior period error		-	-
As restated		5 895	71 191
Transfer from Statement of Financial Performance (as restated)		-1 153 695	5 895
Add: Unauthorised expenditure for current year		1 153 695	-
Paid during the year		-5 895	-71 191
Closing balance		-	5 895

		2023/2024 R'000	2022/23 R'000
13.2 Reconciliation of unspent Conditional grants			
Total Conditional grants received		11 103 412	11 879 807
Total Conditional grants spent		-11 103 412	-11 879 807
Due by the Revenue Fund		-	-

		2023/2024 R'000	2022/23 R'000
14. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		14 651	10 341
Prior period error		-	-
As restated		14 651	10 341
Transfer from Statement of Financial Performance (as restated)		261 958	297 796
Paid during the year		-266 656	-293 486
Closing balance		9 953	14 651

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	2023/2024 R'000	2022/23 R'000
15. Bank overdraft		
Consolidated Paymaster General Account	1 233 345	80 402
Total	1 233 345	80 402
	<i>Note</i>	
	2023/2024 R'000	2022/23 R'000
16. Payables - current		
Clearing accounts	16.1 30 373	18 692
Total	30 373	18 692
	<i>Note</i>	
	2023/2024 R'000	2022/23 R'000
16.1 Clearing account	16	
Sal ACB Recalls	128	1 927
Sal Bargaining Council	12	49
Sal Garnishee Order	159	228
Sal Income Tax	3 756	4 021
Salary Medical Aid / Salary Pension Fund	1 121	788
Sal Disallowance Acc /Salary Official Unions / Salary Insurance Deduc	459	13
Adv: Dom/Prov KZN	11 651	2 820
Sal Recoverable / Salary Deduction Control	1	-
Sal Subscriptions and Prof Bodies	38	27
Sal: GEH Refund Control Account	13 048	8 819
Total	30 373	18 692
	2023/2024 R'000	2022/23 R'000
17. Net cash flow available from operating activities		
Net surplus / (deficit) as per Statement of Financial Performance	-891 737	303 691
Add back non-cash movements/ movements not deemed operating activities:	957 124	1 074 228
(Increase)/decrease in receivables	-4 215	14 902
(Increase)/decrease in prepayments and advances	41	-58
Increase/(decrease) in payables – current	11 681	-14 680
Proceeds from sale of capital assets	-1	-20 909
Expenditure on capital assets	1 222 169	1 459 650
Surrenders to Revenue Fund	-272 551	-364 677
Net cash flow generated by operating activities	65 387	1 377 919

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

		2023/2024 R'000	2022/23 R'000
18. Reconciliation of cash and cash equivalents for cash flow purposes			
	Consolidated Paymaster General Account	-1 233 354	-80 402
	Cash receipts	98	230
	Cash on hand	247	242
	Total	-1 233 009	-79 930
		2023/2024 R'000	2022/23 R'000
		Note	
19. Contingent liabilities and Contingent Assets			
Contingent liabilities			
19.1	Liable to	Nature	
	Housing loan guarantees	Employees Annex 2A	71 115
	Claims against the department	Annex 2B	3 983 942 7 866 847
	Intergovernmental payables	Annex 4	63 516 13 382
	Other		2 649 353 2 649 353
	Total		6 696 882 10 529 697
		2023/2024 R'000	2022/23 R'000
19.2	Contingent assets		
	Nature of contingent asset		
	Transport and Civil claims in favour of the State		
		23 375	19 091
	Total	23 375	19 091
		2023/2024 R'000	2022/23 R'000
20.	Capital commitments		
	Buildings and other fixed structures	1 711 720	795 713
	Machinery and Equipment	150 839	184 428
	Total	1 862 559	980 141

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

		30 Days R'000	30+ Days R'000	2023/2024 Total R'000	2022/23 Total R'000
21.	Accruals, Payables not recognised				
	Accruals Listed by economic classification				
21.1	Goods and services	742 992	41 198	784 190	601 269
	Capital Assets	70 615	8 926	79 541	6 942
	Total	813 607	50 124	863 731	608 211

Listed by programme level		2023/2024 R'000	2022/23 R'000
	Administration	379 514	176 767
	District Health Services	226 113	225 820
	Emergency Medical Services	9 726	23 349
	Provincial Hospital Services	114 498	119 363
	Central Hospital Services	74 318	37 309
	Health Service and Training	4 751	2 291
	Health Care Support	4 215	1 296
	Health Facilities Management	50 596	22 016
	Total	863 731	608 211

		30 Days R'000	30+ Days R'000	2023/2024 Total R'000	2022/23 Total R'000
21.2	Payables not recognised				
	Listed by economic classification				
	Goods and services	853 054	863 380	1 716 434	1 209 533
	Capital assets	207 271	16 421	223 692	20 377
	Total	1 060 325	879 801	1 940 126	1 229 910

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	2023/2024 R'000	2022/23 R'000
Listed by programme level		
Administration	869 303	312 592
District Health Services	136 813	158 927
Emergency Medical Services	11 900	21 987
Provincial Hospital Services	96 697	106 000
Central Hospital Services	65 753	102 559
Health Services and Training	5 645	6 968
Health Care Support	553 770	486 220
Health Facilities Management	200 245	34 657
Total	1 940 126	1 229 910

	2023/2024 R'000	2022/23 R'000
<u>Included in the above totals are the following:</u>		
Confirmed balances with other departments	Annex 4 152 431	43 745
Confirmed balances with other government entities	Annex 4 1 175 434	599 460
Total	1 327 865	643 205

	2023/2024 R'000	2022/23 R'000
22. Employee benefit		
Leave entitlement	1 378 749	1 283 173
Service Bonus	829 599	723 848
Capped leave	319 393	349 191
Other	34 272	33 407
Total	2 562 013	2 389 619

Long Term Service (20 years R20,817m), (30 years R7,694m), 40 years (R2,558m), Payment made in April for March R3,203

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

23. Lease commitments

23.1 Operating leases expenditure

2023/2024	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	76 319	268	76 587
Later than 1 year and not later than 5 years	-	-	33 877	-	33 877
Later than 5 years	-	-	24 709	-	24 709
Total lease commitments	-	-	134 905	268	135 173

2022/23	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	72 681	1 666	74 347
Later than 1 year and not later than 5 years	-	-	74 501	268	74 769
Later than five years	-	-	20 790	-	20 790
Total lease commitments	-	-	167 972	1 934	169 906

23.2 Finance leases

2023/2024	Specialise d military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	3 433	3 433
Later than 1 year and not later than 5 yrs.	-	-	-	1 019	1 019
Total lease commitments	-	-	-	4 452	4 452

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2022/23	Specialised military assets	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	-	5 047	5 047
Later than 1 year and not later than 5 years	-	-	-	992	992
Total lease commitments	-	-	-	6 039	6 039

** This note excludes leases relating to public private partnerships as they are separately disclosed in the note on Public Private Partnership

	2023/2024 R'000	2022/23 R'000
24. Accrued Departmental Revenue		
Sales of goods and services other than capital assets	291 659	389 153
Other	58 770	59 209
Total	350 429	448 362

	2023/2024 R'000	2022/23 R'000
24.1 Analysis of accrued departmental revenue		
Opening Balances	448 362	469 888
Less: Amounts received	92 058	90 144
Add: Amounts recorded	118 797	148 082
Less: Amounts written-off/reversed as irrecoverable	124 672	79 464
Closing balance	350 429	448 362

	2023/2024 R'000	2022/23 R'000
24.2 Accrued Department Revenue written off		
Nature of losses		
Write off of Patient fees irrecoverable	7 734	18 687
Reduction of Patient Accounts due to re-assessment	116 938	60 777
Total	124 672	79 464

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	2023/2024 R'000	2022/23 R'000
24.3 Impairment of accrued departmental revenue		
Estimate of impairment of accrued departmental revenue	22 251	15 869
Total	22 251	15 869
	2023/2024 R'000	2022/23 R'000
25. Unauthorised, Irregular and Fruitless and Wasteful Expenditure		
25.1 Reconciliation of irregular expenditure		
Unauthorised Expenditure	1 153 695	-
Irregular Expenditure	3 058 492	2 713 871
Fruitless and Wasteful Expenditure	3 948	870
Closing balance	4 216 135	2 714 741
	2023/2024 R'000	2022/23 R'000
26. Key management personnel		
Political office bearers	2 098	2 037
Officials:		
EXCO	9 204	8 406
MANCO	23 012	16 541
Family members of key management personnel	5 741	4 303
Total	40 055	31 287

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

27. Public Private Partnership

Inkosi Albert Luthuli Central Hospital PPP

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. The Department is satisfied that the performance of the PPP partners was adequately monitored in terms of the provisions of the agreement.

The Department has the right to the full use of the assets and the consortium may not pledge the assets as security against any borrowings for the duration of the agreement.

The Impilo Consortium is responsible for the provision of the following goods and services:

- supply of Equipment and IM&T Systems that are State of the Art and replace the Equipment and IM&T Systems so as to ensure that they remain State of the Art;
- supply and replacement of Non-Medical Equipment;
- provision of all Services necessary to manage the Project Assets in accordance with Best Industry Practice;
- maintenance and replacement of the Departmental Assets in terms of the replacement schedules;
- provision or procurement of Utilities and Consumables and Surgical Instruments; and
- Provision of Facilities Management Services.

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care.

The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, Commission, manage, maintain and repair (as the case may be) Project Assets and Department Assets (or part thereof), including the renewal or replacement of Project Assets and Department Assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications; as to ensure that the Department is, at all times, able to provide Clinical Services that fulfil Hospital's Output Specifications using State of the Art Equipment and IM&T Systems; as would be required having regard to Best Industry Practice; and as required by Law.

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

The replacement of assets over the period of the contract is based on the Replacement Programme which operates on a rolling basis. To that end, at least 1 (one) month prior to the start of each Contract Year thereafter, Impilo Consortium is required to furnish to the Asset Replacement Committee for approval a revised Replacement Programme.

The assets will only transfer to the Department at the end of the period of the agreement.

The Impilo Consortium has to ensure that, at the end of the Project Term the Project Assets and Department Assets comply with the requirements of the Agreement and are in a state of repair which is sound and operationally safe, fair wear and tear excepted and the items comprising each level of Project Assets specified in the agreement between them have an average remaining useful life not less than one third of the original useful life.

Amendment 2 to the PPP agreement was concluded during December 2005. The main aim thereof was to consolidate various amendments agreed upon since the inception date of the contract and no additional financial implications were incurred as a result of the amendments.

The commencement date of the contract was 4 February 2002, with a final commissioning date for the hospital functions being 31 August 2003. The contract is for a period of 15 years from the commencement date. The Department has the option to renew the agreement only for a further year after 15 years.

The agreement requires the Department to pay a monthly service fee as stipulated in the schedule of payments to cover the monthly operational costs for facilities management, provision of information technology services, maintenance of equipment and the supply of equipment related consumables which the consortium is responsible for. The service fee is adjusted monthly for applicable performance penalties in accordance with the provisions of the penalty regime. The Department is also responsible for the payment of a quarterly fee towards the asset replacement reserve.

Amendment

The PPP agreement contract was extended for expiry in July 2023. The commitment / obligation are as follows:

2023/2024 R 218,442

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

	2023/2024 R'000	2022/23 R'000
Unitary fee paid	740 152	708 658
Indexed component	740 152	708 658
Analysis of indexed component	740 152	708 658
Goods and Services(excluding lease payments)	740 152	708 658
Capital/(Liabilities)	579 609	720 733
Plant and equipment	579 609	720 733
Other	133 691	218 442
Other obligations	133 691	218 442

Any guarantees issued by the department are disclosed in Note on Contingent Liabilities

Extension granted for 2 months for PPP

	2023/2024 R'000	2022/23 R'000
28. Provisions		
Building and other Fixed Structures	28 473	17 548
Medical Legal	736 300	626 724
University of Kwa-Zulu Natal (UKZN)	186 924	130 841
	951 697	775 113

28.1 Reconciliation of movement in provisions - 2023/24

	Infrastructure R'000	Medical Legal R'000	UKZN R'000	Provision 4 R'000	Total provisions R'000
Opening balance	17 548	626 724	130 841	-	775 113
Increase in provision	10 925	211 555	56 083	-	278 563
Settlement of provision	-	-101 979	-	-	-101 979
Closing balance	28 473	736 300	186 924	-	951 697

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Reconciliation of movement in provisions - 2022/23

	Infrastructure	Medical Legal	Provision 3	Provision 4	Total provisions
	R'000	R'000	R'000	R'000	R'000
Opening balance	43 664	691 840	-	-	735 504
Increase in provision	1 240	-	130 841	-	132 081
Settlement of provision	-27 356	-65 116	-	-	-92 472
Closing balance	17 548	626 724	130 841	-	775 113

29. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2024

	Opening balance	Value adjustments	Additions	Disposals	Closing balance
	Cost R'000	Cost R'000	Cost R'000	Cost R'000	Cost R'000
Machinery and Equipment	6 558 183	-	529 645	38 504	7 049 324
Transport Assets	1 744 888	-	152 814	-	1 897 702
Computer equipment	320 907	-	18 390	234	339 063
Furniture and Office equipment	65 565	-	7 685	371	72 879
Other machinery & Equipment	4 426 823	-	350 756	37 899	4 739 680
Total movable tangible assets	6 558 183	-	529 645	38 504	7 049 324

Movable Tangible Capital Assets under investigation

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

	Number	Value
		R'000
Machinery and equipment	13 237	416 573

Movement for 2022/23

29.1 Movement In Movable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2023

	Opening balance	Prior period error	Additions	Disposals	Closing balance
	Cost R'000	Fair Value R'000	Cost R'000	Cost R'000	Cost R'000
Machinery and equipment	6 068 112	3 648	624 424	138 001	6 558 183
Transport assets	1 668 848	-	177 950	101 910	1 744 888
Computer equipment	265 579	-8 916	67 632	3 388	320 907
Furniture and Office equipment	60 040	-1 339	7 739	875	65 565
Other machinery and equipment	4 073 645	13 903	371 103	31 828	4 426 823
Total additional to movable	6 068 112	3 648	624 424	138 001	6 558 183

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NOTES TO ANNUAL FINANCIAL STATEMENT

for the year ended 31 March 2024

29.1.1 Prior period error

	2023/2024 R'000
Nature of prior period error	3 648
Correction of 2022/2023 Financial year	3 648
Total	3 648

29.2 Minor assets

Movement In Minor Asset Per The Asset Register For The Year Ended 31 March 2024

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biologica l assets R'000	Total R'000
Opening balance	-	-	-	656 158	-	656 158
Additions	-	-	-	20 600	-	20 600
Disposals	-	-	-	7 408	-	7 408
TOTAL	-	-	-	669 350	-	669 350

	Specialise d military assets R'000	Intangible assets R'000	Heritage assets R'000	Machiner y and equipmen t R'000	Biologic al assets R'000	Total R'000
Number of R1 minor assets	-	-	-	-	-	-
Number of minor assets at cost	-	-	-	-	-	-
TOTAL NUMBER OF MINOR ASSETS	-	-	-	-	-	-

Minor Capital Assets Under Investigation

	Numbers	Values R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	44 216	59 994

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2023

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Opening balance	-	-	-	668 520	-	668 520
Prior period error	-	-	-	-27 784	-	-27 784
Additions	-	-	-	23 738	-	23 738
Disposals	-	-	-	8 316	-	8 316
TOTAL	-	-	-	656 158	-	656 158

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Number of R1 minor assets	-	-	-	-	-	-
Number of minor assets at cost	-	-	-	-	-	-
TOTAL NUMBER OF MINOR ASSETS	-	-	-	-	-	-

29.2.1 Prior period error

Nature of prior period error
Relating to 2022/2023 Financial Year

2023/24
R'000

-27 784

-27 784

Total

-27 784

30. Immovable Tangible Capital Assets

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2024

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	7 396 053	-	915 355	-	8 311 408
Non-residential buildings	6 157 028	-	775 358	-	6 932 386
Other fixed structures	1 239 025	-	139 997	-	1 379 022
TOTAL	7 396 053	-	915 355	-	8 311 408

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

30.1 Movement for 2022/23

Movement In Immovable Tangible Capital Assets Per Asset Register For The Year Ended 31 March 2023

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
Buildings And Other Fixed Structures	6 980 138	-	415 915	-	7 396 053
Non-residential buildings	6 008 162	-	148 866	-	6 157 028
Other fixed structures	971 976	-	267 049	-	1 239 025
TOTAL	6 980 138	-	415 915	-	7 396 053

30.2 CAPITAL WORK-IN-PROGRESS

Capital Work-In-Progress As At 31 March 2024

	Opening Balance 1 April 2023 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	" Closing Balance 31 March 2024 " R'000
Buildings and other fixed structures Annex 6	1 515 725	546 723	915 355	1 147 093
Total	1 515 725	546 723	915 355	1 147 093

Payables not recognised relating to Capital WIP

	2023/24 R'000	2022/23 R'000
[Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress]	41 221	44 860
Total	41 221	44 860

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Capital Work-In-Progress As At 31 March 2023

	Opening Balance	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	" Closing Balance 31 March 2023
	R'000	R'000	R'000	R'000	R'000
Buildings and other fixed structures	Annex 6 1 354 302		577 338	415 915	1 515 725
Total	1 354 302	-	577 338	415 915	1 515 725

31. Prior period errors

Assets: (e.g. Receivables, Investments, Accrued departmental revenue, Movable tangible capital assets, etc.)

Note	2022/23 Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Movable Tangible capital asset	29.1 6 554 535	3 648	6 558 183
Minor Asset	29.2 683 942	-27 784	656 158
Cash and Cash Equivalents	10 88 819	-88 347	472
Total	7 327 296	-112 483	7 214 813

Liabilities: (e.g. Payables current, Voted funds to be surrendered, Commitments, Provisions, etc.)

Note	2022/23 Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Bank Overdraft	15 169 221	-88 819	80 402
Total	169 221	-88 819	80 402

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NOTES TO ANNUAL FINANCIAL STATEMENT for the year ended 31 March 2024

Other: (e.g., unauthorised expenditure, Irregular expenditure, fruitless and wasteful expenditure, etc.)

	Note	2022/23 Amount before error correction R'000	Prior period error R'000	Restated amount R'000
Irregular Expenditure 2022/2023	25	2 546 610	167 261	2 713 871
Total		2 546 610	167 261	2 713 871

32. BROAD BASED BLACK ECONOMIC EMPOWERMENT PERFORMANCE

Information on compliance with the B-BBEE Act is included in the annual report under the section titled B-BBEE Compliance Performance Information.

	Note	2023/2024 R'000	2022/23 R'000
33. NATURAL DISASTER OR RELIEF EXPENDITURE			
Goods and services	<i>Annexure 7</i>	67	10 640
Expenditure for capital assets		23 274	5 814
Total		23 341	16 454

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1 A

STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2022/23	
	Division of Revenue Act/Provincial Grants	Roll Over	DORA Adjustment	Other Adjustment	Total Available	Amount received by department	Amount spent by department	Under / (overspending)	% of available funds spent by dept.	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	2 000 300	-	-	-	2 000 300	2 000 300	2 000 300	-	100,0%	2 045 854	2 045 854
Districts Programme Grant	7 087 769	-	-	-275 411	6 812 358	6 812 358	6 812 358	-	100,0%	7 547 069	7 547 069
Health Facility Revitalisation Grant	1 462 122	-	-	-90 355	1 371 767	1 371 767	1 371 767	-	100,0%	1 389 913	1 389 913
Human Resource & Training Grant	764 447	-	-	-	764 447	764 447	764 447	-	100,0%	754 850	754 850
Social Sector EPWP Incentive Grant for Provinces	21 107	-	-	-1 513	19 594	19 594	19 594	-	100,0%	26 293	26 293
EPW Integrated Grant to Provinces	8 614	-	-	-	8 614	8 614	8 614	-	100,0%	11 736	11 736
National Health Insurance	126 332	-	-	-	126 332	126 332	126 332	-	100,0%	104 092	104 092
	11 470 691	-	-	-367 279	11 103 412	11 103 412	11 103 412	-		11 879 807	11 879 807

Departments are reminded of the DORA requirement to certify that all transfers in terms of this Act were deposited into the primary bank account of the province or, where appropriate, into the CPD account of a province.

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1 B

STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	2023/2024							2022/23	
	GRANT ALLOCATION				TRANSFER			DoRA and other Transfers	Actual Transfer
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department		
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
eThekweni : Conditional Grant	147 950	-	-	147 950	145 307	-	-	141 715	141 715
eThekweni : Equitable Share	127 423	-	-	127 423	126 532	-	-	122 368	121 947
PD Vehicle Licences	8 152	-	-	8 152	6 823	-	-	7 737	8 092
Rounding	-	-	-	-	1	-	-	-	-
TOTAL	283 525	-	-	283 525	278 663	-	-	271 820	271 754

Departments are required to include a summary of expenditure per conditional grant to aid in the identification of under-/ over spending of such funds and to allow the department to provide an explanation for the variance

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Skills Development Levy	25 436	-	-	25 436	25 436	100,0%	23 248	23 248
Com: SABC TV Licences	262	-	-	262	302	115,3%	241	206
Rounding	-	-	-	-	-		-	1
TOTAL	25 698	-	-	25 698	25 738		23 489	23 455

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1D

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
Subsidies								
Austerville Halfway House	682	-	-	682	682	100,0%	764	764
Akehlulwa Lutho	680	-	-	680	680	100,0%	-	-
Azalea House	628	-	-	628	628	100,0%	705	705
The Bekimpilo Trust	3 662	-	-	3 662	3 662	100,0%	5 662	5 662
Budget Control Holding Funds	380	-	-	380	-	0,0%	-	-
Blessed Gerard Care Centre	418	-	-	418	139	33,3%	-	-
Chatsworth Regional Hospital	350	-	-	350	350	100,0%	-	-
Claremont Day Care Centre	487	-	-	487	487	100,0%	468	468
CREATE	800	-	-	800	800	100,0%	524	524
DPSA-Comm Based Rehab Project	1 176	-	-	1 176	1 176	100,0%	1 126	1 126
DPSA - Wheelchair repair & maint	1 064	-	-	1 064	1 064	100,0%	1 034	1 034
Duduza Care Centre	880	-	-	880	880	100,0%	614	614
Ekukhanyeni Clinic	1 242	-	-	1 242	1 242	100,0%	1 242	1 242

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTION	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Enkumane Clinic	329	-	-	329	329	100,0%	329	329
Estcourt Hospice	660	-	-	660	660	100,0%	638	638
Ethembeni Stepdown Centre	5 590	-	-	5 590	5 590	100,0%	5 590	5 590
Happy Hour Amaoti	682	-	-	682	682	100,0%	764	764
Happy Hour Durban North	568	-	-	568	568	100,0%	637	637
Happy Hour Kwaximba	487	-	-	487	487	100,0%	546	546
Happy Hour Mpumalanga	-	-	-	-	-	-	83	83
Happy Hour Ninikhona	340	-	-	340	340	100,0%	354	354
Happy Hour Phoenix	324	-	-	324	324	100,0%	364	364
Highway Hospice	860	-	-	860	860	100,0%	860	860
Hilcrest Aids Centre Trust	880	-	-	880	880	100,0%	838	838
Hlanganani Ngothando DCC	459	-	-	459	459	100,0%	441	441
Howick Hospice	748	-	-	748	748	100,0%	706	706
Holy Cross Hospice	-	-	-	-	-	-	800	800
I-Matter Foundation	600	-	-	600	600	100,0%	-	-
Ikhwezi Cripple Care	1 968	-	-	1 968	1 968	100,0%	1 911	1 911
Ikhayaletu Health and Edu Centre	1 749	-	-	1 749	1 749	100,0%	524	524
Indulu Youkuphephela Skills Training	655	-	-	655	655	100,0%	630	630
John Peattie House	2 450	-	-	2 450	2 450	100,0%	2 450	2 450
Jona Vaughn Centre	4 396	-	-	4 396	4 396	100,0%	4 779	4 779
KZN Blind and Deaf Society	1 045	-	-	1 045	1 045	100,0%	1 001	1 001
Kwahilda Ongcwele	300	-	-	300	300	100,0%	150	150

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Lynn House	1 446	-	-	1 446	1 446	100,0%	1 404	1 404
Ladysmith Hospice	560	-	-	560	560	100,0%	525	525
Madeline Manor	1 090	-	-	1 090	1 090	100,0%	1 234	1 234
Magaye School for the Blind	800	-	-	800	800	100,0%	626	626
Matikwe Oblate Clinic	611	-	-	611	611	100,0%	585	585
Mountain View Special Hospital	3 990	-	-	3 990	3 990	100,0%	3 989	3 989
Mpilonhle	-	-	-	-	-	-	695	695
Ntokozweni Vill for Vulnerable	180	-	-	180	180	100,0%	-	-
Nominated Disability ORG	360	-	-	360	360	100,0%	-	-
Othandweni Cerebral Palsy Org	425	-	-	425	425	100,0%	409	409
Philanjolo Hospice	2 958	-	-	2 958	2 958	100,0%	2 958	2 958
Power of God	1 438	-	-	1 438	1 438	100,0%	1 377	1 377
Rachel Swart Fund	800	-	-	800	800	100,0%	-	-
Rainbow Haven	658	-	-	658	658	100,0%	633	633
Ramakrishna Umzamo Home	758	-	-	758	758	100,0%	729	729
Scadifa Centre	2 102	-	-	2 102	2 102	100,0%	2 041	2 041
SA Mobility Fund for the Blind	800	-	-	800	800	100,0%	-	-
South Coast Hospice	2 451	-	-	2 451	2 451	100,0%	2 276	2 276
Solid Found for Rural development	775	-	-	775	775	100,0%	745	745
Sparks Estate	2 418	-	-	2 418	2 418	100,0%	2 348	2 348
St. Lukes Home	658	-	-	658	658	100,0%	633	633
Talitha Cumi Spec Nedd & Devt	680	-	-	680	680	100,0%	-	-
Tender Loving Care	350	-	-	350	350	100,0%	314	314

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
The Word of God	192	-	-	192	192	100,0%	-	-
Thembalethu Care Org	300	-	-	300	300	100,0%	258	258
Sunfield Home	302	-	-	302	302	100,0%	290	290
Still A Time	214	-	-	214	214	100,0%	206	206
Umlazi Halfway House	449	-	-	449	449	100,0%	487	487
Unsunduzi Hospice	1 100	-	-	1 100	1 100	100,0%	1 100	1 100
Woza Moya Org	369	-	-	369	369	100,0%	348	348
Zisize Educational Trust	-	-	-	-	-	0,0%	696	696
Rounding	-	-	-	-	-	0,0%	-	-
	66 773	-	-	66 773	66 114		63 440	63 440
Total	66 773	-	-	66 773	66 114		63 440	63 440

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1E

STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2022/23	
	Adjusted Budget	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers								
Employee Social Benefits - Injury on Duty	1 242	-	-	1 242	1 249	100,6%	9 168	2 023
Employee Social Benefits - Leave Gratuity	151 134	-	-	151 134	134 736	89,2%	145 727	115 362
Bursaries : Non -Employee	122 190	-	-	122 190	11 656	9,5%	104 701	32 680
Claims Against the State	130 555	-	-	130 555	119 475	91,5%	123 844	205 393
Rounding	-	-	-	-	-	-	-	-
Total	405 121	-	-	405 121	267 116		383 440	355 458

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1F

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Received in cash			
Gifts		-	-
Total gifts		-	-
Donations		-	-
Total donations		-	-
Sponsorships		-	-
Total sponsorships		-	-
Subtotal - received in cash		-	-
Received in kind			
Gifts			
Prior Year 2022/2023			2
Africa Health Research Institution	Donation of small bags, pen,A5 notebook, T Shirt and plastic water bottle for each employee	2	-
Philakade Care Home	Gift voucher for S Moodley	1	-
Total gifts		3	2
Donations			
Prior Year			
National Department of Health	Donation of electronic upper arm non-invasive blood pressure machines	694	-
National Department of Health	Donation of Personal Protective Equipment (PPE)	-	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
United Nation Population Fund	Donation of various equipment	140	-
Health Systems Trust	Donation of x5 data projectors	42	-
Al-Imdaad Foundation	Donation of diapers	42	-
USAID	Donation of an infomaker License (2029)	5	-
Ms Z Mhlongo	Donation of 200 bottles of Domestos	6	-
Old Mutual Life Assurance Company	Donation of 30x A3 posters frame	9	-
National Department of Health	Donation of medical equipment and consumables	864	-
Standard Bank Limited	Donation towards the Strategic Planning meeting	3	-
Dr AWR Mungherera	Donation of a printer	9	-
Bidvest Catering Company	Donation of renovation of the hospital kitchen	170	-
I-Hear360 (Pty) Ltd	Donation of 3 smart bracelets	1	-
AVBOB Mutual Assurance Society	Donation of a netball kit and a soccer kit	7	-
Robinhood Foundation	Donation of facial products	63	-
University of KwaZulu Natal (UKZN)	Donation of R 2000 towards the Annual Patient-Family Day	2	-
PN Medical (Pty) Ltd	Donation of Sani-hands samples	4	-
Impilo Consortium (RF) (Pty) Limited	Donation of lanyards fo the International Nurses Day	19	-
AXIM Nuclear & Oncology (Pty) Ltd	Donation of GA68 Radiolabelling kits	186	-
KwaCare NPC	Donation of 40 comfort bags	7	-
Gagasi FM	Donation of blankets and pamper kits	40	-
University of KwaZulu Natal College of Health Sciences	Donation of medical equipment and office furniture	102	-
Alansaar Foundation	Donation of 20 hampers	4	-
Shrisaphiasai Organisation	Donation of 40 pamper kits	12	-
University of KwaZulu Natal College of Health Sciences	Donation of furniture and equipment	129	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
AIDS Healthcare Foundation SA	Donation of two shipping containers	200	-
The Church of Latter Day Saints	Donation of 900 wheelchairs, 1660 mobile aids, 5 day basic course and 3 wheelchair repair workshop with spare parts	4 800	-
POIZN Construction	Donation of building a clinic	2 000	-
Department of Transport	Donation of excess PPE stock	122	-
Sri Sathya Sai Global Council-SA	Donation of baby blankets	2	-
Smith & Nephew (Pty) Ltd	Donation of 25 care bags	3	-
Africa Health Research Institute	Donation of 2 door steel cupboard	3	-
Angel Paws	Donation of dog therapy visits	-	-
Kearsney College	Donation of manual labour	-	-
Umsinsi Health Care (Pty) Ltd	Donation of GIPSKINS Protective PPE Sleeves	83	-
Novus Healthcare	Donation of trial of stimulan	47	-
Ms Linda Zama	Donation of 100 blankets	3	-
The Victor Daitz Foundation	Donation of 20 recliner chairs	60	-
Mr R Abboo	Donation of 3x 6.5kg boxes of reading glasses	18	-
Multiwood Office	Donation of 4 wheelchairs	16	-
National Department of Health	Donation of glucometers and strips	1 050	-
Rachel Swart Fund	Donation of wheelchair tools and toolboxes	73	-
Cotlands	Donation of Toy Library Equipment	143	-
National Department of Health	Donation of ARV medicines	105 929	-
National Department of Health	Donation of TB medicines	28 557	-
USAID	Donation of a Router	18	-
TBHIV Care	Donation of various items	100	-
Phinki Nzama Foundation	Donation of toys, clothing, cosmetics, fruits and shoes	20	-
University of Kwa-Zulu Natal	Donation of various Clinical care items	48	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
QuadPara Association of SA	Donation of medical equipment	10	-
University of Kwa-Zulu Natal	Donation of refurbishment of the Seminar room	49	-
Mrs A Nadaraju	Donation of 20 gift packs	3	-
AEC-Amersham SOC Ltd	Donation of 50 dose of F-18 FDG	239	-
Neovantis (Pty) Ltd	Donation of a freezer	3	-
Grindrod Logistics (Pty) Ltd	Donation of furniture and equipment	250	-
Sasol	Donation of comfort and dignity packs	-	-
Old Mutual	Donation of banner and lanyards	6	-
PCK Distributors	Donation of banana and apples	5	-
Sanlam	Donation of message of support cards and 400 coffee mugs	29	-
Ekhamanzi Springs	Donation of sparkling flavoured drinks	3	-
National Department of Health	Donation of Polio Eradication and AFP Surveillance Specimen	-	-
National Department of Health	Donation of Personal Protective Equipment (PPE) Stock	49 506	-
National Department of Health	Donation of IT Hardware equipment	618	-
Absa Bank	Donation of a borehole to GJ Crookes Hospital	200	-
The Heal Foundation	Donation of 50 winter beanies	1	-
Sanlam and Dr Manga	Donation towards the Strategic Planning meeting	7	-
Friends of Umgeni	Donation of a wheelchair	2	-
Marriott Assessment Management	Donation of a microwave and gift bags with toiletries	7	-
CHOC Foundation KZN	Donation of a fridge to Ward B3EA	12	-
Dr K Govender	Donation of 40 groceries	2	-
Tasmika Mahabir and Akhil Mahabir	Donation of teddy bears and beanies	5	-
Old Mutual Limited	Donation of a microwave	4	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Pinnacle Innovations	Donation of renovation of an office	80	-
City Hill Nation Changers	Donation of winter warmer bags	8	-
Impilo Consortium (Pty) Ltd	Donation of T-Shirts for the Nursing Cardiology Symposium	22	-
DKMS Foundation	Donation of funding of transplant donor cost for patient Miss L Mhizha	296	-
UKZN College of Health Sciences	Donation of office furniture, IT equipment and Ablution facility	124	-
Bidvest Catering Company	Donation of renovation of the main kitchen	229	-
Friends of the Poor and Destitute	Donation of lunch towards the Open Day at the Hospital	15	-
The Church Jesus Christ of Latter Day Saints	Donation of audiology diagnostic equipment and hearing aids	2 000	-
Unilever South Africa (Pty) Ltd	Donation of 500 x65ml of lifebuoy hand sanitizers & 10 000 x200ml of handwashing liquid soap	1 658	-
Sanlam	Donation of a voucher towards the Health Diet Awareness	1	-
National Department of Health	Donation of ICT Hardware equipment	3 622	-
Broadreach Healthcare	Donation of various supplies	70	-
Bidvest Laundry Group KZN	Donation of soccer/netball kits and accessories	5	-
SA Laundries KZN (Pty) Ltd	Donation of beverages	4	-
Dutch Reformed Church Port Shepstone	Donation of dolls and meals	11	-
Robin Hood Foundation	Donation of 90 baby blankets	2	-
Dr BN Mahlaba	Donation of 8x sleep/seater beds	-	-
Myaluza Security	Donation for catering, gifts for speakers, deco of the hall, sound system and DJ	12	-
Doctors Without Borders South Africa Mission NPC	Donation of gazebo and frame tent	23	-
Vertice Healthcare (Pty) Ltd	Donation of 10 Units of Jfill stens	41	-
UKZN College of Health Sciences	Donation of furniture and equipment	29	-
Takeda (Pty) Ltd	Donation of Ponatinib for patient	-	-
Icon Oncology Holdings (Pty) Ltd	Donation of Radiation treatment services for 3 patients	440	-
Amic Trading (Pty) Ltd	Donation of 30x gift hampers	15	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Mr P Hussey	Donation of Portable Reverse Osmosis machine	90	-
Capitol Caterers	Donation of sandwiches, tea, coffee and juice for Hospital Open Day	3	-
Altomundo (Pty) Ltd	Donation of water, cool drinks, juice and biscuits	8	-
Dr NE Paruk	Donation of vegetable biryani	1	-
Mr V Ramlakan	Donation of fruits towards the Hospital Open Day	2	-
Consulesns Medical Healthcare Solution (Pty) Ltd	Donation of 4x picture archiving communication system workstation	12	-
Africa Health Research Institute (AHRI)	Donation of various IT equipment for the Effective Data Use Project	989	-
Novo Nordisk (Pty) Ltd	Donation towards the World Diabetes Day Wall Mural campaign	35	-
Africa Health Research Institute (AHRI)	Donation of 4 chairs to Patient Administration Section	2	-
Obsidian Health (Pty) Ltd	Donation of Surgical gloves	32	-
Adopt a Family Fund	Donation of HP Laptop	5	-
Sanlam	Donation of soccer kits	3	-
Aquelle	Donation of 315 bottled sparkling water	2	-
National Department of Health	Donation of ICT equipment for RX-Solution project	5 466	-
United Nations Children's Fund (UNICEF)	Donation of 400x Kangaroo mother care wraps	72	-
Doctors Without Borders SA	Donation of a gazebo and 2 cabinet	20	-
High End Construction	Donation of 50 brand new teddy bears	10	-
Investec Private Bank	Donation KIC Fridge	5	-
Curro Hillcrest Preschool	Donation of knitted blankets	15	-
SPAR Group	Donation of masks	52	-
Tekeda (Pty) Ltd	Donation of Ponatinib for patient Mr N Hlongwa	-	-
Axim Nuclear & Oncology (Pty) Ltd	Donation of a Signage	2	-
Altomundo	Donation of Christmas packs for patients	13	-
Reach for a Dream Foundation	Donation for the refurbishment of the Paediatrics Outpatient Department	350	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Lundbeck South Africa (Pty) Ltd	Donation of tea and lunch	10	-
UKZN College of Health Sciences	Donation of a fridge and a microwave	4	-
Old Mutual Life	Donation of 20 Trojan soft touch	4	-
Assupol Life Ltd	Donation of soccer kits	4	-
Liberty Group Limited	Donation of netball set	4	-
Sanlam	Donation of sport equipment	2	-
Avbob Mutual Assurance Society	Donation of 20 Trojan aerobic machines	7	-
Hitech Therapy (Pty) Ltd	Donation of computer equipment	2	-
S & P Medical Solution	Donation of computer equipment	1	-
National Department of Health	Donation of computer equipment	58	-
Ingwe-The Property Company SA	Donation of sandwiches	1	-
Takeda (Pty) Ltd	Donation of Ponatinib for patient Raksha Banipersad	-	-
The wife of Mr Suresh Mothi	Donation of 30x Protex men's soap	1	-
DG Murray Trust	Donation of 9 cold boxes	43	-
National Department of Health	Donation of 7 062 Units of Pretomanid	7 502	-
Health Systems Trust	Donation of inverters and cages to eThekweni, uMgungundlovu, uThukela and Zululand Districts	4 101	-
Modern Services Station	Donation of a fridge to KZN EMS Marian hill Base	4	-
Lions Club of Scottburgh	Donation of colouring books and crayons	3	-
Sister Unwin	Donation of an air-conditioner	11	-
Dr Bridgemohan	Donation of a TV set	8	-
Dr H Mangray	Donation of one Daikin aircon	10	-
Africa Health Research Institute (AHRI)	Donation of various medical equipment	59	-
Africa Health Research Institute (AHRI)	Donation of medical equipment and furniture	6	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Africa Health Research Institute (AHRI)	Donation of Tenamine ARV's	292	-
Office of the KwaZulu-Natal Liquor Authority	Donation for the roof repairs at Bhucanana Clinic	40	-
Road Accident Fund	Donation for renovation /refurbishment of the Rehabilitation Centre	4 958	-
The FNB Philanthropy Donor Choice Foundation	Donation for furniture equipment	8	-
UKZN College of Health Sciences	Donation of 3X Alterations	605	-
aQuelle	Donation of 200x bottled of flavoured sparkling drinking water	1	-
			-
Total donations		230 461	193 863
			-
Sponsorships			-
Prior year Balance			3 462
Ipas South Africa	Sponsorship to conduct a workshop	250	-
BroadReach Healthcare (Pty) Ltd	Sponsorship for two officials to attend meeting	16	-
PainSA and Velocity Vision	Sponsorship for Miss LP Thomas to attend congress	10	-
Sanlam (Pty) Ltd	Sponsorship for a project HRD	7	-
AlignMNH	Sponsorship for Ms RM Davidge to attend conference	17	-
TB Think Tank	Sponsorship for two officials to attend meeting	7	-
Harvard University	Sponsorship for Dr ER Johnston to study Masters of Public Health in the USA	619	-
IMPALA	Sponsorship for Dr Hlophe to attend congress	45	-
Zimmer Biomet SA (Pty) Ltd	Sponsorship for 3 Doctors to attend course	32	-
Prime Surgical (Pty) Ltd	Sponsorship for Dr A Puddu to attend congress	18	-
Smith & Nephew (Pty) Ltd	Sponsorship for Dr Yende to attend Symposium	12	-
Smith & Nephew (Pty) Ltd	Sponsorship for 3 Doctors to attend Symposium	66	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Arthromedix (Pty) Ltd	Sponsorship for Dr JD Bertie to attend course	7	-
St Jude Children's Research Hospital	Sponsorship for Dr B Neethling to attend workshop	24	-
Envision Africa (Pty) Ltd	Sponsorship for Dr Laheu to attend conference	60	-
International AIDS Society	Sponsorship for Prof Archary to attend conference	80	-
Beiersford AG	Sponsorship for Dr TP Zulu to attend workshop	53	-
Health Systems Trust	Sponsorship for Mrs OB Mhlongo to attend conference	12	-
Saving Young Lives	Sponsorship for Mrs JB Cele to attend workshop	15	-
Saving Young Lives	Sponsorship for Dr NN Ndlovu to attend workshop	15	-
Smith & Nephew (Pty) Ltd	Sponsorship for Dr JP De Kiewit to attend course	4	-
UKZN College of Health Sciences	Sponsorship for Bawinile Hadebe to attend Congress	96	-
Look Good feel Better Foundation	Sponsorship of R 40 000 towards the workshop	40	-
Association of Surgeons of South Africa	Sponsorship for Dr B Phakathi to attend meeting and Symposium	4	-
United Nations Population Funds	Sponsorship for Dr M Netshinombelo to attend meeting	12	-
TB& HIV Investigative Network	Sponsorship for Ms JN Ngozo to attend conference	77	-
University of KwaZulu-Natal College of Health Sciences	Sponsorship for Dr Z Farina to attend conference	46	-
International Parkinson and Movement Disorder Society	Sponsorship for Dr FH Amod to attend congress	40	-
South African Thoracic Society Congress	Sponsorship for Dr S Singh to attend congress	7	-
CHANCE Network	Sponsorship for Ms B Mhlongo to attend Conference	15	-
Joint Medical Holdings (Pty) Ltd	Sponsorship for Mr C Maxon to attend Conference	20	-
World Health Organisation	Sponsorship for Dr GE Khumalo to attend Forum	63	-
Broadreach Healthcare (Pty) Ltd	Sponsorship for Mrs NE Hlophe and Mr NM Mbatha to attend awards	30	-
British Society for Surgery of the Hand	Sponsorship for Dr M O'Connor to attend fellowship	83	-
St Jude Children's Research Hospital	Sponsorship for Dr K Coopasamy to attend meeting	22	-
Saanofi -Aventis South Africa (Pty) Ltd	Sponsorship for Dr N Voxeka to attend Conference	53	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Critical Care Congress	Sponsorship for Dr ST Hlophe to attend Congress	12	-
Studio 78 CC	Sponsorship for Dr D Ryan to attend Congress	75	-
Studio 78 CC	Sponsorship for Dr S Nadar to attend Congress	75	-
Sanofi (Pty) Ltd	Sponsorship for Dr T Naicker to attend Congress	35	-
AstraZeneca Pharmaceuticals (Pty) Ltd	Sponsorship for Dr D Nel to attend Symposium	13	-
AstraZeneca Pharmaceuticals (Pty) Ltd	Sponsorship for PN R Chamane to attend Symposium	13	-
AstraZeneca Pharmaceuticals (Pty) Ltd	Sponsorship for Dr J Karunakaram to attend Symposium	13	-
Novartis South Africa (Pty) Ltd	Sponsorship for Dr S Parasnath to attend Symposium	13	-
AstraZeneca Pharmaceuticals (Pty) Ltd	Sponsorship for PN N Parboo to attend Symposium	13	-
University of Toronto	Sponsorship for Dr R Perumal to attend meeting	50	-
Novartis South Africa (Pty) Ltd	Sponsorship for OPM CB Nel to attend Symposium	13	-
Novartis South Africa (Pty) Ltd	Sponsorship for PN D Naidoo to attend Symposium	13	-
Critical Care Society of Southern Africa	Sponsorship for Dr K De Vasconcellos to attend Congress	15	-
Global Fund	Sponsorship for Ms J Ngozo to attend the TB Costing Workshop	23	-
South African Paediatric Association	Sponsorship for Dr MH Wege to attend the South African Paediatric Association	15	-
Nutricia Southern Africa (Pty) Ltd	Sponsorship for Dr R Lachman to attend the Critical Care Congress	15	-
Baxter South Africa (Pty)	Sponsorship for Mrs R Lachman to attend Baxter Nutrition Event	11	-
L'Oreal East Africa	Sponsorship for Prof A Mosam to attend the 2023 SSA LA Roche Posay Research Grant Award Ceremony	30	-
Informa Markets	Sponsorship for Dr K Sewnarain to attend the 12 Imaging & Diagnostics Conference	7	-
Organising Committee of the Advanced Life Support Group	Sponsorship for Dr S Singh to attend the Advanced Paediatric Life Support Course	12	-
The Stop TB Partnership	Sponsorship for Dr N Misra to attend the Union Conference on Lung Health 2023	60	-
Association of Psychiatry & Tygerberg Hospital	Sponsorship for Dr S Paruk to attend a South African Society of Psychiatrists	9	-
Aspen Pharmacare	Sponsorship for Mrs T Njapha and Mr H Mbonane to attend tour in Gqeberha on the 8th - 9th November 2023	15	-
South African Medical Research Council	Sponsorship for Ms MA Charles to attend conference in Cape Town ICC on the 24th - 26th October 2023	7	-

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Japan International Cooperation Agency (JICA)	Sponsorship for Ms N Binase to attend programme in Japan over the period 26th August - 10th September 2023	67	-
Africa Health	Sponsorship for Mr MM Zungu to attend the Africa Health Indaba Conference	6	-
	Sponsorship for Mrs OB Mhlongo to attend the SAHCS Conference	7	-
Umkhuseleli Innovation and Research Management NPC	Sponsorship for Dr VT Duma to attend the Union World Conference in Paris: 15th - 18th November 2023	80	-
Operation Smile SA	Sponsorship for Dr S Khan to attend the Operation Smile Mthatha Program at Nelson Mandela Academic Hospital: 19th -24th November 2023	8	-
The Cardiac Collaboration	Sponsorship for Dr EGM Hoosen to attend the 23rd Annual SA Heart Congress 2023 in Sandton Convention Centre: 27th - 29th October 2023	11	-
Discovery Foundation	Sponsorship for Dr B Hadebe to attend the Discovery Awards and conference in Melrose Arch Johannesburg: 17th - 18th October 2023	5	-
Janssen Pharmaceutica (Pty) Ltd	Sponsorship for Dr D Nel to attend the EM Hematology Standalone ZA Conference in Conrad Dubai: 10th - 11th November 2023	45	-
Janssen Pharmaceutica (Pty) Ltd	Sponsorship for Dr S Parasnath to attend the EM Hematology Standalone ZA Conference in Conrad Dubai: 10th -11th November 2023	45	-
CAPRISA	Sponsorship for Dr R Perumal to attend the International Union Against Tuberculosis and Lung Disease Conference in Paris: 14th - 18th November 2023	50	-
BMW Pinetown	Sponsorship for refreshments towards the Quality Day	3	-
Assupol	Sponsorship for 70x A4 Certificate Frames	3	-
South Africa Society of Psychiatrists (SASOP)	Sponsorship for Dr B Mafuze to attend the 5th AGMHI Conference and SASOP Biological Congress in Cape Town: 18th - 23rd November 2023	19	-
Broadreach HealthCare (Pty) Ltd	Sponsorship for Mr S Gasa to attend workshop on DOH Engagement on their progress on ART Programme in Cape Town on the 19 - 22 September 2023	15	-
UKZN College of Health Sciences	Sponsorship for various members to attend the World Society Paediatric Infection Diseases Conference held in Durban ICC ON THE 14 -17 November 2023	70	-
NACOSA NPC	Sponsorship towards the Quality Day event	20	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Dr JP Kiewit to attend the Spinal Cadaver Course at the University of Cape Town for the period 23 -24 November 2023	8	-
Axim Nuclear & Oncology	Sponsorship for Mrs FI Ally to attend the Sunlight Workshop in Cape Town for the period 23-24 November 2023	6	-
Sure Medical	Sponsorship of tea and lunch towards the Obstetrics and Gynaecology's Laparoscopic Suturing workshop	4	-
Sanlam	Sponsorship for a 360- camera service for Staff Excellence Awards	4	-

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
Viatrix Healthcare (Pty) Ltd	Sponsorship for lunch and venue towards training	20	-
Siemens Healthineers Company	Sponsorship for Mrs F Ally to attend the Linear Accelerator machine TB201 Truebeam platform training held on the 10th - 17th February 2024 in Zurich Switzerland	282	-
Novo Nordisk (Pty) Ltd SA	Sponsorship for a Mural to commemorate World Diabetes Day	35	-
Allenco Medical Dental Suppliers	Sponsorship towards the Inservice training workshop for Community Services Therapists	6	-
CE Mobility	Sponsorship towards the Inservice training workshop for Community Services Therapists	3	-
Duomed	Sponsorship towards the Inservice training workshop for Community Services Therapists	4	-
South African Society of Physiotherapy	Sponsorship towards the Inservice training workshop for Community Services Therapists	2	-
Thokomala Mobility Services	Sponsorship towards the Inservice training workshop for Community Services Therapists	12	-
Batho Kopanang Distributors	Sponsorship towards the Inservice training workshop for Community Services Therapists	5	-
Stanyer Electroserve	Sponsorship towards the Inservice training workshop for Community Services Therapists	4	-
Southern ENT	Sponsorship towards the Inservice training workshop for Community Services Therapists	18	-
I-Hear360	Sponsorship towards the Inservice training workshop for Community Services Therapists	15	-
SPF succession Planning	Sponsorship towards the Inservice training workshop for Community Services Therapists	1	-
European Society for Medical Oncology	Sponsorship for Dr S Mkhwanazi to attend the ESMO Summit Africa in Cape Town from the 8-11 February 2024	14	-
Fresenius Kabi SA (Pty) Ltd	Sponsorship for Dr Z Moyce to attend the 18th World Congress of Anaesthesiologist held in Singapore from the 3-7 March 2024	45	-
Health Systems Trust (HST)	Sponsorship for catering	5	-
Japan International Cooperation Agency (JICA)	Sponsorship for Mr MM Zungu, Mrs L Dlamini and Mr A Cassim to attend the Health Financial Management for District level study tour in Thailand on the 11 -15 March 2024	330	-
Baxter Healthcare SA (Pty) Ltd	Sponsorship for Mrs R Lanchman to attend the Expert Centre for Clinical Nutrition Optimization 2024 in Belgium -Brussels from 28 -29 February 2024	43	-
South African Orthopaedic Association	Sponsorship for Dr PH Mare to attend South African Orthopaedics Association Registrar Congress in Midrand, Johannesburg from the 8 -10 February 2024	12	-
Varian, a Siemens Healthineers Company	Sponsorship for Mr N Mdletshe to attend the EC204EU - Varian Advance Techniques Physics IMRT/Rapidarc training 2024 in Switzerland from 16 -22 March 2024	157	-

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED - CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24	2022/23
		R'000	R'000
European Society for Medical Oncology	Sponsorship for Dr Q Babalwa to attend the ESMO Preceptorship in Nairobi, Kenya on the 15 -16 February 2024	18	-
St Jude Children's Research Hospital	Sponsorship for Dr Q Babalwa to attend St Jude Global Transversal Program in Mephis, usa from 1 - 5 April 2024	46	-
St Jude Children's Research Hospital	Sponsorship for Dr K Reddy to attend St Jude Global Transversal Program in Mephis, usa from 1 - 5 April 2025	50	-
St Jude Children's Research Hospital	Sponsorship for Dr PB Radebe to attend St Jude Global Transversal Program in Mephis, usa from 1 - 5 April 2026	46	-
Columbia University	Sponsorship for Dr R Perumal to attend the symposium on the emergency of drug resistance with new Tuberculosis treatment regimens 2024	50	-
University of Witwatersrand	Sponsorship for Dr NF Moran to attend the 42nd Conference on Priorities in Perinatal Care in Western Cape from the 12th - 15th March 2024	25	-
SAPOS	Sponsorship for Dr P Mare to attend SAPOS Pelvic Osteomy Masterclass 2024 to be held in Johannesburg on the 15th - 16th March 2024	24	-
Varian Medical Systems Italia S.P.A	Sponsorship for Dr S Cassimjee and Mrs FI Ally to attend the Varian Advances Techniques Clinical School IMRT Rapidarc in Milan,Italy from the 19th - 24th May 2024	481	-
Impilo Consortium (RF) (Pty) Ltd	Sponsorship for team building luncheon	94	-
International Parkinson and Movement Disorder Society	Sponsorship for Dr F Amod to attend the MDS -AS Principles of Movement Disorders Course and MSD-AS Strategic Planning Meeting held in Nairobi, Kenya from the 23rd - 28th April 2024	40	-
Cardio Oncology Society of Southern Africa	Sponsorship for Dr F Rahman to attend the COSOSA Conference in Cape Town from the 19th - 20th April 2024	8	-
Ortho-Xact (Pty) Ltd	Sponsorship for Dr J Arnold to attend the South African Limb Reconstruction meeting in Cape Town from the 20th - 22nd April 2024	32	-
	Rounding	2	-
		-	-
Total sponsorships		4 969	3 462
Subtotal - received in kind		235 433	197 327
			-
TOTAL GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED		235 433	197 327

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 1G

STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE	REVENUE	EXPENDITURE	PAID BACK ON/BY 31 ST MARCH	CLOSING BALANCE
		R'000	R'000	R'000	R'000	R'000
Aid assistance received in cash						
PEPFAR	HIV/ TB	-	14 608	15 033	-	(425)
TOTAL AID ASSISTANCE RECEIVED		-	14 608	15 033	-	(425)

Claims Recoverable in the 2024/2025 Financial Year for R425,000,00

Expenditure: Compensation of Employees R4,216 million Goods and Services R6,355 million & machinery & equipment R4,462 million

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 2A

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 2023	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2024	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2024
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	Housing	12 692	-	-	-	-	-	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
FirstRand Bank Ltd	Housing	14 264	43	-	43	-	-	-	-
Green Start Home Loans	Housing	45	-	-	-	-	-	-	-
ITHALA Limited	Housing	1 973	-	-	-	-	-	-	-
Nedbank Ltd (and NBS)	Housing	3 269	72	-	-	-	72	-	-
Old Mutual Bank	Housing	12 898	-	-	-	-	-	-	-
Peoples Bank Ltd	Housing	446	-	-	-	-	-	-	-
SA Home Loans	Housing	51	-	-	-	-	-	-	-
Standard Bank Unique Finance	Housing	7 092	-	-	-	-	-	-	-
Rounding		-	-	-	1	-	(1)	-	-
		52 878	115	-	44	-	71	-	-
TOTAL		52 878	115	-	44	-	71	-	-

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 2B

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	7 342 190	621 395	4 655 325	-	3 308 260
Civil Claims	509 339	135 959	49 054	-	596 244
Transport Claims	5 500	973	834	-	5 639
Labour Claims	9 818	65 645	1 664	-	73 799
Subtotal	7 866 847	823 972	4 706 877	-	3 983 942
Other					
McCord's Hospital (Medical Legal Malpractice Claims)	75 000	-	-	-	75 000
National Health Laboratory Service	2 574 353	-	-	-	2 574 353
Subtotal	2 649 353	-	-	-	2 649 353
TOTAL	10 516 200	823 972	4 706 877	-	6 633 295

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 3 CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2023/24*	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Department of Education KZN	49	-	1	-	50	-	-	-
Corporate Governance and Traditional Affairs	2 818	1 200	-	-	2 818	1 200	-	-
Office of the Premier KZN	379	109	213	-	592	109	-	-
Provincial Treasury	74	35	-	-	74	35	-	-
Department of Transport KZN	-	-	-	-	-	-	-	-
Department of Public Works KZN	-	-	5	12	5	12	-	-
Social Development	60	-	-	-	60	-	-	-
Sports & Recreation	591	319	-	-	591	319	-	-
Department of Correctional Services	53	-	74	-	127	-	-	-
Department of Correctional Services Eastern Cape	-	-	44	-	44	-	-	-
Department of KZN Legislator	46	-	-	-	46	-	-	-
Gauteng - Health	-	-	98	-	98	-	-	-
Eastern Cape - Health	18	-	351	18	369	18	-	-
Mpumalanga - Health	-	-	200	-	200	-	-	-
Western Cape - Health	141	-	-	-	141	-	-	-
National Department of Health	16 919	9 605	-	-	16 919	9 605	-	-
Department of Employment and Labour	-	-	15	-	15	-	-	-
Department of Justice	-	-	2	-	2	-	-	-
KZN Community, Safety & Liaison	-	-	12	-	12	-	-	-

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

CLAIMS RECOVERABLE - CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2023/24*	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
KZN Agriculture & Rural Development	5	-	-	-	5	-		
Eastern Cape - Education	-	-	25	-	25	-		
	21 153	11 268	1 040	30	22 193	11 298		
OTHER GOVERNMENT ENTITIES								
University of KwaZulu-Natal (UKZN)	-	-	11 244	7 357	11 244	7 357		
SITA	589	631	-	-	589	631		
Ithala Limited	1 359	548	-	-	1 359	548		
Golden Touch	1	-	2	-	3	-		
Senzile Food and Catering Centers for Disease Control and Prevention USA	-	-	6	50	6	50		
	425	976	-	-	425	976		
	2 374	2 155	11 252	7 407	13 626	9 562		
Total	23 527	13 423	12 292	7 437	35 819	20 860		

Claims Recoverable in the 2024/2025 Financial Year for R425,000,00 for Foreign Donation from USA shortfall to be claimed.

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 4

INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2023/24*	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
Department of Justice and Constitutional Development	425	3 691	-	-	425	3 691	-	-
Department of Transport: KwaZulu-Natal	7 811	20 567	32 539	13 143	40 350	33 710	-	-
Departments of Public Works: KwaZulu-Natal	127 572	6 341	-	-	127 572	6 341	-	-
Department of Agriculture & Rural Development	40	-	-	-	40	-	-	-
Department of Health: Mpumalanga	113	-	-	-	113	-	-	-
Department of Employment & labour	196	-	-	-	196	-	-	-
Department of Economic Development KZN	-	-	16	-	16	-	-	-
Office of the Premier : KZN	98	-	-	-	98	-	-	-
Department of Health: Free State	199	-	-	-	199	-	-	-
Department of Human settlements	116	-	9	-	125	-	-	-
National Department of Health	15 337	13 146	2 184	-	17 521	13 146	-	-
National School of Government	524	-	31	-	555	-	-	-
Subtotal	152 431	43 745	34 779	13 143	187 210	56 888		-

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

INTER-GOVERNMENT PAYABLES - CONTINUE

GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2023/24*	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
CURRENT								
National Health Laboratory Services	1 141 372	549 794	-	-	1 141 372	549 794		-
South African National Blood Services	23 740	37 399	-	-	23 740	37 399		-
Auditor General - South Africa	3 488	2 887	-	-	3 488	2 887		-
SITA	4 883	9 380	28 737	239	33 620	9 619		-
University of Kwa-Zulu Natal	1 746	-	-	-	1 746	-		-
Government Printing	205	-	-	-	205	-		-
Subtotal	1 175 434	599 460	28 737	239	1 204 171	599 699		-
TOTAL INTERGOVERNMENTAL PAYABLES	1 327 865	643 205	63 516	13 382	1 391 381	656 587		-

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 5

INVENTORY

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2024	Note	Medicines	Surgical Supplies	Insert major category of inventory	Insert major category of inventory	TOTAL
		R'000	R'000	R'000	R'000	R'000
Opening balance		762 485	672 432	-	-	1 434 917
Add: Additions/Purchases - Cash		3 977 981	3 419 838	-	-	7 397 819
(Less): Issues		(3 988 022)	(3 402 847)	-	-	(7 390 869)
Closing balance		752 444	689 423	-	-	1 441 867

End Users

119533

Clinics

127330

Notes:

1. End Users comprises of the Wards and NSI Sections.

2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 5

INVENTORY - CONTINUE

INVENTORIES FOR THE YEAR ENDED 31 MARCH 2023	Note	Medicines	Surgical Supplies	Insert major category of inventory	Insert major category of inventory	TOTAL
		R'000	R'000	R'000	R'000	R'000
Opening balance		808 988	712 152	-	-	1 521 140
Add: Additions/Purchases - Cash		4 244 057	3 132 232	-	-	7 376 289
(Less): Issues		(4 290 560)	(3 171 952)	-	-	(7 462 512)
Closing balance		762 485	672 432	-	-	1 434 917

End Users

38922

Clinics

100310

Notes:

1. End Users comprises of the Wards and NSI Sections.
2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 6

MOVEMENT IN CAPITAL WORK-IN-PROGRESS

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

	Opening balance	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 515 725	546 723	915 355	1 147 093
Non-residential buildings	1 333 293	371 155	775 358	929 090
Other fixed structures	182 432	175 568	139 997	218 003
TOTAL	1 515 725	546 723	915 355	1 147 093

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 6 - CONTINUE

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

	Opening balance	Prior period errors	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 354 302	-	577 338	415 915	1 515 725
Non-residential buildings	1 090 723	-	391 436	148 866	1 333 293
Other fixed structures	263 579	-	185 902	267 049	182 432
TOTAL	1 354 302	-	577 338	415 915	1 515 725

2023/24 ANNUAL REPORT

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENT FOR THE YEAR ENDED 31 MARCH 2024

ANNEXURE 7

NATURAL DISASTER OR RELIEF EXPENDITURE

Per quarter and in total

Expenditure per economic classification	APRIL	MAY	JUN	Subtotal	JUL	AUG	SEPT	Subtotal	OCT	NOV	DEC	Subtotal	JAN	FEB	MAR	Subtotal	2023/24	2022/23
	2023	2023	2023	Q1	2023	2023	2023	Q2	2023	2023	2023	Q3	2024	2024	2024	Q4	TOTAL	TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
GOODS SERVICES	22	279	494	795	89	198	213	500	(1 201)	(17)	-	(1 218)	(10)	-	-	(10)	67	10 640
INV FOOD																		
SUP:GROCERIES	5	5	-	10	-	-	(10)	(10)	-	-	-	-	(10)	-	-	(10)	(10)	-
INV																		
MAT&SUP:HH:LIN&SOFT																		
FURNSH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
O/P:LAUNDRY																		
SERVICES	17	274	485	776	89	198	223	510	(1 201)	(17)	-	(1 218)	-	-	-	-	68	10 640
P/P:CONTRCTD MAINT																		
PROP	-	-	9	9	-	-	-	-	-	-	-	-	-	-	-	-	9	-
EXPENDITURE FOR CAPITAL ASSETS	-	-	713	713	-	-	1 630	1 630	1 917	186	6 993	9 096	2 108	2 284	7 443	11 835	23 274	5 814
CONTRCTR:REFU&REH																		
BUILDINGS	-	-	713	713	-	-	1 630	1 630	1 917	186	6 993	9 096	2 108	2 284	7 443	11 835	23 274	5 814
TOTAL NATURAL DISASTER OR RELIEF EXPENDITURE	22	279	1 207	1 508	89	198	1 843	2 130	716	169	6 993	7 878	2 098	2 284	7 443	11 825	23 341	16 454



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