Province of the
EASTERN CAPE
HEALTH







ANNUAL REPORT 2023-2024

FINANCIAL YEAR
VOTE NO.3

Together, moving the health system forward
AIDS Help Line: 0800 012 322
24 hour Call Centre: 0800 0323 64
Website; www.echealth.gov.za

2030 NDP

TABLE OF CONTENTS

PART A: GENERAL INFORMATION 6
1. DEPARTMENT GENERAL INFORMATION 6
2. LIST OF ABBREVIATIONS / ACRONYMS 7
3. FOREWORD BY MEC OF THE DEPARTMENT 11
4. REPORT OF THE ACCOUNTING OFFICER 13
4.1 Overview of the operations of the department 13
4.2 Overview of the Financial Results of the Department 15
4.3 Programme Expenditure 19
4.4 Unauthorised Expenditure, Fruitless and Wasteful Expenditure and Irregular Expenditure 28
4.5 Strategic Focus over the short to medium term period 30
4.6 Public Private Partnerships (PPP) 32
4.7 Discontinued key activities / Activities to be discontinued. 33
4.8 New or proposed key activities. 33
4.9 Supply Chain Management (SCM) 33
4.10 Gifts and Donations received in kind from non-related parties 35
4.11 Exemptions and Deviations received from National Treasury 35
4.12 Events after reporting date 35
4.13 Other 36
4.14 Acknowledgements and Appreciation 36
4.15 Conclusion 36
4.16 Approval and Sign-off 37
5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF THE ACCURACY OF THE ANNUAL REPORT 38
6. STRATEGIC OVERVIEW. 39
6.1 VISION 39
6.2 MISSION 39
6.3 VALUES 39
7. LEGISLATIVE AND OTHER MANDATES 39
8. ORGANISATIONAL STRUCTURE 42
9. ENTITIES REPORTING TO THE MEC 43
PART B: PERFORMANCE INFORMATION 44
1. AUDITOR'S GENERAL REPORT: PREDETERMINED OBJECTIVES 45
2. OVERVIEW OF DEPARTMENTAL PERFORMANCE 46
2.1. Service Delivery Environment 46
2.1.1 Demographic profile of the Eastern Cape Province 46
2.1.2 The socio-economic profile of the EC Province 47
2.1.3 Disease Burden 49
2.1.4 Service Delivery Platform 53
2.1.5. Problems encountered in Service Delivery and Corrective Measures Taken 62
2.1.6. External Factors that Impacted on Service Delivery 63
2.2. Service Delivery Improvement Plan 64
2.3. Organisational Environment 65
2.4. Key policy developments and legislative changes 70
3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES 70
4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION 75
4.1. PROGRAMME 1: HEALTH ADMINISRATION AND MANAGEMENT 77
4.2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS) 96
4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS) 157
4.4. PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITAL SERVICES 166
4.5. PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS 188
4.6. PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST) 222
4.7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS) 233

4.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM) 261
5. TRANSFER PAYMENTS 272
5.1. Transfer payments to public entities 272
5.2. Transfer payments to all organisations other than public entities 272
6. CONDITIONAL GRANTS 274
6.1. Conditional grants and earmarked funds paid 274
6.2. Conditional grants and earmarked funds received 274
7. DONOR FUNDS 285
7.1 Donor Funds Received 285
8. CAPITAL INVESTMENT 286
8.1 Capital investment, maintenance and asset management plan 286
PART C: GOVERNANCE 289
1. INTRODUCTION 289
2. RISK MANAGEMENT 289
3. FRAUD AND CORRUPTION 290
4. MINIMISING CONFLICT OF INTEREST 291
5. CODE OF CONDUCT 292
6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES 293
7. PORTFOLIO COMMITTEES 293
8. SCOPA RESOLUTIONS 294
9. PRIOR MODIFICATIONS TO AUDIT REPORTS 297
10. INTERNAL CONTROL UNIT 299
11. INTERNAL AUDIT AND AUDIT COMMITTEES 301
12. AUDIT COMMITTEE REPORT 302
13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION 310
PART D: HUMAN RESOURCE MANAGEMENT 312
1. INTRODUCTION 312
1.1 The status of human resources in the department 312
1.2 Human resource priorities for the year under review and impact of these 312
1.3 Workforce planning and key strategies to attract and recruit a skilled and capable workforce 313
1.4 Employee wellness programmes 313
1.5 Employment Relations 313
1.6 Employment Wellness Programmes (EWP) 313
2. HUMAN RESOURCE OVERSIGHT STATISTICS 315
3.1. Personnel related expenditure 315
3.2. Employment and Vacancies 320
3.3. Filling of SMS Posts 325
3.4. Job Evaluation 327
3.5. Employment Changes 329
3.6. Employment Equity 339
3.7. Signing of Performance Agreements by SMS Members 344
3.8. Performance Rewards 345
3.9. Foreign Workers 351
3.10. Leave utilisation 352
3.11. HIV/AIDS & Health Promotion Programmes 356
3.12. Labour Relations 358
3.13. Skills development. 360
3.14. Injury on duty 361
3.15. Utilisation of Consultants. 362
3.16. Severance Packages. 363
PART E: COMPLIANCE REPORT 365
2.7.1 INFORMATION ON IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES 365
2.7.2 INFORMATION ON LATE AND/OR NON-PAYMENT OF SUPPLIERS 371

2.7.3 INFORMATION ON SUPPLY CHAIN MANAGEMENT....372
PART F: FINANCIAL INFORMATION....376
1. AUDITOR GENERAL REPORT....377
2. ANNUAL FINANCIAL STATEMENTS....390

PART A
GENERAL INFORMATION



1. DEPARTMENT GENERAL INFORMATION

PHYSICAL ADDRESS:	Eastern Cape Department of Health Dukumbana Building Independence Avenue Bhisho, Eastern Cape
POSTAL ADDRESS:	Private Bag X 0038 Bhisho 5605 REPUBLIC OF SOUTH AFRICA
TELEPHONE NUMBER/S:	+27 (0)40 608 1111
FAX NUMBER:	+27 (0)40 608 1334 or +27 (0)86 617 4500
EMAIL ADDRESS:	callcenter@echealth.gov.za
WEBSITE ADDRESS:	www.echealth.gov.za

2. LIST OF ABBREVIATIONS / ACRONYMS

ABT	Alternative Building Technology
AIDS	Acquired Immune Deficiency Syndrome
AEPRE	Adjustment Estimates of Provincial Revenue
AFMG	Anti-Corruption and Fraud Multi Group
AGSA	Auditor General of South Africa
AIP	Audit Intervention Plan
AO	Accounting Officer
APL	Approved Post List
ART	Antiretroviral Therapy
BAC	Bid Award Committee
BANC	Basic Ante Natal Care
BOD	Burden of disease
CCMDD	Central Chronic Medicine Dispensing and Distribution
CEO	Chief Executive officer
CFO	Chief Financial Officer
COE	Cost of Employees
CHCs	Community Health Centres
CHAI	Clinton Health Access Initiative
CHW	Community Health Worker
CIDB	Construction Industry Development Board
CMH	Cecilia Makiwane Hospital
CSSD	Central Sterile Supply Department
CQI	Continuous Quality Improvement
DCSTs	District Clinical Specialist Teams
DDG	Deputy Director-General
DHIS	District Health Information System
DHIMS	District Health Information Management System
DHMIS	District Health Management Information System
DHS	District Health Services
DM	District Municipality
DMT	District Management Team
DTT	Departmental Task Team
DOH	Department of Health
DORA	Division of Revenue Act
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECAC	Eastern Cape AIDS Council
ECSECC	Eastern Cape Socio-Economic Consultative Council
ECQI	ELAB Continuous Quality Improvement
EDR-TB	Extreme Drug Resistance Tuberculosis
ETAT	Emergency Training Assessment and Treatment
EMS	Emergency Medical Services
EPWP	Expanded Public Works Programme
ERM	Enterprise-wide Risk Management
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETR	Electronic TB Register
FAU	Forensic Audit Unit
FIDPM	Framework for the Infrastructure Delivery and Procurement Management
FMCMM	Financial Management Capacity Maturity Model
GIAMA	Government Immovable Asset Management Act
GHSC-TA	Global Health Supply Chain Program- Technical Assistance

GP	General Practitioner
HAST	HIV & AIDS, STI and TB Control
HCSS	Health Care Support Services
HFM	Health Facilities Management
HIV	Human Immunodeficiency Virus
HMS	Hospital Management System
HMS^2	Health Management System
HPRS	Health Patient Registration System
HPV	Human Papilloma Virus
HST	Health Sciences and Training
HPTD	Health Professionals Training and Development (Grant)
HRM	Human Resource Management
HRD	Human Resource Development
HRH	Human Resources for Health
HT	Health Technology
IAIS	Integrated Audit Improvement Strategy
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information and Communications Technology
IDMS	Infrastructure Delivery Management System
IDIP	Infrastructure Development Improvement Programme
IEC	Information, Education & Communication
INP	Integrated Nutrition Programme
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPC	Infection Prevention and Control
ISA	Information Systems Audit
ISHP	Integrated School Health Programme
LEDIS	Local Economic Development Implementation Strategy
LTDOT	Long Term Domiciliary Oxygen Therapy
MDGs	Millennium Developmental Goals
MDR-TB	Multi drug-resistant TB
MEC	Member of the Executive Council
METROs	Medical Emergency Transport and Rescue Organizations
MLSIP	Medico Legal Strategy Implementation Plan
MMR	Maternal Mortality Ratio
MOU	Maternal Obstetric Unit
MPL	Member of Provincial Legislature
MRC	Medical Research Council
MTCT	Mother-To-Child-Transmission
MTSF	Medium Term Strategic Framework
MUAC	Mid Upper Arm Circumference
PMTSF	Provincial Medium Term Strategic Framework
PMU	Project Management Unit
PISC	Provincial Infrastructure Steering Committee
MTEF	Medium Term Expenditure Framework
MSSN	Management of Small and Sick Neonates
NCCEMD	National Committee on Confidential Enquiries into Maternal
NCDs	Non-Communicable Diseases
NCS	National Core Standards
NDoH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHA	National Health Act

NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHP	National Health Plan
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OD	Organizational Development
O&P	Orthotic and Prosthetic
OHH	Outreach Households
OHS	Occupational Health and Safety
OPD	Outpatient Department
OSD	Occupational Specific Dispensation
OTP	Office of the Premier
PAJA	Promotion of Administration Justice Act
PAIA	Promotion of Access to Information Act
PCR	Polymerase Chain Reactive
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Provincial Development Plan
PEC	Patient Experience of Care
PEPFAR	President's Emergency Plan for Aids Relief
PERSAL	Personnel and Salary System
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHD	Public Health Defence
PMIS	Project Management Information System
PMTCT	Prevention of Mother-To-Child Transmission
PMTSF	Provincial Medium Term Strategic Framework
PPE	Personal Protective Equipment
PPPs	Public-Private Partnerships
PPTICRM	Perfect Permanent Team for Ideal Clinic Realization and Maintenance
PSCBC	Public Service Co-ordinating Bargaining Council
PSI	Patient Safety Incident
RDP	Reconstruction and Development Programme
RCCE	Risk Communication and Community Engagement
RMC	Risk Management Committee
RPHC	Re-engineering of Primary Health Care
SABS	South African Blood Services
SADHS	South African Demographic Health Survey
SAHR	South African Human Rights
SARS	Severe Acute Respiratory Syndrome
SD	Status Determination
SDA	Service Delivery Agreement
SDM	Service Delivery Model
SDO	Service Delivery Optimisation
SDGs	Sustainable Development Goals
SCM	Supply Chain Management
SITA	State Information Technology Agency
SIU	Special Investigative Unit
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SLU	State Litigation Unit
SOPA	State of the Province Address
Stats SA	Statistics South Africa
SVS	Stock Visibility Solution

TB	Tuberculosis
THIS	TB HIV Information System
TROA	Total Clients Remaining on ART
TV	Television
UHC	Universal Health Coverage
UPS	Uninterrupted Power Supply
WBPHCOTs	Ward-Based Primary Health Care Outreach Teams
WHO	World Health Organisation
YLL	Years Life Lost

3. FOREWORD BY MEC OF THE DEPARTMENT



As we closed the 6th government administration, I have a pleasure and privilege of presenting the 2023/24 annual report for the outcomes on priorities that have been set. The Department has continued to operate within a fragile space bedded within intractable service pressures. This fragility has been fuelled by reduced budgets and the magnitude of payables and accruals linked to historic medico-legal lump sum settlements.

The Department has spent 100.03% - R29,126 813 billion against a final adjusted appropriation of R29,117 112 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R9,701 million or 0.03%.

Preparations towards the National Health Insurance (NHI) readiness continue with re-engineering of the PHC strategy being the cornerstone. The Department has contracted 4638 community health workers (CHWs) with these being part of the WBOTS which cover 336 wards in the province. These are instrumental particularly in tracing clients that default treatment, through community outreach visits to households.

Of the total 777 clinics in the province, 491 (63%) are currently holding an ideal clinic status. Good infrastructure is a critical component of the ideal status realisation hence the infrastructural advances are being made in support of the ideal clinic realisation and maintenance (ICRM). Construction of new health facilities and refurbishment of existing facilities is underway; general maintenance efforts are strengthened.

The Department is collaborating and has a MOU with Departments of Social Development and Education to implementing the School Health Policy which focuses and emphasizes disease prevention among the school learners. To prevent cervical cancer occurrence at later stages of life, which is the leading cancer in African women, vaccination of Grade 5 Learners (9 years) with the second dose of HPV has been done. I must emphasize however, that learners from other grades get screened as well, but the Department is reporting on these two grades. Learners from the poorest wards benefitted through the integrated school health programme.

Teenage pregnancy is a challenge that is facing our communities, with the major concern being the children 10 – 14 years of age that get pregnant and deliver in our health facilities. This age group accounts for about 3% of the total youth aged 10 – 19 years whilst the youth aged 10 – 19 accounts for 18% of the total deliveries done in our health facilities. Youth zones that are meant to capacitate and educate young people on sexual reproductive health and rights issues are being established in all our districts. The Department appreciates the support it is getting from several non-governmental organisations in trying to curb this challenge. I would in addition, like to highlight the challenge of some of our pregnant women that present late in our health facilities for the ante-natal care services. Our health education emphasizes the importance of early presentation before 20 weeks of pregnancy. This is because most clinical tests relating to the abnormality of the baby are conducted during this stage and corrective measures can be put in place early.

To improve under-five health services, and to reduce under 5 and neonatal deaths, UNICEF has identified zero-dose children and communities which are in hard-to-reach areas of Joe Gqabi, Alfred Nzo, Amathole, and OR Tambo. Permanent solutions to reach these areas will be devised to increase access to health care services. Reaching and increasing access to health care services in these areas will improve the provincial extended program on immunisation (EPI). The Department is also implementing the HELP BABIES BREATHE project that seeks to improve nurses' skills in managing sick neonates, providing skills on the use of PPIP (Problem Programme Identification Program) and interpretation of the root causes of neonatal deaths. Advanced midwives had been employed through this project to support the five hospitals at OR Tambo district that implement this project.

In providing eye care services, the Department has signed MOUs and is in partnership with the South African National Council for the Blind and Grace Vision who bring eye specialists for support. A significant increase in service output has been observed through this partnership. There is a significant improvement in eye care

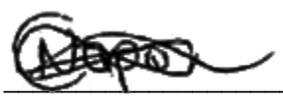
service provision in the province as four eye care centres namely, Cecilia Makiwane in Buffalo City Metro (BCM), Sabona (Frontier) in Chris Hani, P. E. Provincial in Nelson Mandela Bay Metro (NMBM) and Nelson Mandela Academic Hospital in O. R. Tambo health districts are performing cataract surgeries. Appointment of eye specialists in these facilities coupled with support from our supporting partners for the eye care service has resulted in major cataract surgeries performed. Reading glasses, pouches and spectacles were received and were distributed among districts.

The Department is in partnership with Medicines Sans Frontiers (MSF) to establish external Pick-Up Points (PUPs) in rural districts to decongest stable chronic patients in the PHC facilities through differentiated models of care. The Department is developing a register to capture all NCD patients in the province for proper budgeting and to avoid duplication. During this reporting period our active patients collected their medicines packs through the CCMDD programme. The reason for the growth, is the quality improvement efforts in the renewal of prescription and the Post Basic Pharmacist Assistants (PBPA) that were roving between facilities assisting in promoting the programme and in ensuring that prescriptions were renewed in time.

During the current financial year, the Department issued at total of 2 834 wheelchairs to children under the age of 18 and to adults 19 years and older, respectively. Other assistive devices were also issued including a total of 1 897 hearing aids issued to both children and adults. The Department is paying special attention to Cerebral Palsy patients through the establishment of the Centres of Excellence for clinical management of these patients.

During the reporting period, our Emergency Medical Service (EMS) responded to 120 841 Priority 1 (P1) calls received from both urban and rural settings. EMS responded to Priorities 2 and 3 Calls as well which are not quantified in this report. Our patient transport vehicles transported 245 397 patients between our health facilities. The current fleet of ambulances is at 430. According to the national norm of one (1) ambulance to a population of ten thousand (10 000), the Eastern Cape province requires a total of 723 ambulances. This is based on a total population of 7 230 204 (Census 2022). Though the province has 430 ambulances, there are 220 ambulances on the road at any given time. This is due to shortage of staff and the high number of vehicles that are grounded due to various reasons at different repair garages.

The department is working closely with the Specialized Legal Unit (SLU) at Office of the Premier (OTP) and Provincial Treasury (PT) to improve the legal management of cases and prevent outflow of cash from the department. Several cases are now on Public Health Defence (PHD) as the department converted all its pleadings to reflect Noyila judgement with 6 of those being managed by Dora Nginza hospital (DN). Furthermore, the department has consultations national government, in particular Department of Justice, National Department of Health (NDOH) and National Treasury (NT) to accelerate the reforms on the State Liability Act. The State Liability bill is still in process with the aim of amendment State Liability Act.



Hon. N. CAPA (MPL)
Member of the Executive Council
31 August 2024

4. REPORT OF THE ACCOUNTING OFFICER

4.1 Overview of the operations of the department

The Department's operations are divided into the following eight Programmes:

4.1.1 Programme 1: Administration

Objectives: To conduct the strategic management and overall administration of the department. The programme comprises of 2 sub-programmes:

- **Office of the MEC**: Rendering of advisory, secretarial and office support services; and
- **Management**: Conducts policy formulation, overall management and administration support of the department and the respective regions and institutions within the department. The management component is under the Head of Department and has four administrative branches:
    - **Finance branch** which consists of: (i) Financial Management Services, (ii) Management Accounting Services, (iii) Supply Chain Management
    - **Human Resources and Corporate services branch** which consists of: (i) Information, Communication and Technology (ii) Human Resources Management (iii) Human Resources Development (iv) Corporate Services (v) Health Facilities Management (vi) Internal Audit (vii) Strategy and Organizational Performance
    - **Hospital and Clinical Support Management branch** which consists of: (i) Provincial Hospital Services, (ii) Clinical Support Services, (iii) Emergency Medical Services, (iv) Quality Assurance Management.
    - **District Health Services Management** branch consist of: (i) District Health Support (ii) Communicable Diseases (iii) Health Programmes

4.1.2 Programme 2: District Health Services

Objectives: To render Primary Health Care (PHC) Services and District Hospital Services. This programme comprises of 9 sub-programmes as follows:

- **District Management:** Planning and administration of services, managing personnel- and financial administration and the co-ordinating and management of the Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro and determining working methods and procedures and exercising district control.
- **Community Health Clinics**: Rendering a nurse driven PHC service at clinic level including visiting points, mobile- and local authority clinics.
- **Community Health Centres:** Rendering a PHC service with full-time medical officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, mental health, etc.
- **Community Based Services**: Rendering a community-based health service at non –health facilities in respect of home-based care, abuse victims, mental- and chronic care, school health, etc.
- **Other Community Services**: Rendering environmental, port health etc.
- **HIV & AIDS:** Control rendering a PHC service in respect of HIV/Aids campaigns and Special Projects.
- **Mother, Child, Women's Health and Nutrition:** Rendering mother, child women's health and nutrition services aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition.
- **Coroner Services**: Rendering forensic and medico legal services to establish the circumstances and causes surrounding unnatural death; and
- **District Hospitals**: Rendering of a hospital service at district level.

4.1.3 Programme 3: Emergency Medical Services

Objectives: The rendering of pre-hospital Emergency Medical Services including inter-hospital transfers and Planned Patient Transport (PPT). The programme comprises of the following two sub-programmes:

- **Emergency Transport**: Rendering Emergency Medical Services including ambulance services, special operations, communications, and air ambulance services; and
- **Planned Patient Transport**: Rendering 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).

4.1.4 Programme 4: Provincial Hospital Services

Objectives: Delivery of hospital services, which are accessible, appropriate, effective and provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research. The programme comprises of the following 3 sub-programmes:

- **Regional hospitals**: Rendering of hospital services at a general specialist level and a platform for training of health workers and research.
- **Tuberculosis (TB) hospitals**: To convert present TB hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions which allow for isolation during the intensive phase of treatment, as well as the application of the standardized multi-drug resistant (MDR) and extreme drug resistant (XDR) protocols; and
- **Psychiatric / Mental hospitals**: Rendering a specialist psychiatric hospital service for people with and intellectual disability and providing a platform for the training of health workers and research.

4.1.5 Programme 5: Central Hospital Services

Objectives: To provide tertiary health services and create a platform for the training of health workers. The programme comprises of 2 sub-programmes namely:

- **Central Hospital Services**: Rendering of a highly specialised medical health and quaternary services on a national basis and a platform for the training of health workers and research; and
- **Provincial Tertiary Hospital Services**: Rendering of general specialist and tertiary health services on a national basis and maintaining a platform for the training of health workers and research.

4.1.6 Programme 6: Health Sciences and Training

Objectives: Rendering of training and development opportunities for actual and potential employees of the department. The programme comprises of 4 sub-programmes namely:

- **Nursing Training Colleges**: Training of nurses at undergraduate and post-basic level. The target group includes actual and potential employees.
- **EMS Training College**: Training of rescue and ambulance personnel.
- **Bursaries**: Provision of bursaries for health science training programmes at undergraduate and postgraduate levels; and
- **Other Training**: Provision of skills development interventions for all occupational categories in the department.

4.1.7 Programme 7: Health Care Support Services

Objectives: To render quality, effective and efficient transversal health (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiological services) and pharmaceutical services to the communities of the province. The programme comprises of 3 sub-programmes namely:

- **Orthotic and prosthetic services**: Rendering specialised orthotic and prosthetic services; and
- **Medicine Trading Account (Pharmaceuticals Depot Management)**: Managing the supply of pharmaceuticals and medical sundries to hospitals, community health centres and local authorities.

- **Medico-Legal Compensatory Services:** The funds required for the services and supplies for any children benefitting from a similar order incorporating the undertaking to pay remedy. Procurement or provision of reimbursement in respect of the services and supplies listed in annexures to court orders or as supplemented with further services or supplies, pursuant to the judgment of Court.

4.1.8 Programme 8: Health Facilities Management

Objectives: Provides new health facilities and the refurbishment, upgrading and maintenance of existing facilities. The programme has 5 sub-programmes with the following objectives:

- **Community Health Facilities**: Construction of new and refurbishment, upgrading and maintenance of existing Community Health Centres, Primary Health Care clinics and facilities.
- **Emergency Medical Rescue Services**: Construction of new and refurbishment, upgrading and maintenance of existing EMS facilities.
- **District Hospital Services**: Construction of new and refurbishment, upgrading and maintenance of existing district hospitals.
- **Provincial Hospital Services**: Construction of new and refurbishment, upgrading and maintenance of existing Provincial/Regional Hospitals and Specialised Hospitals; and
- **Other facilities**: Construction of new and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals.

4.2 Overview of the Financial Results of the Department

The Department has continued to operate within a fragile space bedded within intractable service pressures. This fragility has been fuelled by reduced budgets and the magnitude of payables and accruals linked to historic medico-legal lump sum settlements.

Table A.1: Overview of the Financial Results of the Department

Voted funds and Direct charges	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	**27,361,386**	**-**	**-**	**27,361,386**	**27,499,448**	**(138,062)**	**100.5%**	**26,106,778**	**26,368,102**
Compensation of employees	20,028,901	-	(45,000)	19,983,901	19,952,151	31,750	99.8%	18,713,557	18,712,799
Goods and services	7,332,485	-	45,000	7,377,485	7,528,082	(150,597)	102.1%	7,393,221	7,616,416
Interest and rent on land	-	-	-	-	19,215	(19215)	-	-	38,887
Transfers and subsidies	**371,722**	**-**	**-**	**371,722**	**520,844**	**(149,122)**	**140.1%**	**624,724**	**519,529**
Departmental agencies and accounts	14,970	-	-	14,970	14,721	(249)	98%	16,873	16,866
Non-profit institutions	41,729	-	-	41,729	35,450	6,279	85.0%	34,412	26,528
Households	315,023	-	-	315,023	470,673	(155,650)	149%	573,439	476,135
Social benefits	84,232	-	-	84,232	105,854	(21,622)	125.7%	77,966	87,951
Other transfers to households	230,791	-	-	230,791	364,819	(134,028)	158.4%	495,473	388,184
Payments for capital assets	**1,384,004**	**-**	**-**	**1,384,004**	**1,106,521**	**277,483**	**80.0%**	**1,520,068**	**1,301,665**
Buildings and other fixed structures	379,237	2,257	-	381,494	352,588	28,906	92.2%	592,363	461,114
Buildings	379,237	2,257	-	381,494	352,588	28,906	92.2%	592,363	461,114
Machinery and equipment	1,004,767	(2,257)	-	1,002,510	753,933	248,577	75.3%	927,705	840,551
Transport equipment	183,965	-	25,000	208,965	224,680	(15,715)	107.5%	179,229	299,514
Other machinery and equipment	820,802	(2,257)	(25,000)	793,545	529,253	264,292	66.8%	748,476	541,037
	29,117,112	**-**	**-**	**29,117,112**	**29,126,813**	**(9,701)**	**100.0%**	**28,251,570**	**28,189,296**

The department has spent 100.03% - R29,126 813 billion against a final adjusted appropriation of R29,117 112 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R9,701 million or 0.03% of the final budget allocated. The expenditure is inclusive of the payment of several funded, underfunded, and unfunded medico-legal claims.

Overall, conditional grants have spent at a level of 99.99% of the adjusted appropriation – spending R5,460 922 billion against a final adjusted appropriation of R5,461 332 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R410 thousand or 0.01%. of the final budget allocated.

Compensation of Employees - This budget was spent at a level of 99.84% of the adjusted appropriation - spending R19,952 151 billion against a final adjusted appropriation of R19,983 901 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R31,750 thousand or 0.16% of the final budget allocated.

This represents cash flows given up in favour of mitigating the goods and services pressures within the District Health Services programme to continue delivery of public health care services uninterrupted at the primary healthcare level.

Goods and Services - This budget spent at a level of 102.10% of the adjusted appropriation - spending R7,528,082 billion against a final adjusted appropriation of R7,377 485 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R150,597 million or 102.10% of the final budget allocated.

This net budget pressure arose in Programme 2 - District Health Services programme, to continue delivery of public health care services uninterrupted at the primary healthcare level, having arisen from the magnitude of the payment of payables and accruals at the vote level of R4.7 billion at the beginning of the current financial year, treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial years, affecting the budgets and cash flows that should ordinarily be dedicated to a full year's health system output and performance.

Transfers and Subsidies - This budget spent at a level of 140.12% of the adjusted appropriation - spending R520,844 million against a final adjusted appropriation of R371,722 million for the financial year ending 31 March 2024, resulting in a net over expenditure of R149,122 million or 40.12% of the final budget allocated, attributable primarily to the payment of several funded, underfunded and unfunded medico-legal claims as well as higher than expected payment of leave gratuities (social benefits).

Payment for Capital Assets - This budget was spent at a level of 79.95% of the adjusted appropriation - spending R1,106 521 billion against a final adjusted appropriation of R1,384 004 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R277,483 million or 20.05% (equitable share in nature) of the final budget allocated.

This represents cash flows given up in favour of mitigating the goods and services pressures within the District Health Services programme to continue delivery of public health care services uninterrupted at the primary healthcare level as well as mitigating the payment of several underfunded and unfunded medico-legal claims as well as higher than expected payment of leave gratuities (social benefits).

Departmental Receipts

Table A.2: 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	291 768	203 353	88 415	279 878	171 433	108 445
Interest, dividends and rent on land	304	307	-3	304	353	-49
Sale of capital assets	805	1 734	-929	0		0
Financial transactions in assets and liabilities	17 919	22 228	-4 309	17 230	14 947	2 282
Total	**310 796**	**227 622**	**83 174**	**297 412**	**186 734**	**110 678**

The Department collected R227,622 million of its own revenue, a substantial increase compared to the 2022/23 collection of R186,733 million. The 2023/24 collection against the projection of 310,796 million, was an under-collection of R83,174 million.

Twenty-two percent (22%) of the under collection is primarily attributable to the Road Accident Fund (RAF) not settling claims as expected by the department during the financial year. An intra- and extra-departmental task team initiated a project for the collection of the outstanding accounts. Although work group meetings are prioritized, the RAF has its internal challenges (restructuring and litigations), which negatively impact claims processing and payments to the Department. Payments processed by the RAF to the Department as at 31 March 2024 amount to R89 million.

In addition, the department is further continuing to engage with several government departments and entities for the settlement of outstanding amounts owing, including inter alia the Department of Justice and Constitutional Development (DOJ), National SAPS, Correctional Services.

The department continues with the prioritized migration to the integrated HMS2 patient administration and billing application software to several hospitals in support of its eHealth strategy. This system includes a revenue module and provides performance information allowing the local management team as well as Head Office to track billing and revenue collection at that facility where the system has been implemented. By the end of March 2024, HMS2 has been rolled out to 31 hospitals.

To enhance revenue collection, the Electronic Data Interchange (EDI) module has been procured through the State Information Technology Agency (SITA). Engagements with the service provider for readiness to implement are taking place and a project implementation plan has been activated accordingly. The pilot of the user information verification module started in March 2024. The implementation of these modules will improve patient fees collection from medical aid schemes and unfunded facility users, as user income verification and medical aid membership checks will be done to identify paying patients. Training and implementation are targeted for the first quarter of the new financial year.

Tariff Policy

Health services tariffs are determined by the National Department of Health (NDoH) for all the provinces through the implementation of the Uniform Patient Fees Schedule (UPFS).

The Department's tariffs in respect of 'H' patient categories are those set by NDoH in respect of services rendered at all facilities. The tariffs applicable to externally funded patients, is an "undiscounted" tariff that applies to patients who are covered by medical schemes, persons injured in motor vehicle accidents (Road Accident Fund) and other state departments (Department of Justice, South African Police, Correctional Services, Compensation for Occupational Injuries and Disease Act).

Patients who do not have external funding pay a discounted fee. The discount for patients that are formally unemployed or on social grants (H0) receive free health care (100% subsidy); patients earning below R70,000 per annum (H1) receive a subsidy of approximately 80%; patients who earn below R250,000 (H2) - the subsidy varies according to services rendered, ranging from 50% to 90%. Self-funded patients (H3) exceeding the means test, receive on average a 45% to 70% subsidy.

The Department increased patient tariffs to all patient categories by 5.1 % in the year under review.

Free Services

The mandate of the Department of Health is to provide health care services to the citizens of this country. In exercising that mandate and in terms of policy, there are circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidized patients. Such circumstances include infectious, communicable diseases, pregnant women and children. Also, patients classified under H0 category receive free services. It is not possible to quantify the cost of the free services rendered. Elective healthcare services do not qualify as free services and patients are required to pay the "undiscounted" UPFS fee upfront.

4.3 Programme Expenditure

Table A.3: Programme Expenditure

		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
PROGRAMME							
1.	Administration	760,293	756,508	3,785	844 490	844 484	6
2.	District Health Services	15,323,290	15,618,193	(294,903)	14 989 392	15 077 221	(87 829)
3.	Emergency Medical Services	1,398,607	1,360,385	38,222	1 454 643	1 452 877	1 766
4.	Provincial Hospital Services	4,253,816	4,253,340	476	3 820 678	3 926 710	(106 032)
5.	Central Hospital Services	4,928,987	4,928,873	114	4 757 397	4 713 574	43 823
6.	Health Sciences and Training	1,151,721	1,076,571	75,150	1 048 363	985 706	62 657
7.	Health Care Support Services	184,900	112,696	72,204	159 020	115 053	43 967
8.	Health Facilities Management	1,113,339	1,018,088	95,251	1 175 491	1 071 575	103 916
	Programme sub total	**29,114,953**	**29,124,654**	**(9,701)**	**28 249 474**	**28 187 200**	**62 274**
	Statutory Appropriation	**2,159**	**2,159**	**-**	**2 096**	**2 096**	**-**
	Member of Executive Council salary	2,159	2,159	-	2 096	2 096	-
TOTAL		**29,117,112**	**29,126,813**	**(9,701)**	**28 251 570**	**28 189 296**	**62 274**

As stated above, the Department has continued to operate within a fragile space bedded within intractable service pressures. This fragility has been fuelled by reduced budgets and the magnitude of payables and accruals linked to historic medico-legal lump sum settlements.

The department has spent 100.03% - R29,126 813 billion against a final adjusted appropriation of R29,117 112 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R9,701 million or 0.03%.

In terms of the analysis in the tables above, Programme 2 overspent on its equitable share budget by R294,903 million after adjusting for funds shifts and virements. Programmes 1 and 3 to 8 gave up portions of their equitable share cash flows in favour of mitigating the goods and services pressures within the District Health Services programme to continue delivery of public health care services uninterrupted at the primary healthcare level.

This net budget pressure in Programme 2 having arisen from the magnitude of the payment of payables and accruals at the vote level at the beginning of the current financial year, treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial years, affecting the budgets and cash flows that should ordinarily be dedicated to a full year's health system output and performance.

Programme 1: Administration

Table A.4: Programme 1 – Administration

		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	Office of the MEC	11,899	10,108	1,791	8,089	6,156	1 933
2.	Management	748,394	746,400	1,994	836,401	838,328	(1 927)
		760,293	**756,508**	**3,785**	**844,490**	**844,484**	**6**
Economic classification							
Current payments		**689,337**	**719,006**	**(29,669)**	**773,483**	**729,429**	**44 054**
	Compensation of employees	430,172	409,316	20,856	421,925	393,917	28 008
	Goods and services	259,165	305,606	(46,441)	351,558	332,601	18 957
	Interest and rent on land	-	4,084	(4,084)	-	2,911	(2 911)
Transfers and subsidies		**2,072**	**3,303**	**(1,231)**	**2,369**	**4,200**	**(1 831)**
	Households	2,072	3,303	(1,231)	2,369	4,200	(1 831)
Payments for capital assets		**68,884**	**34,199**	**34,685**	**68,638**	**110,855**	**(42 217)**
	Machinery and equipment	68,884	34,199	34,685	68,638	110,855	(42 217)
		760,293	**756,508**	**3,785**	**844,490**	**844,484**	**6**

Programme 1 spent at 99.5% (under by R3,785 million) after adjusting for funds shifts and virements of minus R40,000 million post the 2023/24 AEPRE. The programme gave up a portion of its cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 2: District Health Services

Table A.5: Programme 2 – District Health Services

		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	District Management	1,039,141	1,035,993	3,148	1,049,490	1,084,075	(34 585)
2.	Community Health Clinics	3,003,660	3,284,094	(280,434)	2,799,463	2,942,147	-(142 684)
3.	Community Health Centres	1,512,766	1,541,482	(28,716)	1,492,994	1,409,766	83 228
4.	Community Based Services	849,577	789,961	59,616	834,764	819,164	15 600
5.	Other Community Services	51,569	54,756	(3,187)	311,846	208,015	103 831
6.	HIV/AIDS	2,664,744	2,696,995	(32,251)	2,762,178	2,795,830	(33 652)
7.	Nutrition	40,067	30,355	9,712	41,874	31,097	10 777
8.	Coroner Services	143,394	142,661	733	116,411	132,897	(16 486)
9.	District Hospitals	6,018,372	6,041,896	(23,524)	5,580,372	5,654,230	(73 858)
		15,323,290	**15,618,193**	**(294,903)**	**14,989,392**	**15,077,221**	**(87 829)**
Economic classification							
Current payments		**14,887,748**	**15,202,615**	**(314,867)**	**14,421,717**	**14,663,863**	**(242 146)**
	Compensation of employees	10,777,655	10,770,463	7,192	10,200,571	10,137,436	63 135
	Goods and services	4,110,093	4,424,004	(313,911)	4,221,146	4,504,824	(283 678)
	Interest and rent on land	-	8,148	(8,148)	-	21,603	(21 603)
Transfers and subsidies		**164,282**	**278,389**	**(114,107)**	**384,661**	**296,649**	**88 012**
	Departmental agencies and accounts	-	-	-	6	-	**6**
	Non-profit institutions	41,729	35,450	6,279	34,412	26,528	**7 884**
	Households	122,553	242,939	(120,386)	350,243	270,121	**80 122**
Payments for capital assets		**271,260**	**137,189**	**134,071**	**183,014**	**116,709**	**66 305**
	Buildings and other fixed structures	2,257	2,257	-	-	-	**-**
	Machinery and equipment	269,003	134,932	134,071	183,014	116,709	**66 305**
		15,323,290	**15,618,193**	**(294,903)**	**14,989,392**	**15,077,221**	**(87 829)**

Programme 2 spent at 101.9% (over by R294,903 million) after adjusting for funds shifts and virements of plus R565,589 million post the 2023/24 AEPRE. Overspending was primarily caused by goods and services pressures vesting in the Community Health Clinics and Community Health Centres sub programmes to continue the delivery of public health care services uninterrupted.

The budget pressures in the District Health Services programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 3: Emergency Medical Services

Table A.6: Programme 3 – Emergency Medical Services

	2023/24			2022/23		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. Emergency Transport	1,122,684	1,069,678	53,006	1,215,684	1,209,639	6 045
2. Planned Patient Transport	275,923	290,707	(14,784)	238,959	243,238	(4 279)
	1,398,607	**1,360,385**	**38,222**	**1,454,643**	**1,452,877**	**1 766**
Economic classification						
Current payments	**1,275,354**	**1,217,706**	**57,648**	**1,265,025**	**1,264,249**	**776**
Compensation of employees	1,076,571	1,049,361	27,210	1,023,050	1,022,603	447
Goods and services	198,783	168,345	30,438	241,975	241,646	329
Transfers and subsidies	**4,012**	**2,846**	**1,166**	**3,970**	**3,028**	**942**
Households	4,012	2,846	1,166	3,970	3,028	942
Payments for capital assets	**119,241**	**139,833**	**(20,592)**	**185,648**	**185,600**	**48**
Machinery and equipment	119,241	139,833	(20,592)	185,648	185,600	48
	1,398,607	**1,360,385**	**38,222**	**1,454,643**	**1,452,877**	**1 766**

Programme 3 spent at 97.3% (under by R38,222 million) after adjusting for funds shifts and virements of minus R121,000 million post the 2023/24 AEPRE. The programme gave up portion of its cash flows in favour of mitigating the goods and services pressures within District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 4: Provincial Hospital Services

Table A.7: Programme 4 - Provincial Hospital Services

		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	General (Regional) Hospitals	3,048,687	3,181,458	(132,771)	2,722,831	2,909,523	(186 692)
2.	TB Hospitals	489,100	411,707	77,393	447,634	387,954	59 680
3.	Psychiatric Mental Hospitals	716,029	660,175	55,854	650,213	629,233	20 980
		4,253,816	**4,253,340**	**476**	**3,820,678**	**3,926,710**	**(106 032)**
Economic classification							
Current payments		**4,173,984**	**4,103,701**	**70,283**	**3,684,890**	**3,797,684**	**(112 794)**
	Compensation of employees	3,248,704	3,323,115	(74,411)	2,930,698	3,056,817	(126 119)
	Goods and services	925,280	777,252	148,028	754,192	728,650	681 327
	Interest and rent on land	-	3,334	(3,334)	-	12,217	(12 217)
Transfers and subsidies		**68,426**	**140,192**	**(71,766)**	**92,434**	**120,207**	**(27 773)**
	Households	68,426	140,192	(71,766)	92,434	120,207	-(27 773)
Payments for capital assets		**11,406**	**9,447**	**1,959**	**43,354**	**8,819**	**34 535**
	Machinery and equipment	11,406	9,447	1,959	43,354	8,819	34 535
		4,253,816	**4,253,340**	**476**	**3,820,678**	**3,926,710**	**(106 032)**

Programme 4 spent at 99.99% (under by R476 thousand).

Programme 5: Central Hospital Services

Table A.8: Programme 5 - Central Hospital Cervices

		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
Sub programme							
1.	Central Hospital Services	1,648,590	1,751,326	(102,736)	1,740,366	1,702,835	37 531
2.	Provincial Tertiary Services	3,280,397	3,177,547	102,850	3,017,031	3,010,739	6 292
		4,928,987	**4,928,873**	**114**	**4,757,397**	**4,713,574**	**43 823**
Economic classification							
Current payments		**4,719,533**	**4,718,032**	**1,501**	**4,437,685**	**4,512,638**	**(74 953)**
	Compensation of employees	3,465,164	3,465,164	-	3,197,409	3,196,308	1 101
	Goods and services	1,254,369	1,249,219	5,150	1,240,276	1,314,174	(73 898)
	Interest and rent on land	-	3,649	(3,649)	-	2,156	(2 156)
Transfers and subsidies		**46,679**	**53,869**	**(7,190)**	**69,606**	**37,772**	**31 834**
	Households	46,679	53,869	(7,190)	69,606	37,772	31 834
Payments for capital assets		**162,775**	**156,972**	**5,803**	**250,106**	**163,164**	**86 942**
	Buildings and other fixed structures	15,959	14,449	1,510	98,000	17,509	80 491
	Machinery and equipment	146,816	142,523	4,293	152,106	145,655	6 451
		4,928,987	**4,928,873**	**114**	**4,757,397**	**4,713,574**	**43 823**

Programme 5 spent at 100% (under by R114 thousand) after adjusting for funds shifts and virements of minus R201,589 million post the 2023/24 2 AEPRE. The programme gave up portion of its equitable cash flows in favour of mitigating the goods and services pressures within the District Health Services programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 6: Health Sciences and Training

Table A.9: Programme 6 - Health Sciences & Training

		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	Nursing Training Colleges	293,144	235,211	57,933	263,469	237,777	25 692
2.	EMS Training College	16,046	13,248	2,798	15,254	10,522	4 732
3.	Bursaries	89,008	38,549	50,459	68,379	49,152	19 227
4.	Other Training	753,523	789,563	(36,040)	701,261	688,255	13 006
		1,151,721	**1,076,571**	**75,150**	**1,048,363**	**985,706**	**62 657**
Economic classification							
Current payments		**1,037,486**	**1,022,218**	**15,268**	**955,166**	**917,579**	**37 587**
	Compensation of employees	830,988	829,418	1,570	826,179	809,225	16 954
	Goods and services	206,498	192,800	13,698	128,987	108,354	20 633
Transfers and subsidies		**85,130**	**41,812**	**43,318**	**71,584**	**57,589**	**13 995**
	Departmental agencies and accounts	14,970	14,721	249	16,867	16,866	1
	Households	70,160	27,091	43,069	54,717	40,723	13 994
Payments for capital assets		**29,105**	**12,541**	**16,564**	**21,613**	**10,538**	**11 075**
	Buildings and other fixed structures	-	-	-	-	-	-
	Machinery and equipment	29,105	12,541	16,564	21,613	10,538	11 075
		1,151,721	**1,076,571**	**75,150**	**1,048,363**	**985,706**	**62 657**

Programme 6 spent at 93.47% (under by R75,150 million) after adjusting for funds shifts and virements of minus R98,000 million post the 2023/24 AEPRE. The programme gave up portion of its equitable cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 7: Health Care Support Services

Table A.10: Programme 7 - Health Care Support Services

		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	Orthotic & Prosthetic Services	106,334	49,762	56,572	87,710	53,386	34 324
2.	Medicine Trading Account	78,566	62,934	15,632	71,310	61,667	9 643
		184,900	**112,696**	**72,204**	**159,020**	**115,053**	43 967
Economic classification							
Current payments		**167,898**	**110,619**	**57,279**	**143,832**	**109,355**	**34 477**
	Compensation of employees	96,338	71,912	24,426	79,305	70,240	9 065
	Goods and services	71,560	38,707	32,853	64,527	39,115	25 412
Transfers and subsidies		**1,121**	**431**	**690**	**100**	**31**	**69**
	Households	1,121	431	690	100	31	69
Payments for capital assets		**15,881**	**1,646**	**14,235**	**15,088**	**5,667**	**9 421**
	Machinery and equipment	15,881	1,646	14,235	15,088	5,667	9 421
		184,900	**112,696**	**72,204**	**159,020**	**115,053**	**43 967**

Programme 7 spent at 60.9% (under by R72,204 million) after adjusting for funds shifts and virements of minus R15,000 million post the 2023/24 AEPRE.

The underspend is primarily attributable inter alia to the department ringfencing and budgeting for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector rather than lump sum settlements for future medical care in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state.

This is premised on the approach that if the department is required to continue to pay claims based on of full, up-front settlements of estimated future medical and other expenses this will, in time, overwhelm the Department's capacity to meet its constitutionally mandated health service delivery obligations. The judgement was handed down on 7th February 2023, indicating clearly how the common law is to accommodate the public health defence; and affirming the goods and services that the state will provide to the plaintiff during their lifetime.

Although the landmark judgement is on appeal, agreement was reached that the order is to be implemented whilst the appeal process is underway. This means that Department started with the process of implementing the Court order in the current financial year.

Programme 8: Health Facilities Management

Table A.11: Programme 8 – Health Facilities Management

		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	Community Health Facilities	212,191	207,593	4,598	280,402	215,004	65 398
2.	Emergency Medical Rescue Services	3,000	-	3,000	-	-	-
3.	District Hospital Services	697,922	621,985	75,937	620,578	567,534	53 044
4.	Provincial Hospital Services	171,874	173,426	(1,552)	265,435	287,279	(21 844)
5.	Other Facilities	28,352	15,084	13,268	9,076	1,758	7 318
		1,113,339	**1,018,088**	**95,251**	**1,175,491**	**1,071,575**	**103 916**
Economic classification							
Current payments		**407,887**	**403,392**	**4,495**	**422,884**	**371,209**	**51 675**
	Compensation of employees	56,150	31,243	24,907	32,324	24,157	8 167
	Goods and services	351,737	372,149	(20,412)	390,560	347,052	43 508
Transfers and subsidies		**-**	**2**	**(2)**	**-**	**53**	**(53)**
	Households	-	2	(2)	-	53	(53)
Payments for capital assets		**705,452**	**614,694**	**90,758**	**752,607**	**700,313**	**52 294**
	Buildings and other fixed structures	363,278	335,882	27,396	494,363	443,605	50 758
	Machinery and equipment	342,174	278,812	63,362	258,244	256,708	1 536
		1,113,339	**1,018,088**	**95,251**	**1,175,491**	**1,071,575**	**103 916**

Programme 8 spent at 91.44% (under by R95,251 million) after adjusting for funds shifts and virements of minus R90,000 million post the 2023/24 AEPRE. The programme gave up portion of its equitable share cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Virements and Fund Shifts

In terms of section 43 (1) of the PFMA, read in conjunction with Treasury Regulations 6.3.1, the Department utilized savings in the amount appropriated under a main division within a vote towards the defrayment of excess expenditure under another main division within the same vote, not having been directed otherwise by Provincial Treasury. Shifting of funds amounted to R32,000 million and virement of funds amounted to R568,589 million.

Roll-overs – Conditional grants and Equitable share

Conditional grants

Overall, conditional grants have spent at a level of 99.99% of the adjusted appropriation – spending R5,460 922 billion against a final adjusted appropriation of R5,461 332 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R410 thousand or 0.01%. of the final budget allocated. As the Conditional Grants have been fully spent, no application for rollovers has been made in the circumstances.

Equitable share

The Department has not made application to Provincial Treasury to approve an application for equitable share rollover.

4.4 Unauthorised Expenditure, Fruitless and Wasteful Expenditure and Irregular Expenditure

Unauthorised Expenditure

The Department has continued to operate within a fragile space bedded within intractable service pressures. This fragility has been fuelled by reduced budgets and the magnitude of payables and accruals linked to historic medico-legal lump sum settlements.

In the current financial year, the Department has spent 100.03% - R29,126 813 billion against a final adjusted appropriation of R29,117 112 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R9,701 million or 0.03% of the final budget allocated. The expenditure is inclusive of the payment of several funded, underfunded and unfunded medico-legal claims.

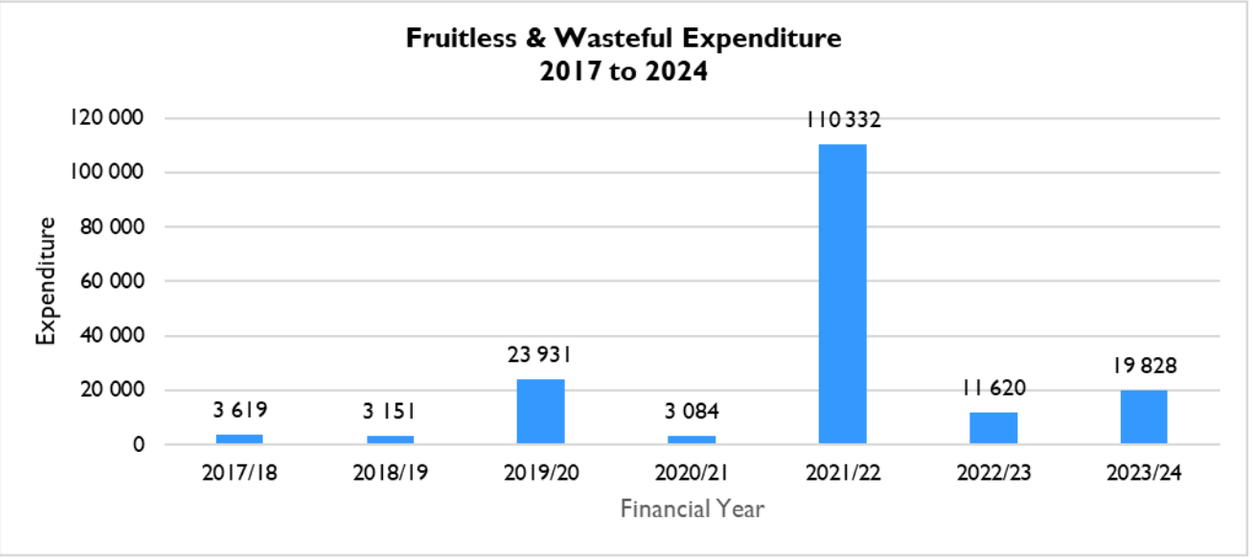
For the year under review, the Department has incurred unauthorized expenditure of R9,701 million at the vote level and has incurred overspending of R294.903 million in Programme 2, which has primarily been caused by goods and services pressures vesting to continue the delivery of public health care services uninterrupted (R313,911 million) as well as the payment of underbudgeted and unbudgeted medico and legal settlements (R120,386 million) – mitigated by net underspending primarily in the capital expenditure budget of the programme.

Further, the budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.7 billion) at the beginning of the current financial year, treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Fruitless and wasteful expenditure

The department continued to incur fruitless and wasteful expenditure to the tune of R19,8 million during the year under review (2023: R42,5m) mainly caused by interest payments due to delays in the settlement of the court-ordered medico-legal claims. Though the incurrence of fruitless and wasteful expenditure is a financial loss, there has been a reduction of the loss which can be attributable to the various intervention mechanisms currently being employed in the medical negligence litigation space both internally in the department and externally including by the courts. The consortium of Provincial Treasury (PT), and the State Litigation Unit (SLU) led by the Office of the Premier (OTP) has played a significant role in reducing firstly the rand value of medico-legal claims settled annually and the corresponding interest paid therein.

Figure A.1: Fruitless and wasteful expenditure

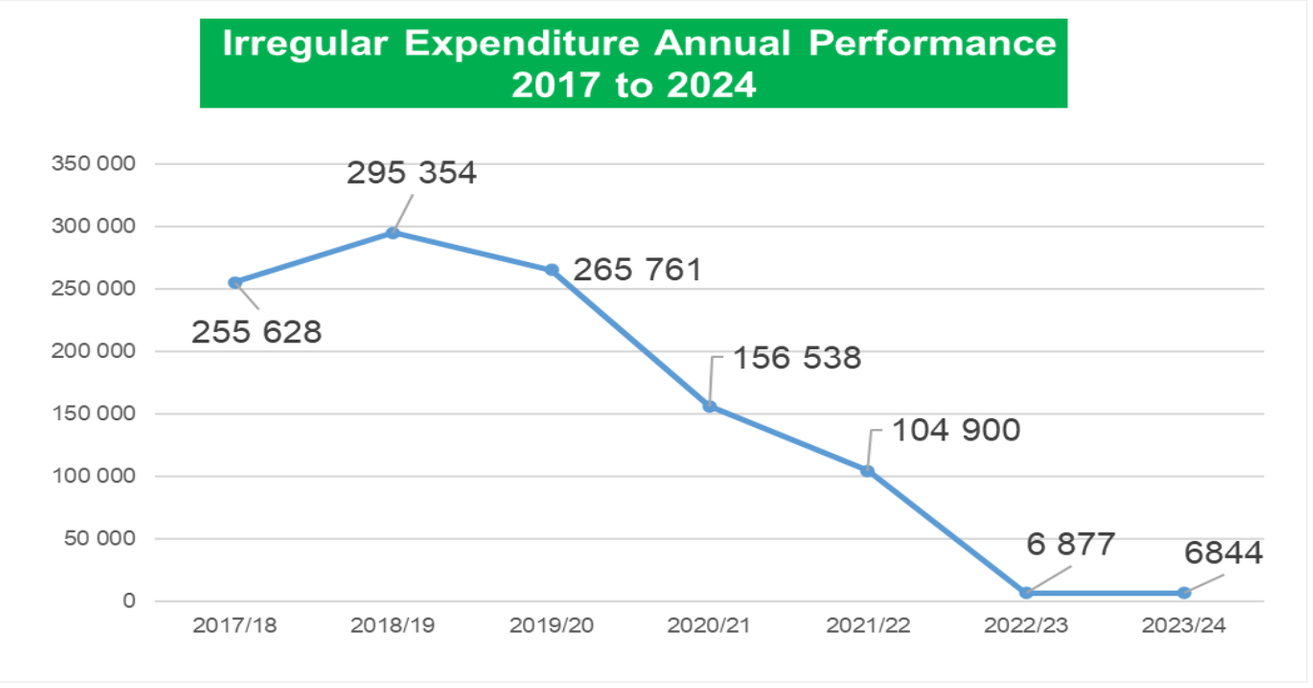


Irregular Expenditure

The department has improved significantly in the implementation of the annual procurement plan and other procurement processes as evidenced by the reduction in the incurrence of irregular expenditure. The graph below the incurrence of irregular expenditure during the year under review has remained flat at R6,9 million compared to previous financial year which stood at R6,6 million. The current year irregular expenditure was incurred by one institution namely Livingstone Tertairy hospital(LTH) during procurement of surgical implants which were not covered in the current departmental contract.

The graph below depicts a declining trend in the incurrence of irregular expennnditure in the past five years from R265,7 million 2019/20 to R6,9 million in the 2023/24, reduced by about 97% or R259 milion. The main cause of irregualr expenditure in the past financial years was extension of contracts above the 15% set up by National Treasury in Instruction Note No. 3 of 2016/17. These contracts were issued for shorter period of 18 months which did not give the department sufficient time to complete the competitive bidding processes before expiry of exisitng contratcs. This was improved through awarding longer period of 36 months and ensuring the effective and efficient implementation of the annual procurement plan. ECDOH is on course to comply with the annual plegdes by provincial heads of departments to ensure zero incurrence of irregualr expenditure.

Figure A.2: Irregular expenditure



4.5 Strategic Focus over the short to medium term period

The Department of Health is operating in an environment characterised by constrained fiscal space that has led to implementation of austerity measures. The Department has realised that it has many health facilities that constrains its operations to deliver quality health services through Universal Health Coverage i.e. primary health care.

In August 2021, the Department has developed a Health Turn Around Strategy which was presented to the stakeholders for inputs at various platforms to source buy-in. The Health Turn Around Strategy is anchored on five (5) pillars:

- Financial Sustainability Initiative,
- Medico-legal Intervention,
- Service Delivery Optimisation,
- Digitisation and e-Health, and
- Clinical: Healthy Communities Initiatives.

The Health Turn Around Strategy is founded on performance driven organisational culture that is three layered:

- Effective leadership, capable teams, and valued employees.
- Institutionalising performance reporting and management system.
- Progressive change management, stakeholder engagement and strategic marketing and communication.
- The details will be covered in the programmes, but the highlights will be touched on below.

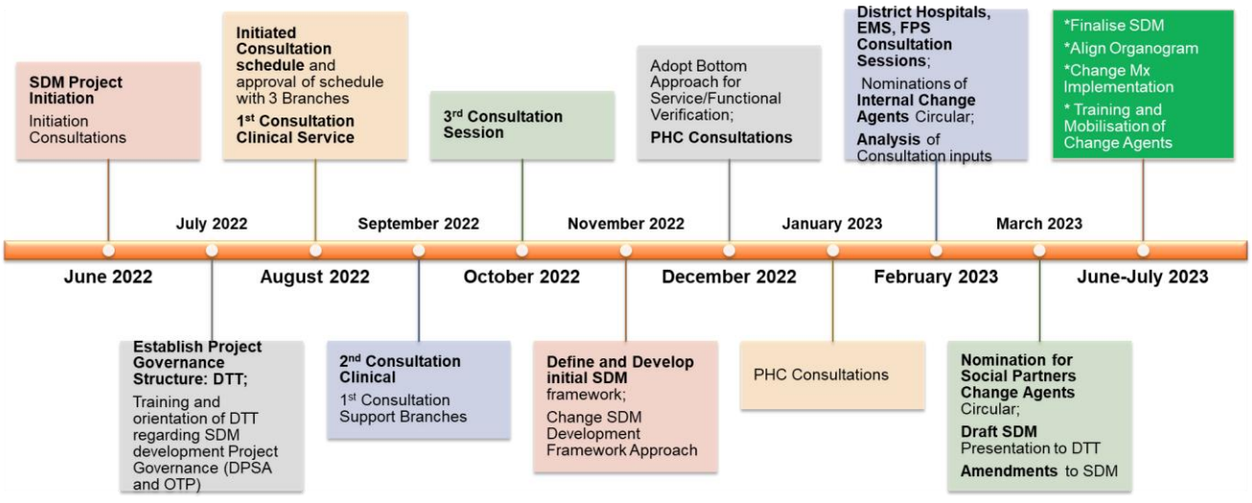
4.5.1 Optimisation of Departmental Health Platform

The project was initiated in June of 2022. There are three critical elements that will be finalised during this intervention:

- Realigning the Service Delivery Model so that it supports an NHI-based health system that addresses the burden of disease, effectively and cost-efficiently.
- Ensuring an updated organogram that is relevant, supports our strategic objectives and is affordable.
- An associated staff migration plan as it is anticipated with service delivery structural realignment.

The progress during the year under review is illustrated below:

Figure A.3: Optimisation of Departmental Health Platform



The Service Delivery Optimisation (SDO) Framework draft has been completed and subjected to multiple review sessions by our management and social partners in a structure called the Departmental task team (DTT). The finalisation of the organogram is dependent on the endorsement of the final Health Facility List by the key stakeholders. This is because certain facilities may need to be repurposed and/or reclassified due to changing demands for health and care in a region. For example, the changes from hospital-based to community-based care and improvements in TB treatment regimens have significantly decreased the admissions of patients to TB hospitals.

Currently, a Sub-Task Team of the DTT is working on the finalisation of the proposed Service Delivery Optimisation Plan with the proposed new Health Facility List for the Department, to ensure that the correct operational models are attached to each facility as per current workload indicators, unique planning parameters, and future service package requirements. Efficiency indicators are one of the determining factors for repurposing and reclassification recommendations.

4.5.2 Digitisation

The Department has embarked on the strategy to implement eHealth interventions through digitalisation. The innovative, in-house developed Health Management System2 (HSM2) was implemented in thirty-four (34) health facilities (District hospitals, Community Health Centres and Clinics).

The Department is focusing on the implementation of the three-pronged medico-legal strategy i.e. clinical, administrative, and legal strategies. The aim of the Medico-legal intervention is to reduce litigations that are negatively impact on budget. The HMS2 ePAIA and eLiability modules are critical to mitigate against medico-litigation.

4.5.3 Integrated Medico-legal Intervention

The integrated EC Medico-legal strategy aims to:

- Halt the outflow of funds from the Department of Health through upfront lump sum settlements,
- Strengthens administrative systems and the legal defence of current cases; and
- Targets clinical and forensic interventions that reduce the risk of future litigation.

The provincial strategy followed an EXCO Resolution that mandated the Office of the Premier to take over the management of medico legal cases from the DOH and that Provincial Treasury should provide support to the department through the implementation of Section 18(2)(g) intervention. The 18(2)(g) intervention was later encapsulated as the integrated medico-legal strategy and a major pillar of the provincial Health Turnaround Strategy.

The number of new claims against the department continues to decrease in the 2023/24 year as indicated in the graph below.

Figure A.4: Trend analysis of medico legal claims



Two hundred and sixty (260) matters were enrolled for trial for the period between in 2023/24:

- Ninety-nine (99) matters were postponed (38%) for various reasons such as records still to be sourced, for expert reports o/s and awaiting authorization, Joint minutes o/s, witnesses not available.
- Forty-six (46) matters (18%) removed from the roll for erroneously being placed on roll, the matters not being trial ready.
- Forty (40) matters (15%) settled by conceding merits or lost in court.
- Thirty-eight (38) matters (14,6%) in quantum stage partially settled (mostly Public Health Defence).
- Seventeen (17) merit matters (6,5%) proceeded and still awaiting judgement.
- Nineteen (19) matters (7%) finalized of which the Department won four cases (23,5%)

The Department paid just under R340 million in medico-legal settlements for the 2023/24 financial year. There was a total of around R208 million worth of savings in cases before the courts in the 2023/24 year.

4.5.4 Clinical: Healthy Communities

To improve access to health services, the Department is implementing Universal Health Coverage (UHC) through the National Health Insurance (NHI). The focus is on four (4) strategic interventions:

- Ward-Based Primary Health Care Outreach Teams (WBPHCOT).
- District Clinical Specialist Teams (DCSTs).
- Integrated School Health Programme (ISHP).
- General Practitioners contracting.

The WBPHCOTs improve access to health services by strengthening Community Health Workers (CHWs) home visits. The teams are led by professional nurses/enrolled nurses, CHWs, Health Promoters and Environmental Officers. The details of the clinical programmes will be presented under the various programmes.

4.6 Public Private Partnerships (PPP)

Co-Location PPP: Humansdorp Hospital

A Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, no 1 of 1999 was concluded. The agreement started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital.

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government. The agreement will automatically be terminated on expiry of the twenty-one-year concession period, unless terminated earlier in accordance with the provisions of the agreement.

4.7 Discontinued key activities / Activities to be discontinued.

There are no key activities reported in the period under review that have been discontinued.

4.8 New or proposed key activities.

There are no new activities to those already in operation by the department.

4.9 Supply Chain Management (SCM)

No unsolicited bid proposals were implemented during year under review. The department has introduced measures to address the weaknesses that resulted in irregular expenditure in prior years.

Extension of Contracts:

In ensuring that approval is sought from the delegated authority, the Bid Award Committee (BAC) has put in measures in place to prevent extension of contracts.
The Department is also focusing on the implementation of the Departmental procurement plan which is the main potential contributor to the contract extensions.
These interventions have resulted in the reduction of new contract extensions and prevention of extensions above 15% threshold.

Deviations:
After workshops were conducted with all the districts on the identified risks, a follow up session on the deviations and Instruction Note 2 of 2022/23 on Enhancing Compliance, Transparency and Accountability in Supply Chain Management. with the end users is planned.

Local Content:
Workshops on the implementation process were followed by Supplier Day Workshops which were conducted during the year 2022/23.

Conflict of Interest:

Supplier day workshops were conducted during the year 2022/23 and follow up sessions are planned for the year.
These interventions have resulted in zero (0) direct conflicts Q1, Q3 and Q4 of 2022/23 and 0 potentially conflicted employees on the Central Supplier Database for Q1 and Q4. Nine potentially Conflicted cases relate to NPOs and Cooperatives. Treasury was unable to deregister them, and the department is engaging CEOs and DMs for assistance.

There has been a significant reduction in direct conflict year-on-year because of the measures put in place and the strengthening of controls (see figure 4.9.1 and table 4.9.1 below). The 2022/23 financial year saw one conflict - a clinician who serves on the SA Blood Services (SABS) Board – contributing to a record of 566 transactions of conflict due to the nature of the service rendered. Every order for a pint of blood was regarded as a count of conflict of interest. SABS is the only service provider for blood products, though. This matter is under investigation.

Table A.12: Supply Chain Management

Focus Area	Intervention
a. Governance	The Department has reviewed the Supply Chain Management Policy and Supply Chain Management Delegations during the year under review. This process ensures alignment of Departmental policies and procedures to the legislative framework.
b. Capacity Building	The Department holds annual post audit workshops with the supply chain management practitioners. This session was held during the 2023/24 financial year. Various workshops were held to capacitate Procurement Committees across various Districts. The Department participates on trainings facilitated by Provincial Treasury on Supply Chain Management processes.
c. Automation	The Department partnered with Clinton Health A Initiative (CHAI) and developed a system for contract monitoring to improve completeness and availability of records for SCM processes. During the year under review, trainings were held, and inputs incorporated from all the ECDOH Districts. The Department plans to hold refresher training in 2024/25 to prepare for going live during the year.

Challenges experienced in SCM and how they were resolved.

Table A.13: Challenges experienced in Supply Chain Management

Challenge	Resolution
High vacancy rate across the Supply Chain Management system as a result of austerity measures introduced by National Treasury and prioritisation by the Department.	Partial and informal implementation of shared services model through pulling of resources from various Districts/Facilities.
Repeat Audit Findings due to weaknesses and poor segregation of duties.	Workshops were held with the SCM practitioners and focus/priority on training of Procurement Committees placed with red flagged facilities. A Working Team was established to develop Standard Operating Procedures (SOPs) for quotation process for standardisation. Four (4) sessions were held, and draft SOPs developed. It is anticipated that the final approval session will be held in preparation for presentation and implementation during the 2024/25 financial year.
Contracts management weaknesses	A contract management forum will be established in 2024/25 to address improvement areas. The SCM delegations were amended to increase the number of officials to sign Service Level Agreements (SLAs) to improve the turn-around times.

High SCM vacancy rate across the province

The budget constraints in the department have affected the filling of vacant and replacement post. This was identified as a high risk for the Department with a potential for audit/governance regress.
The Department's EMT has agreed to prioritise the filling of SCM posts during the 2023/24 financial year.

4.10 Gifts and Donations received in kind from non-related parties

The table below details the donor funds received for the period 1 April 2023 to 31 March 2024.

Table A.14: Gifts and Donations received.

Gifts and Donations received	
Name of donors	National Department of Health Anglo American/Tshikululu Trust
Full amount of the funding	R8,482,663,00 (in kind)
Period of the commitment	2023-2024
Purpose of the funding	The assets were donated for the following purposes: National Department of Health – Rx Solution System to provide end-to-end visibility of the medicines supply chain with the aim of reducing stock outs. Anglo American/Tshikululu Trust – Mobile Clinic for Integrated School Health Programs (Dental Care, Eye Care, Audio and Primary Health Care). Mercy Ships – for provision of healthcare services at Frere Hospital.
Expected outputs	This donation is aimed at provision of Primary Health Care Services especially for the learners. This will lead to early detection and management of ailments that, if not attended to might affect teaching and learning of the learners.
Actual outputs achieved	As of 11th March, the following services have been performed in Alfred Nzo and Chris Hani: - 1810 people seen. - 501 dental care with 37 Tooth extraction. - 328 done ophthalmic examination. - 23 done pep smears. - 504 screened for TB. - 470 screened for diabetes. - 459 screened for hypertension.

4.11 Exemptions and Deviations received from National Treasury

There were no exemptions and deviations received from National Treasury.

4.12 Events after reporting date

Adjusting events after reporting date

There was one major event after the reporting date – the outcome of the Ikamva matter. There was no legal basis to further litigate on this matter. The Ikamva Architects case had matured to a final judgement during the subsequent period and has been accounted for by moving the liability from contingent liabilities to accruals. No other adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly other than those adjusted in these financial statements already.

Non-adjusting events after reporting date

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown: As reported in the previous financial year, the Department is in the legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd

No other non-adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly.

4.13 Other

There are no other material facts or circumstances which may have an effect on the financial state of affairs of the Department not addressed elsewhere in this report.

4.14 Acknowledgements and Appreciation

The Accounting Officer would like to acknowledge and appreciate the enduring Political support of the Honourable Premier and the Honourable MEC.

The Chapter nine and ten oversight bodies and Clinic Committees and Hospital Boards whose oversight and recommendations assist us with identifying specific areas of concern; the colleagues in other national and provincial government departments whose fellowship and collaboration is greatly appreciated; and to our strategic partners whose pragmatic assistance in our time of need will never be forgotten.

To our leadership of organised labour, the stability in the year under review and partnership on our journey to restructure the department and optimise our service delivery platform is appreciated. The continued progressive leadership is noted and appreciated, and we look forward to strengthening consultation between management and labour throughout the service platform.

And finally, the Accounting Officer would like to acknowledge and appreciate the work done in the 2023/24 financial year, especially by our healthcare workers and professionals at the coalface, led by the provincial, district and facility management teams. Despite our challenges, the Department provided health and care to our people, highlighted by our Honourable MEC in the foreword.

4.15 Conclusion

The year of 2023/24 also signalled the end of the sixth term of government. The Health Turnaround strategy developed in 2021/22 MTEF provided a framework to pursue the mandates and policy imperatives of the sector and attempted to address both the service and strategic challenges, post-COVID19.

Whilst there has been some progress in each of these areas during the sixth administration, the gains need to be consolidated and work in critical areas will be accelerated through the Health Intervention.

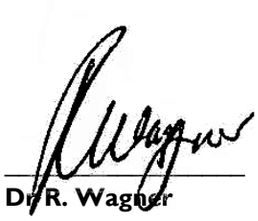
The Health Intervention is a partnership between ECDOH and OTP, PT, NT, and NDOH in recognition of the need for practical interventions that will unlock and enable the Department to perform in critical areas. The Project Workstreams address the building blocks of a health system:

- Leadership and Governance
- Financial Sustainability
- Infrastructure
- Clinical Specialist Support Services Infrastructure
- Medico-legal and Digitisation

Much work lies before us in the term and year ahead. Together we will do more.

4.16 Approval and Sign-off

The Annual Financial Statements set out in part F of this annual report have been approved by the Accounting Officer.



Dr R. Wagner
Accounting Officer
31 August 2024

5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF THE ACCURACY OF THE ANNUAL REPORT

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

- All information and amounts disclosed throughout the annual report are consistent.
- The annual report is complete, accurate and 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

Dr R. Wagner
Accounting Officer
31 August 2024

6. STRATEGIC OVERVIEW.

6.1 VISION

Optimal health outcomes for the people of the Eastern Cape Province.

6.2 MISSION

To attain universal health coverage for the people of the Eastern Cape Province, through Primary Health Care approach which utilises resources efficiently to enable present and future generations to achieve optimal health outcomes and quality.

6.3 VALUES

The Department's activities will be anchored on the following values in the next five years and beyond:

- Equity of both distribution and quality of services.
- Service excellence.
- Customer and patient satisfaction.
- Fair labour practices.
- High degree of accountability.
- Transparency (maintaining confidentiality code).
- Respect.

7. LEGISLATIVE AND OTHER MANDATES

The legislative mandate of the Department is derived from the Constitution and several pieces of legislations passed by Parliament.

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

- Section 27 (1): "Everyone has the right to have access to – (a) health care services, including reproductive health care; (3) No one may be refused emergency medical treatment".
- Section 28 (1): "Every child has the right to basic health care service"
- Schedule 4 which lists health services as a concurrent national and provincial legislative competence.

Legislation falling under the Minister of Health's portfolio

Academic Health Centers Act, 86 of 1993 - Provides for the establishment, management, and operation of Academic Health Centers.

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.

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.

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

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.

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.

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

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.

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.

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 also provides for transparency in the pricing of medicines.

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 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: 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; 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; establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation; 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 create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa**.**

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.

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.

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.

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

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.

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.

Other legislation applicable to the Department

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.

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.

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.

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.

disasters, mitigating the severity of disaster, emergency preparedness, rapid and effective response to disasters and post – disaster recovery through establishment of National, Provincial and municipal disaster management center. Key policy guidelines and regulations have been developed during the period of COVID-19 pandemic to guide the delivery of health services.

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

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.

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.

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

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.

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.

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

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

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.

HEALTH SECTOR POLICIES AND STRATEGIES

National Health Insurance Bill

South Africa is at the brink of effecting significant and much needed changes to its health system financing mechanisms. The changes are based on the principles of ensuring the right to health for all, entrenching equity, social solidarity, efficiency, and effectiveness in the health system to realise Universal Health Coverage. To achieve Universal Health Coverage, institutional and organisational reforms are required to address structural inefficiencies; ensure accountability for the quality of the health services rendered and ultimately to improve health outcomes particularly focusing on the poor, vulnerable and disadvantaged groups.

In many countries, effective Universal Health Coverage has been shown to contribute to improvements in key indicators such as life expectancy through reductions in morbidity, premature mortality (especially maternal and child mortality) and disability. An increasing life expectancy is both an indicator and a proxy outcome of any country's progress towards Universal Health Coverage.

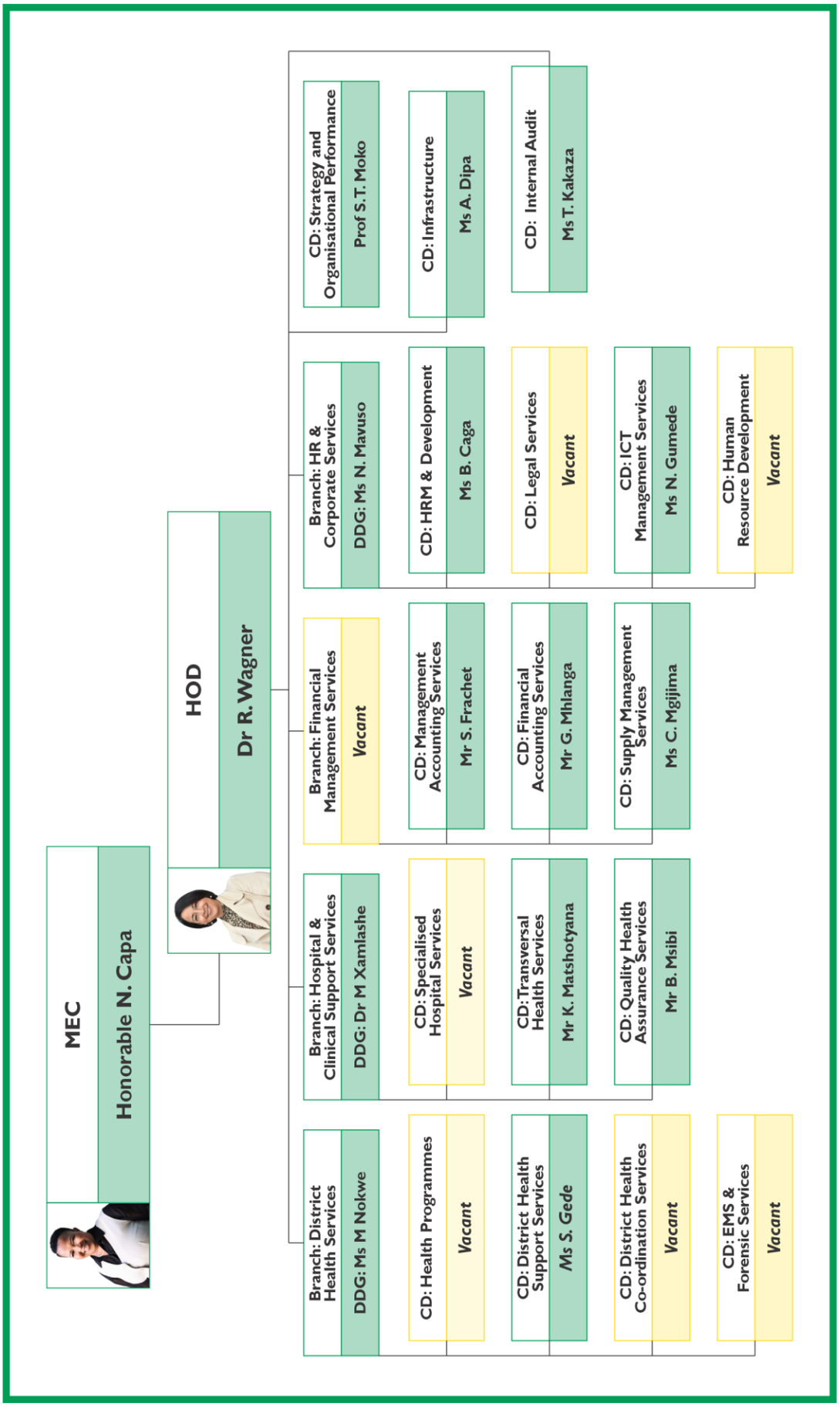
The phased implementation of National Health Insurance (NHI) is intended to ensure integrated health financing mechanisms that draw on the capacity of the public and private sectors to the benefit of all South Africans. The policy objective of NHI is to ensure that everyone has access to appropriate, efficient, affordable, and quality health services.

National Development Plan (NDP): Vision 2030

The National Development Plan (Chapter 10) has outlined 9 goals for the health system that it must reach by 2030. The NDP goals are best described using conventional public health logic framework. The overarching goal that measures impact is "average male and female life expectancy at birth increases to at least 70 years". The NDP goals measure health outcomes, requiring the health system to reduce premature mortality and morbidity. Also tracking the health system that essentially measure inputs and processes to derive outcomes.

8. ORGANISATIONAL STRUCTURE

Figure A.5: Organizational structure



9. ENTITIES REPORTING TO THE MEC

Table A.15: Entities reporting to the MEC

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Lilitha College of Nursing	Nursing Education and Training Act No.4 of 2003	The Lilitha College of Nursing is funded by equitable share and students' registration fees through college council account	To develop capable workforce for the Eastern Cape provincial health system as part of a quality people value stream.

PART B
PERFORMANCE INFORMATION



1. AUDITOR'S GENERAL REPORT: PREDETERMINED OBJECTIVES

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

Refer to page 377 of the Report of the Auditor General South Africa, published as Part F: Financial Information.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1. Service Delivery Environment

2.1.1 Demographic profile of the Eastern Cape Province

According to Statistics South Africa Census 2022, the Eastern Cape Province has a total population of 7,230,204 constituted largely of a younger population. The youth (15-34 yrs) constituted about 32.4% of the provincial population. About 10% of the general population are children under 5 years of age. The 2022 Stats SA mid-year population estimates shows that both males and females they almost have the same numbers at birth up until becoming young adults. With males having a slight edge over their female counterparts up to the age of 35 years. More women live beyond the age of 35 years when compared against men. As a result, the capacity of the EC province is usually overstretched due to high demand of basic services like education, health care services, social services, employment opportunities and housing. These challenges in the Eastern Cape especially in the OR Tambo and Alfred Nzo Districts with more than a quarter of the provincial population, are further exacerbated by the historical backlogs that were as a result of the imbalances of the past.

Population Pyramid

Figure B.1: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2022)

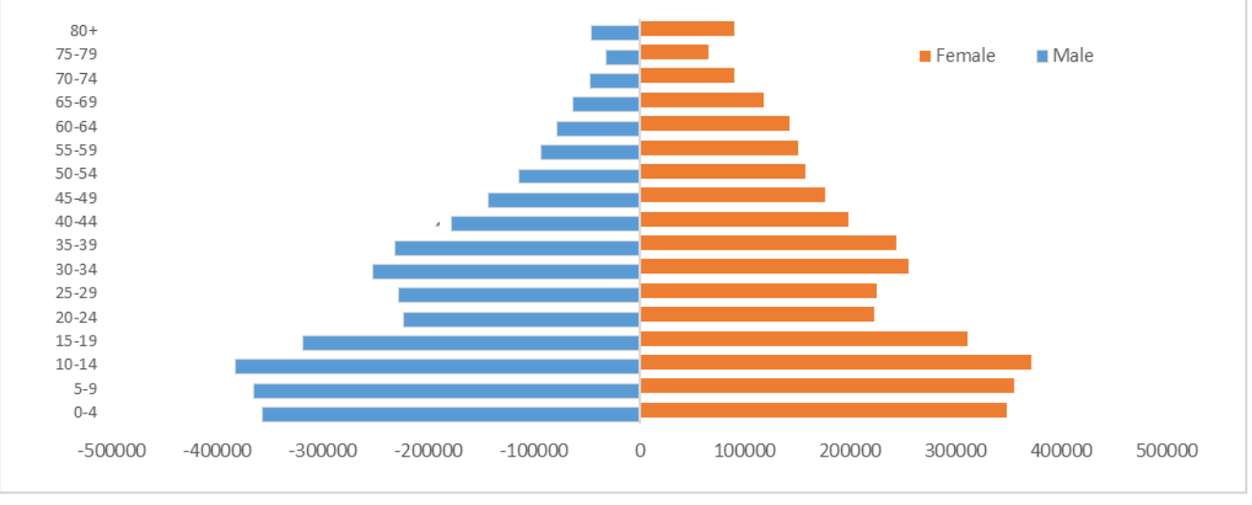


Table B.1: Population Distribution by Health District Municipality (DM), 2022 estimates

District	% of total population[1]	Total population[1]	Males[1]	Females[1]	Size of area (km²)[2]
Alfred Nzo	13,0	936 462	439 455	497 006	10 731.2
Amathole	12,1	871 601	415 004	456 598	21 594.9
Buffalo City Metro	13,5	975 255	461 693	513 562	2 535.9
Chris Hani	11,5	828 387	396 638	431 750	36 143.5
Joe Gqabi	5,4	393 048	186 571	206 477	25 662.7
Nelson Mandela Metro	16,5	1 190 496	563 211	627 285	1 958.9
OR Tambo	20,8	1 501 702	707 798	793 904	12 095.5
Sarah Baartman	7,4	533 253	253 673	279 580	58 243.3
Eastern Cape	**100.0**	**7 230 204**	**3 424 042**	**3 806 162**	**168,966.0**
***Data Sources**: [1] Stats SA mid-year population estimates 2022; [2]Population Census, 2022*					

Figure B.2: District municipalities of the Eastern Cape Province



2.1.2 The socio-economic profile of the EC Province

Poverty, unemployment, education, housing, access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the rural districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. These poor socio-economic conditions directly affect the health outcomes and the quality of life of the larger population of the Eastern Cape. Alfred Nzo - the district with the highest poverty headcount at 22.0% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). Only 9.8% of the Eastern Cape population have access to medical aid coverage, and the rest of the population depend on government health service provision or have to pay for their medical bills in private health facilities.

Figure B.3: Percentage of individuals who are members of medical aid schemes by province, 2023

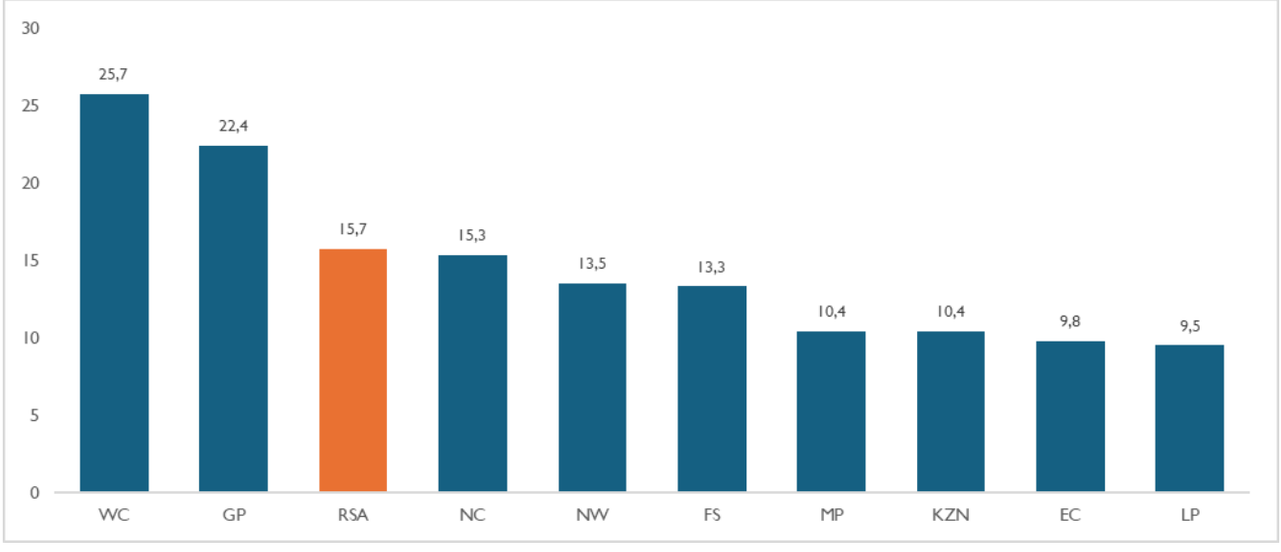
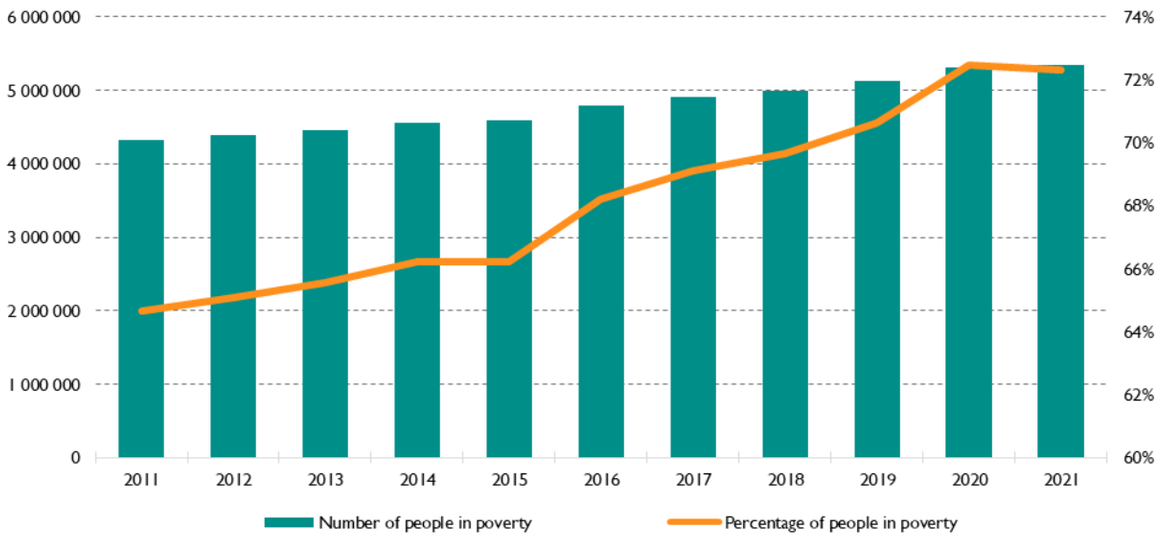


Figure B.4: Number and percentage of people in poverty in the Eastern Cape, 2011-2021



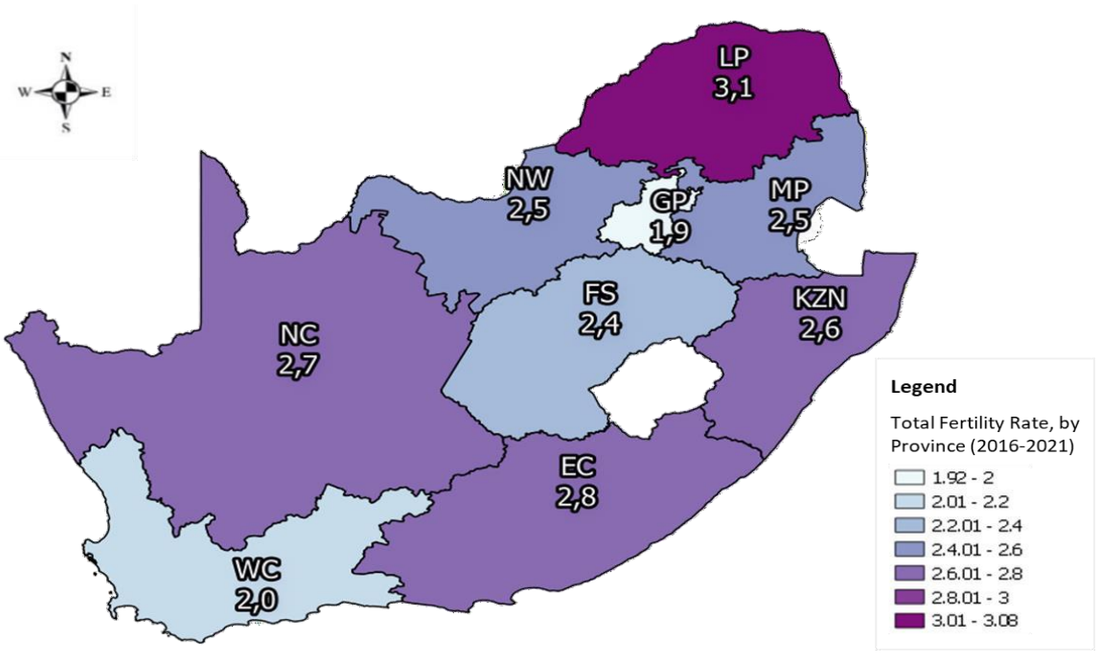
Source: IHS Markit Regional eXplorer

Table B.2: Socio-economic indicators by District in the Eastern Cape Province

District/ Metro	Percentage of people in poverty[1]	Unemployment Rate[1]	No schooling[1] (Age 15+ yrs)	Medical Aid Coverage[2]	Access to piped water[1]	Households with flush/ ventilation improved Pit toilet[1]
Alfred Nzo	86.6	42.1	2.8	3.8	59.7	90.4
Amathole	76.7	40.4	3.7	4.3	84.7	82.6
Buffalo City M	60.6	32.5	1.5	22.4	98.8	92.6
Chris Hani	74.4	36.8	4.6	4.9	89.6	87.4
Joe Gqabi	74.0	32.7	3.5	5.0	85.2	88.5
N Mandela M	57.7	28.7	0.9	20.4	99.7	97.2
OR Tambo	83.6	55.4	3.8	4.2	59.9	90.4
S Baartman	60.3	19.0	2.1	8.8	98.7	93.6
E Cape	**72.3**	**45.2**	**2.8**	**9.8**	**84.3**	**90.9**

Source: [1] IHS Markit Regional eXplorer 2021, [2]DHB 2018/19

Figure B.5: Provincial average total fertility rate, 2016–2021



2.1.3 Disease Burden

Generally, the disease burden is high, and service platform is overburdened due to social determinants of health that the Department alone has no control over. The intervention that the Department had put in place is IGR collaboration and integrated planning across sectors. According to Stats SA 2024 causes of mortality report; Covid-19, Diabetes, Hypertension and Tuberculosis were among the top causes of mortality in the Eastern Cape Province in year 2020. Other external causes of accidental injury, assault and transport accidents were among the top un-natural causes of deaths.

Most common underlying causes of natural and un-natural deaths in EC, 2021

Figure B.6: Natural causes

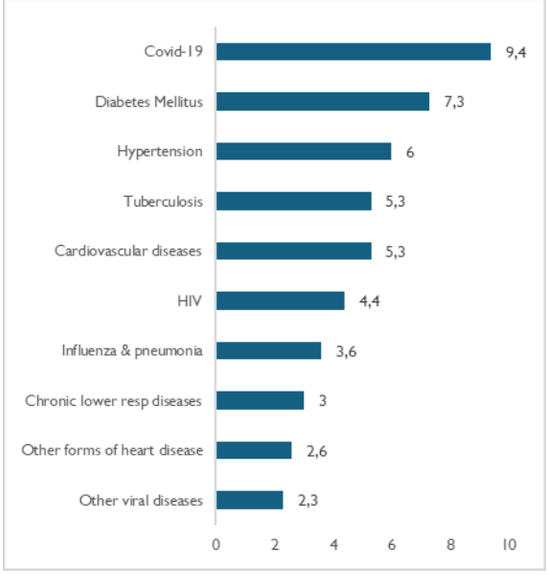
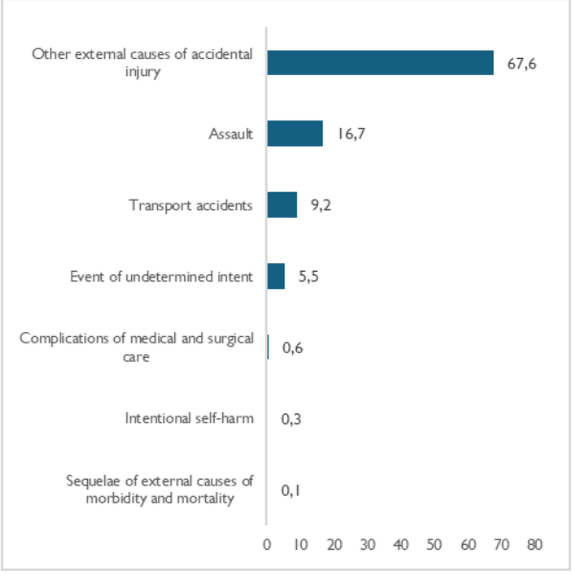


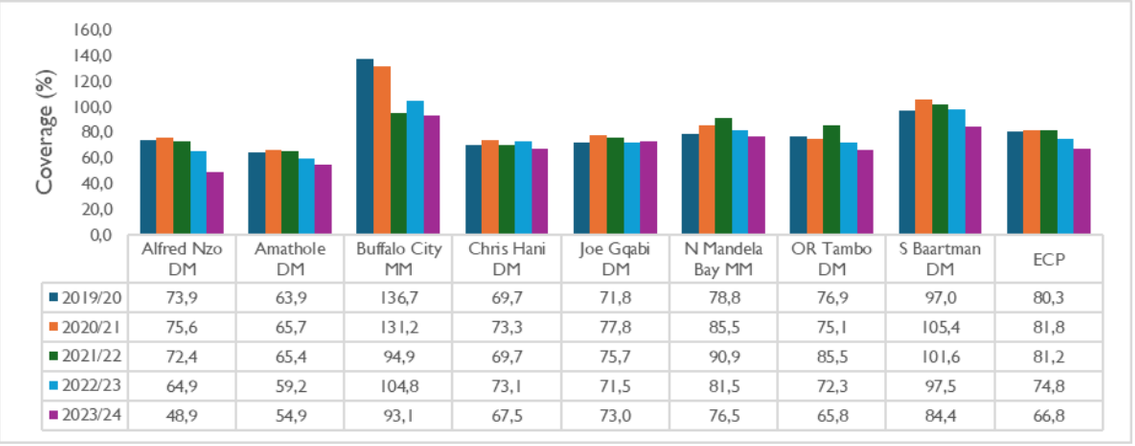
Figure B.7: Un-natural causes



HIV/AIDS & STI

The HIV pandemic remains among the leading causes of morbidity and mortality in the province. There are HIV positive clients whom they continue to be picked when attending the antenatal care. The DS-TB HIV positive clients on ART remains above 90% in the last five financial years.

Figure B.8: Antenatal client HIV 1st test positive rate, 2018/19-2023/24



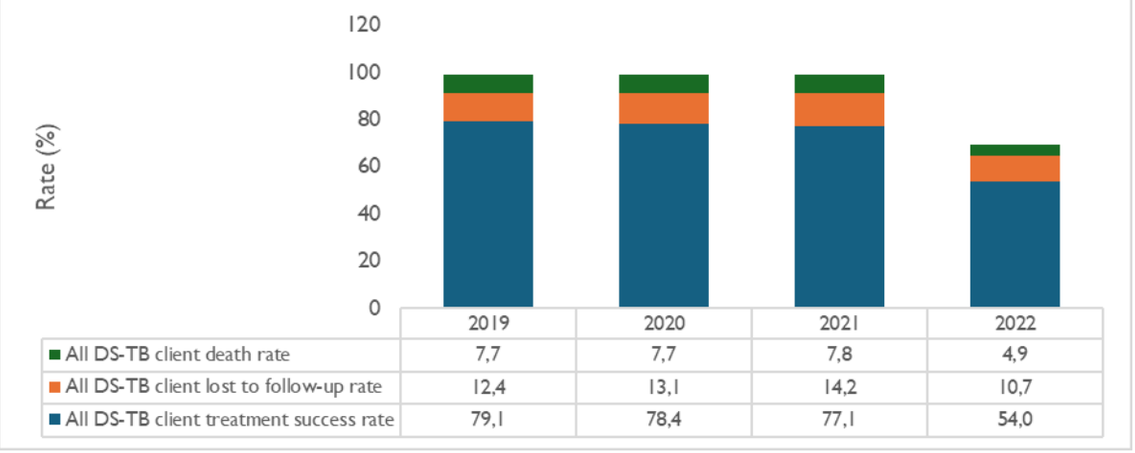
	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	N Mandela Bay MM	OR Tambo DM	S Baartman DM	ECP
2019/20	73,9	63,9	136,7	69,7	71,8	78,8	76,9	97,0	80,3
2020/21	75,6	65,7	131,2	73,3	77,8	85,5	75,1	105,4	81,8
2021/22	72,4	65,4	94,9	69,7	75,7	90,9	85,5	101,6	81,2
2022/23	64,9	59,2	104,8	73,1	71,5	81,5	72,3	97,5	74,8
2023/24	48,9	54,9	93,1	67,5	73,0	76,5	65,8	84,4	66,8

Source: DHIS 2024

Tuberculosis

Over the years, there was poor treatment outcomes including lower treatment success rate, loss to follow up rate and decreasing death rate. These were clearly observed on year 2022.

Figure B.9: All DS- TB client treatment success, loss to follow-up & death rate, 2019-2022



	2019	2020	2021	2022
All DS-TB client death rate	7,7	7,7	7,8	4,9
All DS-TB client lost to follow-up rate	12,4	13,1	14,2	10,7
All DS-TB client treatment success rate	79,1	78,4	77,1	54,0

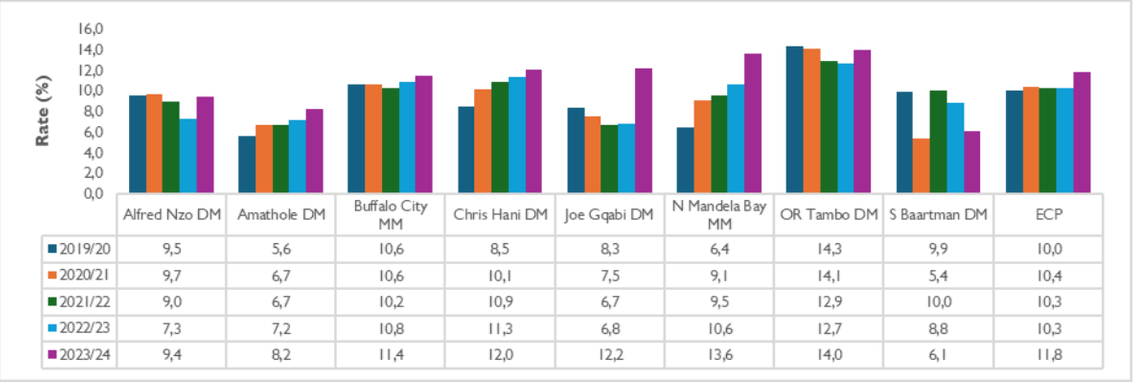
Source: DHIS 2024

Maternal & Child

The province has reported an increase on early neonatal deaths in the past financial year from 10.3% in 2022/23 to 11.8% in 2023/24. OR Tambo district remained the most affected when compared with the other district. However, a decline is noted during the same period. There is a concern with the Amathole, Chris Hani and Nelson Mandela Metro where there

were constant increases over the past 5 financial years. Consistent increases on maternal mortality rate were observed in Nelson Mandela Metro and OR Tambo districts in the past three years. There was a steady decline of a diarrheal case fatality rate among children under 5 years of age in the past four financial years. The case fatality rate on severe acute malnutrition has been fluctuating over the years.

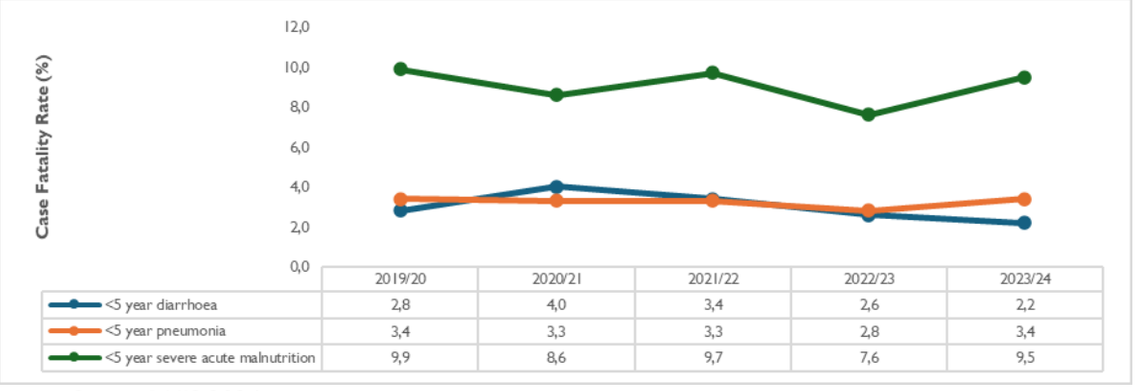
Figure B.10: Early neonatal death in facility rate by district in the EC, 2019/20- 2023/24



	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	N Mandela Bay MM	OR Tambo DM	S Baartman DM	ECP
2019/20	9,5	5,6	10,6	8,5	8,3	6,4	14,3	9,9	10,0
2020/21	9,7	6,7	10,6	10,1	7,5	9,1	14,1	5,4	10,4
2021/22	9,0	6,7	10,2	10,9	6,7	9,5	12,9	10,0	10,3
2022/23	7,3	7,2	10,8	11,3	6,8	10,6	12,7	8,8	10,3
2023/24	9,4	8,2	11,4	12,0	12,2	13,6	14,0	6,1	11,8

Source: DHIS 2024

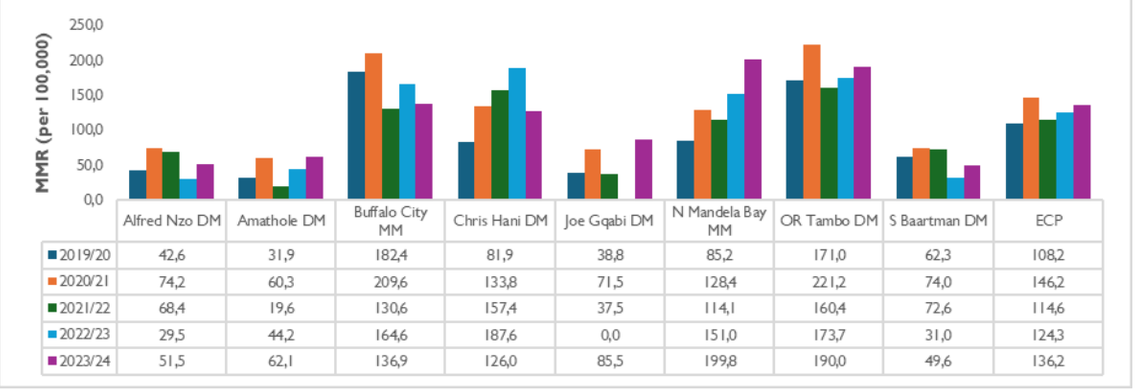
Figure B.11: Under 5-year child diarrhea, pneumonia & severe acute malnutrition case fatality rate in the EC, 2019/20- 2023/24



	2019/20	2020/21	2021/22	2022/23	2023/24
<5 year diarrhoea	2,8	4,0	3,4	2,6	2,2
<5 year pneumonia	3,4	3,3	3,3	2,8	3,4
<5 year severe acute malnutrition	9,9	8,6	9,7	7,6	9,5

Source: DHIS 2024

Figure B.12: Maternal mortality in facility ratio by district in EC, 2019/20 - 2023/24



	Alfred Nzo DM	Amathole DM	Buffalo City MM	Chris Hani DM	Joe Gqabi DM	N Mandela Bay MM	OR Tambo DM	S Baartman DM	ECP
2019/20	42,6	31,9	182,4	81,9	38,8	85,2	171,0	62,3	108,2
2020/21	74,2	60,3	209,6	133,8	71,5	128,4	221,2	74,0	146,2
2021/22	68,4	19,6	130,6	157,4	37,5	114,1	160,4	72,6	114,6
2022/23	29,5	44,2	164,6	187,6	0,0	151,0	173,7	31,0	124,3
2023/24	51,5	62,1	136,9	126,0	85,5	199,8	190,0	49,6	136,2

Source: DHIS 2024

Cancer

According to the National strategic plan on cancer, the most common cancers among men in South Africa currently are prostate cancer, Kaposi's sarcoma, lung cancer and colorectal cancer. The ranking of cancers below excludes non-melanoma skin cancer and cancers of unknown primary site.

The most common cancer in women in South Africa is breast cancer, however in the Eastern Cape, cervical cancer is the leading cancer among women (33.1%) followed by breast cancer (16.5%). Oesophageal cancer among women is still high at 11.2%. The cervical and breast cancer prevention and promotion policies were launched in August 2017. The cervical cancer screening coverage has declined in all the provinces in the past 2 financial years. This might be associated with emergence and response to Covid-19.

Figure B.13: Top most cancers in men in EC (SAMRC 2018)

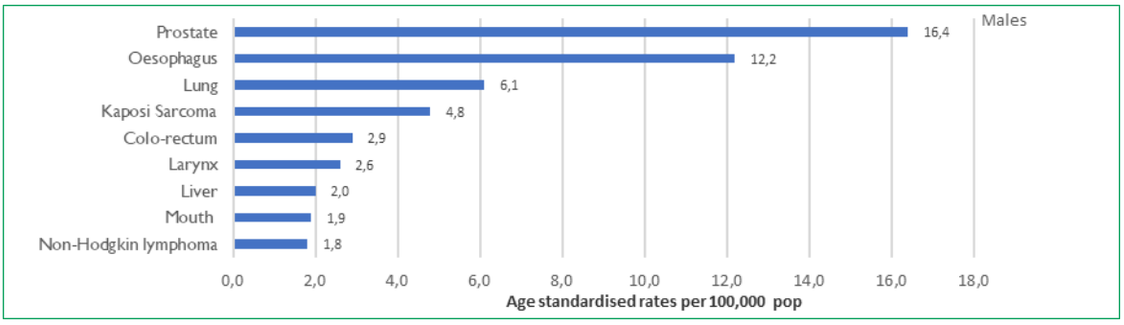
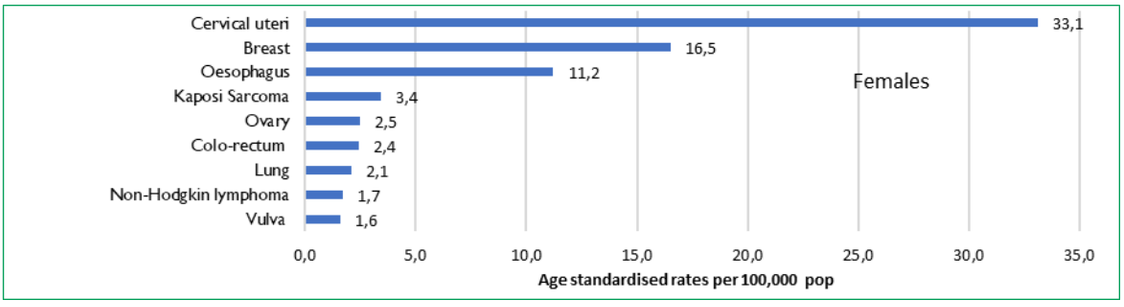


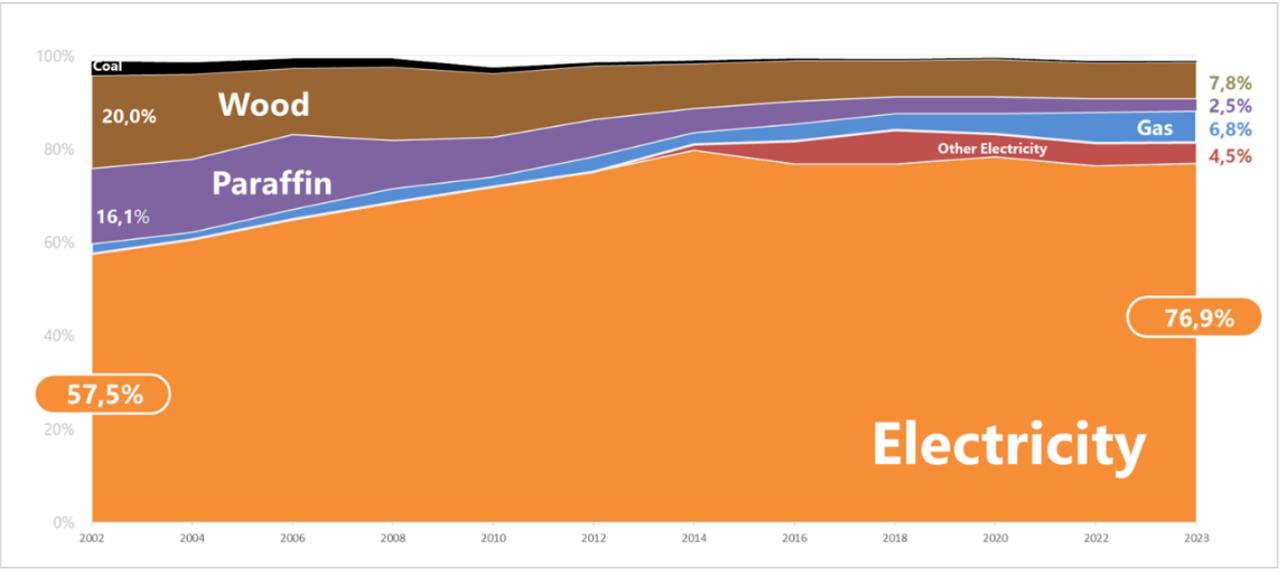
Figure B.14: Most common cancers in women in the Eastern Cape (SAMRC 2018)



2.1.4 Service Delivery Platform

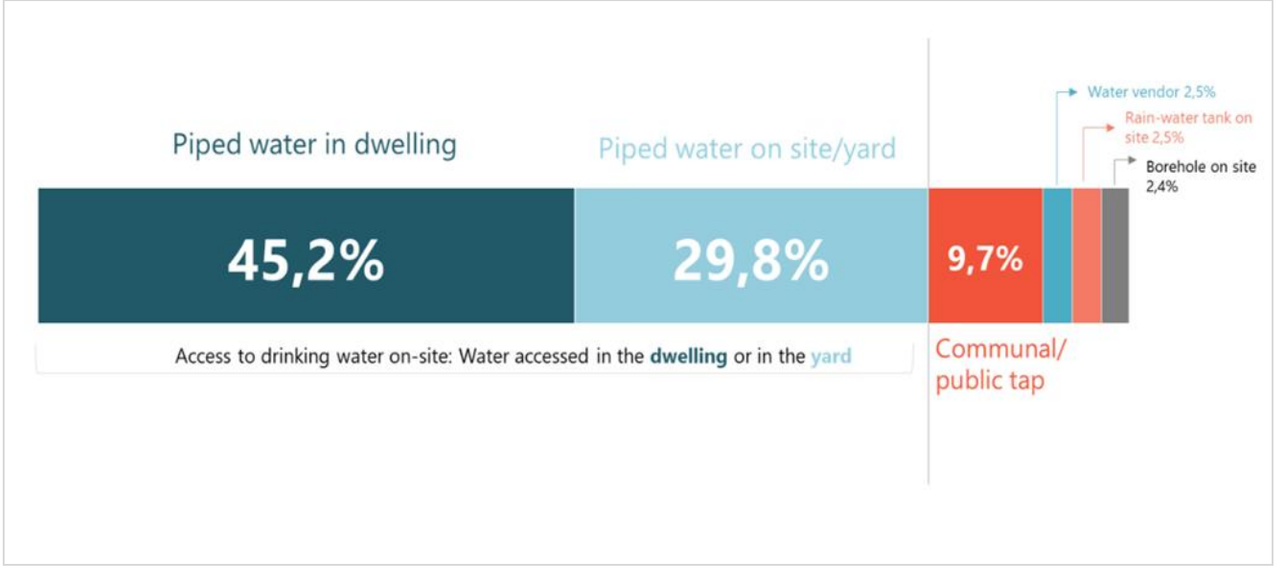
The Department provides comprehensive and integrated health services that are based on the Primary Health Care model driven through the District Health System. Various programmes are implemented in order to meet the strategic goals of the Department. Some of the programmes are outlined below.

Figure B.15: Energy used for cooking (2002 – 2023)



Source: Stats SA GHS 2023

Figure B.16: Percentage of households by selected main water source (top 6 sources)



Source: Stats SA GHS 2023

Primary Health Care and District Health Services

The Eastern Cape Department of Health (ECDOH) offers comprehensive integrated health services based on the Primary Health Care (PHC) model and delivered through the District Health System. Various programs are developed to support the department's strategic goals, including community-based outreach services, clinics, community health centres and hospitals.

There are 775 PHC facilities across the province, which are made up of 734 Clinics and 42 Community Health Centres (CHCs) complemented by 152 non fixed facilities and 66 district hospitals. PHC facilities serve as both entrance points into the health systems and as referral sources for community-based treatments. They also offer PHC packages appropriate for each level of care.

Progress report on National Health Insurance (NHI) in the Eastern Cape Province

National Health Insurance (NHI) is a health financing system that is designed to pull funds to provide access to quality affordable personal health services for all South Africans based on health needs, irrespective of socio-economic status.

NHI is intended to ensure that the use of health services does not result in financial hardship for individuals and their families. The services will be delivered closest to where people live or work.

Implementation of NHI Readiness Program is intended to address health system problems which are structural and the burden of disease. Therefore, National Health Insurance (NHI) is South Africa's strategy to achieve Universal Health Coverage (UHC).

NHI readiness interventions were tested in the two pilot districts (O.R. Tambo - National and Alfred Nzo - Provincial). NHI readiness interventions are now implemented in all districts composed of systems strengthening and quality improvement models to address the required dimensions towards UHC. NHI interventions implemented are the following:

- The Re-engineering of PHC (RPHC) is composed of the following programs: -
  - Ward-based Primary Health Care Outreach Teams (WBPHCOTs)
  - Integrated School Health Program (ISHP).
  - The Districts Clinical Specialist Teams (DCSTs) and
  - Contracting of General Practitioners (GPs).
- Ideal Clinic Realisation and Maintenance (ICRM or Ideal clinic).
- Centralised Chronic Medicine and Distribution program (CCMDD).
- Health Patient Registration System (HPRS).

Re-engineering of Primary Health Care (RPHC) - WBPHCOT Programme

WBPHCOTs, implementation is guided by the Policy Framework and Strategy for Ward-Based Primary Health Care Outreach Teams (2018/19-2023/24)., which gives detail of the composition of the team (CHWs, Health Promoters, environmental Health practitioner and the team leader who is a nurse (professional nurse or enrolled nurse).

Main aim of the WBPHCOTs is to deliver PHC services (preventive and promotive health) close to communities and households as possible and as such the program is anchored on community participation and involvement. The table below shows CHW Municipality Ward coverage per district.

Table B.3: Distribution of CHWs.

District	No of Wards	No of CHWs in 2023/24
Alfred Nzo	102	443
Amathole	120	703
BCM	50	798
Chris Hani	110	612
Joe Gqabi	45	319
NMM	60	482
OR Tambo	146	1 283
Sarah B.	73	261
Total	**706**	**4 901**

Table B.4: Distribution of Outreach Team Leaders per district

District	Number of Wards	Number of OTLs Contracted	No of Health Promotion (HP) Practitioners as at Q4
Alfred Nzo	102	21	9
Amathole	120	35	14
BCM	50	20	3
Chris Hani	110	59	11
Joe Gqabi	45	45	3
NMM	60	24	21
OR Tambo	146	93	6
Sarah B.	73	25	2
Total	**706**	**322**	**69**

Integrated School Health Services

The Integrated School Health Programme (ISHP) is one of the three streams for RPHC. It is a Ministerial priority programme. The Department currently provides this programme guided by different policies, among them is the Integrated School Health Policy. This programme is being implemented in collaboration with the Department of Education as well as the Department of Social Development. Services provided include screening of learners to identify and manage health barriers to learning, on-site services including the provision of Human Papilloma Virus (HPV) vaccinations, Health Education and referral to other levels of care for learners who require further management at other levels of care.

To provide this comprehensive health services package to all grade R,1,4,8,10 and other grades in quintile 1-5 schools including special schools, the department appointed 212 Professional nurse (PNs) in the financial year.

HPV is the vaccine provided by School Health Nurses to protect young girls against cervical cancer, focusing on Grade 5s. Out of 65 083 grade 5 learners, 60 534 were given the vaccine achieving 93% and all districts achieved more than 80%.

Through the Integrated School Health Teams, a total of 73 609 learners were screened, of this number 16 799 were grade 1 learners and 9 881 were grade eight learners. Of the number screened, the department has identified and referred for eye care 2 728 learners and 367 were referred for hearing problems.

District Clinical Specialist Teams (DCSTs)

District Health Specialist Teams (DCSTs) should ideally consist of Gynaecologists, Paediatricians, Anaesthetists, Family Physicians, Advanced Midwives, Advanced Paediatric Nurses and PHC nurses. Each district should have a team consisting of the above-mentioned professionals, though it is difficult to have all the specialist in one district. The basic functions of the specialist teams are to:

- Strengthen clinical governance at PHC level as well as in district hospitals.
- To ensure that treatment guidelines and protocols are available and are used.
- That essential medical equipment is available and that these are correctly used.
- That mortality review meetings are held, and are of good quality and
- That recommendations from these meetings are implemented.
- Support and supervise and mentor clinicians; and
- Monitor health outcomes by ensuring collaboration, communication and reporting
- Conduct teaching and research activities
- Supporting health systems and logistics

- Improving the quality of clinical services by providing clinical training and monitoring and evaluation

District Clinical Specialist teams (DCSTs) are responsible for ensuring that, health care facilities are responsible for continuous improvement of quality of care and service delivery, through the provision of clinical training, mentorship and supportive supervision to health care professionals. It is extremely important that DCSTs maintain their clinical competence, as this is an extremely important skill that they bring when supporting district hospitals and clinics.

Table B.5: below shows distribution of specialists across districts & metros) Red – vacant post; Yellow – filled but on OHS & Green – filled post 2023/24.

DISTRICT	NO	PHC Nurse	Advanced Midwife	Paeds Nurse	Paediatrician	Obstetrician & Gynaecologist	Family Physician
Alfred Nzo	5	I	I	I	-	I	I
Amathole	5	I	I	I	-	I	I
BCM	4	I	I	I	I	-	-
Chris Hani	5	I	I	I	I	--	I
Joe Gqabi	0	-	-	-	-	-	
NMM	2	-	-	I	I	-	-
O.R. Tambo	3	I	I	I	-	-	-
Sarah Baartman	4	-	I	I	-	I	I
Total	**18 nurses** **10 specialist doctors**	**5**	**6**	**7**	**3**	**3**	**4**

NB: OHS – Occupational Health and Safety. The two Primary Health Care specialists have been placed to the Provincial office due to work related illness. The province has a shortage of Obstetrician and Gynaecologist, and the most affected district is Joe Gqabi that has no district clinical specialist, which is attributed to difficulty in recruiting and retaining specialists in rural districts.

Ideal Clinic Realisation and Maintenance (ICRM)

The Ideal Clinic Realization and Maintenance (ICRM) programme purpose is to systematically improve the deficiencies in public Primary Health Care (PHC) facilities and improve the quality of healthcare provision. An Ideal Clinic (IC) is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and enough bulk supplies. For a facility to obtain an Ideal Clinic status, the facility must be attained 100% for elements weighted as non-negotiable vitals, at a minimum score of 80% for elements weighted as Vital, 70% for elements weighted as Essential, and 70% for elements weighted as Important.

All district conducted the Status Determinations as per the Ideal Clinic Realisation and Maintenance (ICRM) Monitoring Framework to continuously improve health facilities towards Ideal status. The final Status Determination was done during the fourth quarter through Peer Review updates, which marked the outcomes for 2023/24 financial year. Out of seven hundred and seventy (770) PHC facilities that conducted Ideal clinic Status Determination and Peer Review Updates 63% (491/777) achieved Ideal Clinic status. This achievement marked an increase of 24% (186) on facilities with Ideal Status from the previous year.

There was noticeable improvement in the overall performance in ICRM where 419 facilities achieved more than 80% as compared to the previous year where there were five facilities below 40%.

Patient Experience of Care (PEC)

In improving the quality of health services and ensuring that Patient experience of care in fixed public health facilities improves facilities are required to conduct surveys on the Patient Experience of Care where a number of satisfied

responses is calculated against the total number of responses. For the 2023/24 financial year the clinics managed to achieve 86% which translate to a total number of 679 080 satisfied responses, while the CHCs achieved a patient satisfaction rate of 82% with 81 821 satisfied responses.

Improve leadership, management and governance

In compliance with the National Health Act, no. 61 of 2003, chapter 4, 27 (1) (a) Provincial Health Council and Provincial Advisory committee meetings were held successfully to ensure governance and oversight on health issues that affect communities.

In compliance with the National Health Act no. 61, Chapter 5 section 31(1) seven (87.5%) of district reconstituted the District Health Councils (DHCs), of which four (50%) districts (BCM, Chris Hani, O.R. Tambo and Sarah Baartman) have submitted DHC members for ratification by the MEC.

Compliance with the planning and monitoring framework achieved at 100%. District Quarterly Performance Reviews were successfully conducted by all districts and Metros to monitor and determine district performance towards set targets.

Health Patient Registration System (HPRS)

The Health Patient Registration System (HPRS) is continually being implemented by the Department. As a component of the National Health Insurance (NHI), this information system provides a Patient Registry and Master Patient Index using the South African identification number and other forms of legal identification. Furthermore, the system provides a capability that allows patients to be registered, their utilisation of health care services be tracked and a creation of an electronic health record. As a patient registry, facilities are able to retrieve demographic information that enables decision making and planning. In the year under review the HPRS implementation was hampered by poor and lack of internet connectivity in PHC facilities. Load shedding and inconsistent availability of backup generators also impacted on the optimal utilisation of the system. However, the Department continues to resolve these challenges.

Hospitals Services and Clinical Support Services

District Hospitals

As a component of the District Health system, the district hospitals provide services to the communities of the Eastern Cape in accordance with the district hospital service package. The province has sixty-six district hospitals, one of which is a step-down facility. Due to their provision of level 1 services, the district hospitals are essential to the district health system. The district hospitals serve as a link between primary health care (PHC) and other care tiers, such as tertiary, specialized, and regional hospitals, by offering clinical leadership to the PHCs. There is a stipulated referral system in-between the facilities and the district hospitals play a pivotal role in determining the referral chain. At times district hospitals do render Primary Health care services in cases where there are patients bypassing or there is no alternative as there are communities without Community Health Centres.

The following are some of the range services rendered within the district hospital setting: -Medicine, Surgery, Children & Women's Health, Pharmaceutical, Obstetrics, Mental Health, Dietetics, Occupational Therapy, Physiotherapy, Social Work, Accident & Emergency, Outpatient & Inpatient, Eye Care and Dental. The service package is not uniform to all district hospital as they differ in size. The district hospitals render support to PHC facilities by conducting outreach services in trying to ease the influx of patients into the hospital system.
The services are rendered according to set norms and standards in consideration of the Ideal Hospital Framework. The standards are aligned with Regulated Norms and Standards for Health Establishments. The district hospital services are entrusted with the responsibility of ensuring that the governance structures in all levels of care are functional. The structures represent communities being served within the various communities.

Provincial Hospitals

Provincial hospitals constitute both Regional, Tertiary, Central and Specialised Services. These hospitals provide specialised health services and referral for district hospitals as well as platform for research and training for health workers. They may provide training for health care service providers, they are providing highly specialised services which requires unique,

highly skilled, and scarce personnel. They give support to Lilitha College of Nursing which has established branches around these hospitals for nurse training purposes. Their outreach activities provide support and mentoring to lower levels of care. Whilst meant to build capacity, this is also meant to encourage appropriate up-referral pathways to specialised services. All these hospitals are governed by functional hospital boards.

Regional Hospitals

A regional hospital is a hospital that serves a geographic region larger area than a single local or rural area. The province provides has five (5) regional hospitals namely, Dora Nginza, Cecilia Makiwane, Mthatha General, Frontier and St Elizabeth Regional Hospitals. All regional hospitals on a 24-hour basis, provide-

- health services in the fields of internal medicine, paediatrics, obstetrics and gynaecology, and general surgery
- trauma and emergency services
- services provided are limited to provincial boundaries and receives referrals from several district hospitals

The Eastern Cape Department of Health re-emphasised its commitment to prioritising quality health systems through the Service Delivery Optimization (SDO), appointment of human resources and procurement of equipment which sought to implement key quality improvement activities towards building culture of patient safety, as well as reduction of medico legal incidence. Moreover, the department have introduced strategies to address surgical backlogs at the upper level of care.

Addressing Surgical Backlogs and Strengthening Outreach of Theatre at Regional Level

- Strengthening of the service package through acquisition of a new C-Arm in the Orthopaedic Theatre. Dedicating the Day theatre for ophthalmic services 3 times per week
- Improvement of orthopaedic surgeries performed due to employment orthopaedic surgeon and cases were performed during the year under review
- Increased number of cataracts surgeries performed due to opening of the day theatre during the year under review.
- Endoscopy was procured and the theatre has performed endoscopy cases. In the past patients were sent Frere Hospital and the was a long waiting list.
- Recruitment of various specialists was done to strengthen regional services and address backlogs

TB Hospitals

There are 10 specialised TB hospitals in the province namely Jose Pearson, Nkqubela, Majorie Parish, PZ Meyer, Majorie Parkes, Winterberg, Orsmond, Khotsong, Empilweni and Themba. These hospitals provide isolation and treatment for Drug susceptible and Drug-resistant TB patients who are very sick and require admission to hospital, during the intensive phase.

ACHIEVEMENTS

TB Hospitals

In September 2023 there was a launch of the Bedaquiline Pretomanid Levofoxacilllin and Linezolid (BPaLL) a six months MDRTB regimen. All the TB hospitals are implementing the six months MDR TB regimen. Patient satisfaction rate increased to 93% in Nkqubela TB Hospital. Jose Pearson TB Hospital launched phase 1 integrated security solutions which has been installed to improve staff and patient safety in the hospital. The system consists of panic buttons which are installed in the wards and linked to armed response and high-tech cameras with artificial intelligence that is monitored off site**.** Marjorie Parrish hospital continued collaboration with the Department Social Development they conduct dialogues with patients on substance abuse monthly. Khotsong TB hospital was officially opened by MEC for Health in the current financial year. The hospital management and the hospital board collaborated with a councillor from Ward 25 to host an open day to discuss adherence to TB treatment in June 2023.

Psychiatric Hospitals

There are three psychiatric hospitals namely, Elizabeth Donkin, Komani and Tower Hospitals. In addition, three regional hospitals (Mthatha, Cecilia Makiwane, and Dora Nginza) have functional psychiatric units. These also provide a platform for training and research for health workers.

Elizabeth Donkin hospital is one of the teaching hospitals in mental health care for multiple health disciplines. This is for clinical exposure of students from universities and colleges. The management identified adequate clinical exposure as a gap in teaching. To address this gap the facility is embarking on remote multidisciplinary clinical project where students join in multiple venues to follow teachings from the main venue where Psychiatrist, Clinical Psychologist, Social Worker and Nurses engage with patients. The department is committed in developing staff and ensuring that there are adequate Psychiatrists in the future within the province.

Tertiary and Central Hospital Services

Tertiary Hospitals

There are three tertiary hospitals namely, Livingstone, Frere and Fort England hospital which provide tertiary services packages including specialised services.

Livingstone Hospital

- To reduce the cataract surgeries backlog, the department-initiated Saturday cataract surgeries at Livingston hospital in the financial year. A total of 145 cataract surgeries were performed on this Saturday initiative.
- Refurbishment of the two (2) theatres in Accident and Accident (A&E) unit as well as the appointment of additional staff (clinical and non-clinical) had an impact on the delivery of definitive surgical services.
  Nelson Mandela Bay Health district (NMBHD) Mental Clinical Committee established and draft with implementation plan underway.
- Nelson Mandela Bay Health district (NMBHD) Mental Clinical Committee established and draft with implementation plan underway.
- Some services are decentralised to reduce congestion in the already overburdened tertiary hospital as follows:
  - Settler's hospital – ophthalmological surgeries like cataract once every 2 months
  - Humansdorp hospital – anaesthetic covers every Friday of the month, 4 theatre cases and few outpatients.
  - Uitenhage hospital – general surgery once a month, 2-3 theatre cases per visit
  - Dora Nginza hospital – dermatology twice weekly to a total of 80 patients weekly.

Frere Hospital

- To address frequent complaints about missing folders and the impact it had on patient care resulted to the institution to develop QIPs. On 19 May 2023, the institution decided to implement the following interventions:
  - improvement of the Pre-booking system,
  - HMS2 record keeping by clinicians,
  - The down referral system and
  - Orthopaedic Outpatient Department (OOPD).

- Implementation of the QIP continues to yield positive results as the focus was on improving the retrieval of folders. The pictures below depict improvements:

- The department at Frere Hospital observed Diabetic World Awareness Day. This was to educate staff members, patients and their relatives, on the importance of diabetic prevention and management. Pamphlets on diabetes were circulated, and vegetables parcels were given to all who attended the event.

Central Hospital

Nelson Mandela Academic Hospital (NMAH) is the only central hospital in the EC Province and the teaching hospital of the Walter Sisulu University Medical School. NMAH provides tertiary hospital services and central referral services. Moreover, it receives patients referred to it from more than one district within the province; and it is attached to Walter Sisulu University Medical School (WSU) which provides teaching platform for medical

professional medical school as the main teaching platform. The institution has:

- **Established a medico-legal committee** - Nelson Mandela Academic Hospital specialists have designed a new approach in dealing with litigation challenge. They have established a medico-legal committee. It consists of specialists from highly litigated areas i.e. HOD anaesthesia, HOD orthopaedics, HOD obstetrics and gynaecology, HOD surgery, clinical support representative, Nursing Representative, HR and some are co-opted when there is a need. They do consultations and give expect opinion before cases go to court.
- **Established a PAIA office** - PAIA office for the management of medico legal cases and storage of possible litigation files has been identified in level 1 of Nelson Mandela Academic Hospital. The office is undergoing minor refurbishments i.e. addition of security features to safeguard files that will be stored in that office.
- **Decentralisation of clinical services:** Nelson Mandela Academic Hospital is taking clinical services closer to the district and regional hospitals. The benefits include decongestion of the institution in the institution. Access to specialist services will also be improved as there is less travelling for the patients unless it's necessary. These services include orthopedics, urology, obstetrics & gynecology and ophthalmology.
- The hospital is implementing Phase 2 of HMS2. These modules include ward discharge summaries, OPD registers, electronic scripts, electronic radiology requests.

Forensic Pathology Services

Specialised forensic pathology services contribute to the improved quality of care through ensuring that all postmortem cases are finalised. Services are rendered from 17 forensic pathology facilities across the province.

The ECDoH and the National office have engaged in consultative review sessions for the National Code of Guidelines for Forensic Pathology Services in South Africa. A Memorandum of Understanding (MOU) was concluded between South African Police Services (SAPS) and Forensic Pathology Services (FPS) where all provinces in the country were represented. This session also looked at the appointment of the National Forensic Pathology Services Committee (NFPSC) which serves as the advisory structure to the National Minister for Health. Two medical officers in Eastern Cape including a Specialist have been appointed to serve in this committee.

The upgrade of Bhisho and Bizana forensic pathology facilities was approved by the Office of the MEC. Infrastructure has developed the scope of work, electrical works and designs. The contractor is expected to be appointed in 2024/25 financial year.

Eight (8) new Forensic Pathology Services body loading vehicles were acquired and distributed to 6 Health districts (Amathole, Buffalo City, Chris Hani, Joe Gqabi, OR Tambo and Sarah Baartman).

Pharmaceutical Services

Achieving the uninterrupted availability of essential medicines remains as one of the main inputs of the department's goal to quality health care for all in the Eastern Cape. There are 103 public health facility pharmacies (including two medical depots) that are licensed and recorded with the South African Pharmacy Council. 92 of these health facility pharmacies have attained Grade A status (90%) at the end of the financial year. Grade A means that upon inspection by the SAPC, the pharmacy premises were found to comply with majority of the GPP standards and have obtained an overall score of between 90% - 100%. This is an increase from 84 facilities in the previous financial year.

Activities towards accreditation of Pharmaceutical Depots by the South African Health Products Regulatory Authority (SAHPRA) with respect to premises, warehousing and storage are ongoing. The process to accredit the depots began with major construction work in Mthatha depot in 2018. These major refurbishments were part of improving the depot infrastructure so that it complies with SAHPRA requirements. The accreditation process continued with SAHPRA assessing both depots in June 2023. The final decision on the accreditation is expected in the next financial year.

The 2 pharmaceutical depots are responsible for procurement, warehousing and distribution of medicines and surgical sundries in the province. The depot in Gqeberha services the public sector healthcare facilities in the

Western region of the Eastern Cape Province, stretching along the coast from Tsitsikamma on the Garden Route to East London and inland up to Aliwal North. This area serviced is made up of 4 Districts and further subdivided into 9 sub-districts namely; Kouga, Makana, Camdeboo, Amahlathi, Raymond Mhlaba, Enoch Mgijima, Emalahleni, Inxuba Yethemba and Walter Sisulu. It is worth noting the 2 metropolitan districts Nelson Mandela Metro and Buffalo City Metro are serviced by this depot.

Mthatha depot services public healthcare facilities across the following districts: Alfred Nzo, OR Tambo, Chris Hani, Joe Gabi and the eastern portion of Amathole.

During this reporting period one of the department's challenges is the tight fiscal constraints that made it increasingly difficult to pay pharmaceutical suppliers. Certain suppliers of essential medicines suspended the department's account and would not supply any medicines until payments were made.

Key Human Resource Personnel

Table B.6: Employment and vacancies by critical occupations as on 31 March 2024

Category	Employ 03/2021	Appoint-ments 2021/22	Termina-tions 2021/22	Employ 03/2022	Appoint-ments 2022/23	Termina-tions 2022/23	Employ 03/2023	Appoint-ments 2023/24	Termina-tions 2023/24
Medical Officers	2 069	287	299	2 124	329	163	2189	131	166
Medical Specialist	211	18	13	209	18	11	207	18	30
Dentist *(Practitioner, technicians and therapy)*	15	13	20	198	21	6	187	8	12
Dieticians and nutritionists	145	6	14	137	16	7	140	5	6
Prof Nurses	11 781	1 661	2 038	11 629	1 591	1 016	12027	1086	960
Nursing Assistant	6 121	2 267	2 399	5 353	407	200	5314	261	236
Enrolled Nurse	4 148	1 986	1 828	3 542	573	242	3574	225	250
Auxiliary and related workers	595	37	17	544	35	11	529	0	23
Pharmaceutical assistant	9	46	59	600	95	23	580	39	36
Pharmacist	980	163	33	966	41	21	320	0	18
Physiotherapists	194	9	17	199	41	23	189	17	16
Emergency medical staff	2 193	12	193	2 443	74	54	2383	21	14
Occupational Therapists	171	12	25	163	21	30	154	22	16
Radiographers	420	20	69	402	45	27	401	29	37
Grand Total	**29 052**	**6 537**	**7 024**	**28 509**	**3 307**	**1 834**	**28194**	**1862**	**1820**

Service Delivery Outputs

The trends in key provincial service delivery outputs are shown in Table A7 below.

Table B.7: Key provincial service volumes, 2019/20-2023/24

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
PHC headcount – Total	16 422 870	12 950 671	13 692 661	14 117 664	13 943 191
PHC headcount under 5 years	2 524 151	1 868 758	2 070 631	2 201 577	2 031 312
OPD Headcount - Total (all hospitals)	3 192 433	1 899 292	2 867 546	2 254 282	2 346 021
Deliveries in facility	107 065	107 469	108 975	99 915	89 881
Total births in facility	107 079	112 146	110 833	101 566	91 201
Hospital separations – Total	477 101	392 169	422 163	399 853	406 158

INDICATOR	2019/20	2020/21	2021/22	2022/23	2023/24
Patient Day Equivalent in district hospitals	1 715 093	1 224 675,6	1 576 417	1 502 161	1 577 172
*Patient Day Equivalent in provincial hospitals	779 446.60	543 411,3	695 292	648 470	692 420
Patient Day Equivalent in specialized TB hospitals	217 166.80	118 932,7	117 880	132 908	132 779
Patient Day Equivalent in specialized Psych hospitals	328 155	375 117,7	284 225	285 127	290 993
BUR (% - District hospitals)	54.4%	42.2%	46%	41%	48.8%
BUR (%) Provincial Hospitals	73%	60.4%	68.3%	69%	74.5%
BUR *(%)* in specialized TB hospitals	41%	24.8%	25.5%	31%	31%
BUR *(%)* in specialized Psych hospitals	89%	79.1%	21.9%	80%	79%
Average length of stay *(District hospitals)*	4.6 days	4.4 days	4.5 days	4.7 days	4.9 days
Average length of stay *(Provincial Hospitals)*	5.8 days	5.7 days	5.8 days	6.8 days	6.8 days
Average length of stay *(Specialized TB hospitals)*	68 days	45.1 days	41 days	42.4 days	37.1 days
Average length of stay *(Specialized Psych hospitals)*	230 days	305.8 days	286.2 days	314.9 days	231.3 days
Expenditure per day Equivalent *(Rand)* - District hospitals)	R3 168.16	R4 849	R3 288.8	R3 826	R4 079.2
Expenditure per day Equivalent *(Rand)* - Provincial Hospitals	R3 759	R3 738.80	R3 921	R4 020	R4 433.9
Expenditure per day Equivalent *(Rand)* - specialized TB hospitals	R1 952.80	R3 832.90	R3 887.5	R3 286	R3 461.4
Immunisation coverage	76%	83.4%	88.7%	82.3%	78.6%
Total clients remaining on ART at end of the month	531 135	526 288	567 839	594 015	618 710
Total clients started on ART– naïve	31 392	50 059	50 541	55 077	47 221

*Hospital de-complexing effect

2.1.5. Problems encountered in Service Delivery and Corrective Measures Taken

Climate Change

The province has experienced serious unfavourable weather conditions through storms happened at Komani and Port St Johns towns. The storms caused havoc and many deaths, with many households destroyed and resulted in increased water-borne diseases.

The destruction of roads infrastructure caused difficulties for ambulance services mobility and compromised health facilities access. The displaced communities were accommodated in municipal halls and provided matrasses, blankets and meals by the Gift of the Givers.

The department had actively participated in the Joint Operational Centres to coordinated government intervention in ameliorating the impact of the storms to local families.

Medical services were made available to the injured members of the communities and provided helicopter services to rescue people from dangerous places to places of safety. The departmental infrastructure teams intervened to all health facilities experienced damages due to the storms.

Emergency Medical Services

The Emergency Medical Services experience consistent ambulance attacks especially in Nelson Mandela Bay Metro. This culture of attacking or assaulting the ambulance vehicles and the staff has caused serious occupational health and safety difficulties for the department and affected employees and their families.

These unfortunate acts of criminality deprived local communities needed access to emergency medical care. The communities affected experience trauma and suffering due to non-arrival of ambulances to transfer sick community members to access emergency medical care.

The poor roads infrastructure in many rural areas leads to ambulances taking longer to reach their destination to transfer sick community members to local health facilities especially community health centres and hospitals. The ambulances are

breaking downs frequently as a result of bad roads that lead to many ambulances parked whilst waiting to be repaired at state garage, resulting in long turnaround of ambulances.

The department has liaised within the Joint Committee on Criminal Justice system and police forums represented by members of the community to avert the attacks on ambulances. The department is also addressing the ambulances delays at state garage with the Department of Transport and Roads.

Pharmaceutical Services

The department is going through difficult times resulting from constrained fiscal space. The shortage of cashflow to meet financial obligations of paying service providers due to medico-legal litigations, leads to some pharmaceutical companies not paid what is legally due to them.

As a result of non-payment of pharmaceutical companies by the department, the companies close the departmental account until payment of the debt. This challenge of fiscal constraints leads to non-delivery of medicines and supplies to departmental pharmaceutical depots. The closure of the departmental accounts by the pharmaceutical companies leads to shortage of essential medicines at health facilities.

The departmental financial sustainability intervention assisted by the Office of the Premier, Provincial Treasury and National Department seek to implement effective and efficient financial measures that will reduce wastage and bring back the department into financial sustainability.

The Medico-legal Public Health Defence (PHD) implemented by the department seeks to close the licking tap of financial resources due to medico-legal litigations. At the same time the department has implemented circular 11/2024 detailing austerity measures the organisation putting in place to safe wastage of human, material and financial resources.

2.1.6. External Factors that Impacted on Service Delivery

Crime and Community Safety

The high crime rate in many communities especially Nelson Mandela Bay Metropolitan has resulted department staff hijacked, their cell phones, money, jewellery and car keys forcefully robbed and inducing physical and emotional trauma.

These attacks on health facilities leads to closure of the facilities, whilst the department take staff for trauma counselling. The high crime rate leads to facilities robbed computers, copper water pipes removed and leads to water flooding the facilities.

To fix the water flooded facilities cost the department huge sums of money. The stolen computers cause delays in the functioning of the health facilities.

The department has embarked on a campaign with Joint Committee on Criminal Justice to address communities to assist protecting their facilities. The South African Police Service (SAPS) is assisting with patrolling around the communities especially health facilities. The Police Forum and Ward Committees are also engaged to assist in mobilizing communities to safeguard health facilities.

Electricity Supply/Loadshedding

The department has experienced serious difficulties emanating from persistent loadshedding. The operations of hospitals and clinics were disrupted, and unnecessary delays were experienced by the public and patients.

The persistent long hours of running generators consumed thousands of litters of diesel which depleted health facilities budgets. The generators were continuously breaking down, leading to the hospitals cancelling critical operations which were meant to alleviate suffering from the patients.

The health facilities hotel services were negatively impacted, linen was not washed and ironed, kitchen staff were unable to prepare nutritious foods due to lack of electricity supply. This affected implementation or delivery of quality health care.

Poor lightening at health facilities led to increased incidents of crimes and stealing of important clinical equipment including computers.

The department had put in place maintenance contracts to fix generators and increased security to guard health facilities.

2.2. Service Delivery Improvement Plan

The following tables reflect the components of the SDIP as well as progress made in the implementation of the plans.

Table B.8: Main services and standards

Main services	Beneficiaries	Current / actual standard of service	Desired standard of service	Actual achievement
Maternal Health	Pregnant Women	Maternal mortality in facility ratio	38/100 000	136.2/100 000
Child Health	Children under the age of 5 years	Death under 5 years against live birth rate	2.3%	2.3%

Table B.9: Batho Pele arrangements with beneficiaries (Consultation access etc.)

Current / Actual Information Tools	Desired Information Tools	Actual Achievements
1) Access Standards:	Health care providers responsible for patient triage implement the triage process as described in the displayed algorithm.	28 facilities are implementing triage process
	4 hours waiting time	4 hours waiting time
	Health Services are accessible to all including people living with disability	28
	85% complaints resolved within 25 days	96% Resolved with 25 days 2
2) Information Standards:	28 health facilities providing users with information relating to the complaints, compliments and suggestions management system	28 health facilities are providing users with information relating to the complaints, compliments and suggestions management system
3) Redress Standards:	97%s of complaints received are resolved within 25 days rate	97%s of complaints received are resolved within 25 days rate
4) Consultation Standards:	All health facilities shall have quality improvement plans communicated to community representatives	All facilities conducted self-assessment and implementing quality improvement plans
5) Openness & Transparency Standards:	All health facilities shall have quality improvement plans communicated to community representatives	All health facilities conducted self-assessments and implementing Quality Improvement Plans.
6) Service Standards	82% Patient Experience of Care Satisfaction Rate	77% Patient satisfaction rate
7) Value for Money	R3 826.4	R3 826
	Health professionals must be competent of providing an immediate emergency response in health care facilities to ensure high-quality interventions	Health professionals must be competent of providing an immediate emergency response in health care facilities to ensure high-quality interventions

Table B.10: Service delivery information tool

Current/Actual Information Tools	Desired Information Tools	Actual Achievements
Information on health can be found on the Departmental website. www.ecdoh.gov.za.	Information on Health can be found on the Departmental website and newsletter issued monthly.	The departmental website is fully functional with information updated monthly.
Radio adverts, promotions at schools, EXPOs and provision of educational material. Toll free number 0800 032 364 for call centre services for citizens available	Radio adverts, promotions at schools, churches, school careers day EXPOs and provision of educational material in communities to promote heal in the communities and reduce burden of deceases, Toll free number 0800 032 364 for Call Centre	The Daily Dispatch, Daily Sun, Herald, and Isolezwe newspapers are utilized to convey health messages. Broadcasting media, including community radio stations such as Tru FM, Algoa FM, Fort Hare, and the national radio station Umhlobo Wenene, are employed to promote various health topics, specifically targeting communities in the Eastern Cape.

Table B11: Complaints mechanism

Current/actual complaints mechanism	Desired complaints mechanism	Actual Achievements
Complaints are received from various sources, including the Office of the Premier, Office of the MEC, Office of the Superintendent General, National Department of Health, and Public Protector, as well as from complaint boxes placed at strategic points in all health facilities. These complaints are acknowledged within 3 working days and investigated within 5 working days. All complaints received, whether at the institutional or head office level, are categorized to identify the most critical system failures. Once a significant system failure is identified, the root cause is addressed through the development and implementation of quality improvement plans. The national norm is that complaints must be resolved within 25 days.	93 % (2856/3058) complaints were resolved within the 25 days	93 % (2856/3058) (6332/6754) complaints were resolved within the 25 days. All Complaints that were lodged at the National Level were redirected to the health facilities for investigation: National Department: 100 % (19/19) 25 days resolution rate with complaints lodged

2.3. Organisational Environment

Given that these are factors internal to the department and therefore ostensibly within the department's control, it would be expected that the department gives some indication of any measures that were adopted to mitigate the impact of these events on service delivery.

- **The status of human resources in the department.**

  The department set out key priority areas to focus on to ensure improvement in the services rendered to the people of the province. The Annual Recruitment Plan gives effect to the Department of Health's MTEF Human Resource Plan and seeks to ensure a structured, coordinated availability and utilisation of skilled human resources critical for the DOH to deliver on the commitments contained in the departmental strategic plan. The Department's Annual Recruitment Plan and Approved Post List (APL) is the basis for the filling of prioritized, new and replacement posts during the 2023/2024 financial year. As at end of the year under review, the department had 45 779 approved posts of which 40 307 were filled and 5 472 vacant. Against these statistics the vacancy rate is at 11.96% and it is quite high when compared to the national norm of 5%.

The following strategies are being implemented in the department towards promotion of diversity, gender, disability, and youth employment:

- recruitment of targeted diverse population
- Employment of Interns, Learners and Artisans
- Awarding of bursaries.

The financial year under review has been relatively stable in terms of labour relations. The department did not experience any significant disruptions with impact on services. The Provincial Bargaining Chamber, the key consultative bargaining structure in the province, remains fully functional and has shown significant improvement in meeting its deliverables. Throughout the financial year, all meetings were attended by all parties, and all policies introduced by the employer were thoroughly discussed and adopted by the Chamber. The major achievement was the successful finalization of the Human Resources Summit collective agreement, marking a first for the province.

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

Review of the organogram is one of the priorities in the year under review in accordance with Public Service Regulations 25 (2), 36 (a) and 38. This process includes a review of the 2018 macro structure. The department reviewed and finalised the Service Delivery Model (SDM) for the Eastern Cape Department of Health and the functional structure organisational structure. The development of a new Service Delivery Model is poised to bring about significant practical implications for the organization's structure. This new model necessitates alignment with the updated priorities and processes, creation of new organisational units dedicated to emerging health needs or technological advancement, and the reallocation of resources. Additionally, the SDM might demand enhanced integration and communication across different levels of the organization, potentially leading to a more matrixed structure where cross-functional collaboration is paramount.

- **Skills development**

Table B.12: Critical Skills Mix as at 31st March 2024

CRITICAL SKILLS MIX AS AT 31ST MARCH 2024		
Major Occupation	**List The Top 3 Most Common Skills Gap**	**List The Top 3 Most Common Skills Reasons**
Managers	Change Management	Lack of relevant qualifications
Managers	Advanced Leadership	Lack of relevant qualifications
Managers	Contract Management	New skills
Managers	Cyber-security	New skills
Managers	Digital skills and Remote working skills	New Technology
Managers	Ethics in the Public Service	New Policy
Professionals	Advanced Leadership	Lack of relevant experience
Professionals	Change Management	Lack of relevant experience
Professionals	Data Analytics	New skills
Professionals	Ethics in the Public Service	New Policy
Managers	Financial Management	Lack of relevant qualifications
Professionals	People and Performance Management	New Policy
Managers	Governance and Public Leadership	Lack of relevant experience
Professionals	Remote working and digital skills	New skills
Professionals	Strategic Management	Lack of relevant experience
Managers	Monitoring and Evaluation	Lack of relevant qualifications
Professionals	Supply Chain Management in the Public Service	Lack of relevant experience

CRITICAL SKILLS MIX AS AT 31ST MARCH 2024		
Major Occupation	**List The Top 3 Most Common Skills Gap**	**List The Top 3 Most Common Skills Reasons**
Technicians and Associate Professionals	Business Writing	Lack of relevant experience
Technicians and Associate Professionals	Service Delivery/Customer Orientation	New work processes
Technicians and Associate Professionals	Change Management	Lack of relevant experience
Technicians and Associate Professionals	People and Performance Management	New work processes
Clerical Support Workers	Business Writing	Lack of relevant experience
Managers	Organisational Development (OD)	Lack of relevant experience
Clerical Support Workers	Ethics in the Public Service	Lack of relevant experience
Clerical Support Workers	Digital skills and Remote working skills	Lack of relevant experience

Health Professionals Students in South African Universities:

During the third quarter of 2023/2024 financial year, the ECDOH supported a total of One hundred and Thirty-Five (135) bursary holders in South African universities.

- Fifty (50) of these students exited the program during the 4th quarter because they have successfully completed their studies.
- The Department also supported a total of Nineteen (19) medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme.
- Six of these students exited the program, of which 4 of they have completed their studies.

New Bursary Intake

- The Department awarded bursaries as form of bailout to one hundred and twenty-one one (121) deserving students pursuing Medical and Allied Health related qualifications in South African universities.
- The tables below show the breakdown of the funded bursars per field of study and gender.

Table B.13: Number of work opportunities created in the province to curb youth unemployment.

Work Opportunities Created	Commitments	Actual Achieved Breakdown							
		Total	Gender		Race				PWDs
			M	F	B	C	W	I	
1) EPWP	30 x Artisans *(on 1 Year Contract)* 73 x Artisans *(Minor maintenance Project)* 110 x Groundman	213	145	68	187	25	1	0	0
2) Learnerships	40 x Basic Pharmacist Assistants 60 x Post Basic Pharmacist Assist	100	27	73	93	4	3	0	0
3) Internships etc.	560 x Departmental Interns 195 x Medico Legal, HMS2 & MEC Communication Project 110 x Post Basic Pharmacist Assistant Interns 95 x TVET Interns 62 x HWSETA Interns 15 x HWSETA IT Interns	1037	397	640	1029	8	0	0	0

Work Opportunities Created	Commitments	Actual Achieved Breakdown						
		Total	Gender		Race			PWDs
			M	F	B	C	W	I
1 Total Youth Expenditure in 2023/24		R 45 502 895,23						
2 Expenditure on Youth that are Females		R 27 111 588.34						
3 Expenditure on Youth that are males		R 18 391 306.89						
4 Expenditure on Youth with disabilities		R 6 795 928.59						

*Youth development programmes report as of 31st March 2024

Organisational Development

The Department continued with the organogram review and is now in the final phase. The Service Delivery Model, Migration Plan and the Functional Structure have been reviewed, developed and presented to stakeholders during the change management engagements. The department is at the phase of costing of the Post establishment, which is guided staffing norms. This will be followed by a validation exercises and funding confirmation before signing off.

The review of Service Delivery Model was critical is a strategic move to correct the weaknesses of the previous service delivery model which is more centralised in approach as against the Decentralised and Re-engineered Primary Health Care approach.

The key principles of the Service Delivery Model are:

- a lean head office that focuses on strategy, policy formulation, monitoring, evaluation, support and coordination ensuring integration, prioritisation of frontline staff,
- Strong district management and hospital leadership, with comprehensive decentralisation of health services
- Emphasis on the Re-engineering of Primary Health Care and implementation of National Health Insurance (NHI)
- Emphasis on managing patients as close to home as possible and entering a social compact with the community.
- Improve cost efficiencies and cost effectiveness.

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

The employment through the internship and learnership programmes in institutions across the province seeks to enhance youth employability through work exposure and training. The department has appointed administrative interns, medical interns and Community Service health professionals and retained the post Community service personnel in entry level positions. As the end of the year under review the percentage employment of the Youth is 23%. Budget has been allocated for employment of five hundred and eight (508) post community service health personnel against permanent vacant posts.

Through the advertised posts the department is further striving to address employment equity underrepresentation, youth employment and to achieve the 50/50 % target for Women and Men at SMS level. The department is striving to maintain 50/50 % target for Women and Men at SMS level. At the end of the year under review the Department has a total of 91 SMS members with 46 being female officials (50.5%) and 45 being male officials (49.5%). Employment Equity is also one the key priorities for the department. However, the department is below the target of 2% by 0.24%. The number of People with Disability is 98. Youth employment is achieved through employment from the developmental program categories such as community service health professionals.

Employee performance management

The Overall Performance Management and Development Strategy (PMDS) compliance has improved from 90% during 2022/23 up to 93% during 2023/24 which shows that concerted efforts by the department of roadshows and awareness campaigns have yielded some results. This overall compliance rating has the Level 1 – 8 with 94%, Level 9 – 12 with 89% and SMS level being the lowest with 81%, It would seem that more work need to be done to improve compliance of the Levels Level 11-12 (Middle Management) and Levels 13 – 16 (SMS) as they are mostly they ones that have resulted in the department falling below 100%. The Middle Management is sitting at 54% compliance (out of 128 only 69 contracted), whilst the SMS Members at 75% compliance (out 84 only 63 have contracted).

Table B.14: The department has approved a budget of R156 million based on the projections for qualifying employees who were as follows for 2023/24 PMDS cycle:

Category	Total number of employees	Total number of employees moderated	Total number of employees granted pay progression	Total number of exclusions	Total number of employees not moderated
OSD Employees	28 589	24 092	18 907	5 185	4 497
Non OSD Employees	12 697	6 477	2 710	3 767	6 220
SMS Members	90	61	54	7	29
	41 376	**30 630**	**21 671**	**8597**	**10 746**

Out of R156 Million budget, the projected expenditure paid out was close to R98 million for 98% of all qualifying personnel paid. There are only few cases that couldn't be paid by end of March 2024 due to financial constraints which then remain an accrual declared for 2024/25 Financial year, of which total amount is estimated to about R2 796 548,69 for the 349 remaining cases.

Table B.15: PMDS contracting

	LEVELS	PMDS Contracting (1 April 2023 – 31 March 2024)			
		TOTAL NO. OF EMPLOYEES	NO. OF AGREEMENTS SIGNED	OUTSTANDING	% PMDS COMPLIANCE
OVERALL	L 1-8	32702	30613	2089	94%
	L9-12	7761	6939	822	89%
	L13-16	84	68	16	81%
	TOTAL	**40547**	**37620**	**2927**	**93%**

Employee wellness programmes

Employee Wellness Services are provided through a hybrid service delivery model to employees and their immediate family, utilizing a small group of 14 appointed EWP professionals, staff health clinics, partnership with internal clinical resources such as HIV, TB, Mental Health and Health Promotions programmes and external partners like GEMS, NGOs, and Financial Wellness providers. Clinical services such as counselling has been supplemented by interns resourced through HRD and internal Psychologists and Social Workers when available, but these remain inadequate to meet the demand for psychosocial, especially trauma support.

On Occupational Health and Safety (OHS), there has been improvement in governance and mitigation of risk. Partnership between OHS and Infrastructure has strengthened and is more responsive to the building safety risks of health facilities. The Technical Working Group successfully established in the previous financial year with the International Labour Organization, Departments of Employment and Labour and Public Works as well as recognised Trade Unions yielded additional support and increased responsiveness at facility level on OHS matters.

Highlight achievements and challenges faced by the department, as well as future human resource plans /goals.

Austerity measures had to be implemented to manage the Cost of Employees (COE) budget pressures have an impact mainly in the filling of critical non-clinical posts.

All efforts were made to ensure that levels of PMDS compliance of the Management and Leadership echelon does improve, and more stringent measure will need to be applied in the next financial year to ensure level of compliance is improved. The processes to ensure that cost centres monitor compliance and that all those who have been compliant are recognised for consideration of Pay Progression include:

- Sending of Non-Compliance Letter to each District/CEOs indicating statistics and level of compliant of each institution.
- A list of names of all employees who remained non-compliant and therefore should be excluded from the moderation process is communicated by 1st week of May of each following year covering the whole previous financial year.
- Cost centres are expected every year to complete the moderation processes by June and start processing payment during July and August of each financial year.

Out of R156 million pay progression budget 98% of all qualifying personnel were paid pay progression. There are 349 cases that could not be paid by end of March 2024 due to financial constraints which then remain an accrual declared for 2024/25 Financial year.

2.4. Key policy developments and legislative changes

Policy guidelines on cost containment measures announced by the National Treasury for the 2023/24 financial year – The guidelines were intended to assist Accounting Officers in significantly reducing the pace of expenditure within their portfolios in the financial year. This affected the implementation of the programmes.

The National Nurse's Uniform Policy was adopted in 2024 to prescribe the wearing of uniforms by nurses working in public health establishments. This is in line with the Public Service Co-ordinating Bargaining Council (PSCBC) resolution 3 of 1999 which states that the employer has a responsibility to provide uniforms to employees if their work requires it. This policy will contribute to the priority of professionalisation of the public service.

National Mental Health Policy Framework and Strategic Plan 2023-2030 was developed to improve access to quality mental health services in collaboration with stakeholders. The province has since developed its mental health policy and strategic plan.

National Department of Health language policy 2023 stipulates how the official languages will be used in effectively communicating with the public, official notices, government publications, and intra and inter-government communication. The Department is expected to comply to the policy on health language.

3. PROGRESS TOWARDS ACHIEVEMENT OF INSTITUTIONAL IMPACTS AND OUTCOMES

The Department has implemented its Strategic Plan, Annual Performance Plan and Medium – Term Strategic Framework as detailed below.

Strategic Plan Outcome
Maternal, Neonatal, Infant and Child Mortality reduced.

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- Adolescent and Youth Friendly Services (AYFS) were established across the province. During the period under-review support and training was conducted. AYFS provincial task team held a provincial strategic meeting with

members from DOH, Department of Education and Department of Social Development with all the partners supporting AYP.

- The department is implementing the Sexual Reproductive Health and Rights policy guidelines which was promulgated in 2022 and that addresses sexual health and Rights. The department has partnered with United Population Fund (UNFPA) with its implementing partner UMTHOMBO that is supporting the A Nzo, OR Tambo, NMM on addressing issues of teenage pregnancy as well as in training of SRH&R to reduce teenage pregnancy.
- The Integrated Measles and Human Papilloma Virus (HPV) Vaccination campaign contributed to better performance of measles immunisation and Vitamin A supplementation coverage.
- To reduce teenage pregnancy, the department collaborates with the Department of Education and Department of Social Development on the implementation of the School Health programme.
- The Department of Health in collaboration with Department of Social Development and National Development Agency (NDA) continue to implement interventions outlined in the Anti-Poverty Strategy.
- Through this collaboration, the educators for the Early Childhood Development centres are able to measure the Mid Upper Arm Circumference (MUAC) in order to detect children with moderate malnutrition and referred to the nearest clinic for further management.
- The Integrated Measles and Human Papilloma Virus (HPV) Vaccination campaign contributed to better performance of measles immunisation and Vitamin A supplementation coverage.
- Improved Vitamin A coverage 67.4%
- Antenatal first visit before 20 weeks rate 63.1%.
- Immunisation coverage under 1 year 84.4%.
- Children under 5 years severe acute malnutrition case fatality rate 9.1%
- Children under 5 years pneumonia case fatality rate 3.2%.
- Children under 5 years diarrhoea case fatality rate 2.9%.
- Improved Maternal mortality in facility ratio 125.6/100 000.

Medium-Term Strategic Framework

Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome

Morbidity and Premature mortality due to Communicable diseases reduced by 10%

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- Radio slots to market and educate communities about HAST and mental health services have been utilized covering various topics.
- Conducted condom communication sessions at 12 institutions of higher learning (Walter Sisulu University-all campuses; University of Fort Hare-Alice & EL campuses; NMM University and PE TVET-all campuses) to market female condom uptake and use.
- Operation Phuthuma (OP) implementation continues with each district allocated a provincial support team, MCWH & NCD programmes have been brought on-board - as a result the national OP team is developing nerve centre tools for the prioritized indicators.
- To reduce the burden of TB in people living with HIV, Lipoarabinommanan (LAM) policy implementation decentralisation continues to improve Primary Health care settings in districts.
- Number of people screened for tuberculosis (TB) - 64 253 800
- TB treatment success rate – 63.2%
- TB investigation done 5 years and older rate – 93.4%
- DS - TB treatment start 5 years and older rate – 93.5%
- Proportion of people living with HIV who know their status – 93%
- Proportion of HIV-positive people initiated on antiretroviral therapy (ART) – 80%

- Proportion of people on ART who are virally supressed – 92%
- Antenatal clients initiated on ART rate - 93%

Medium-Term Strategic Framework

Increase Life Expectancy, improve Health and Prevent Disease

Strategic Plan Outcome

- Package of services available to the population is expanded with priority given to equity and most cost-effective services.

Impact

- Improved health of the total population**.**

Progress

- The number of clients registered on Central Chronic Medicine Dispensing & Distribution (CCMDD) system increased from 94 419 in 2019 to 383 761 in 2024.
- District Clinical Specialist Teams (DCSTs) addressing maternal & child mortalities in districts & metros.
- The department adopted the use of a web-based management tool, as a replacement of the paper-based system that was widely used. The NDoH and the United States Agency for International Development (USAID)-funded Global Health Supply Chain Program – Technical Assistance (GHSC-TA) worked together to introduce Stock Visibility System (SVS) in the Eastern Cape and developed processes to support the availability of medicines throughout the province using this monitoring system. SVS is currently implemented in 769 clinics in Eastern Cape.
- The system enhanced stock visibility and the information shared enabled data-driven decision making to end-users i.e. clinicians in primary healthcare facilities.
- During the period under review, all districts maintained more than 85% average availability of ARV and Vaccines. During the same reporting period the average availability of Anti-Tuberculosis and Essential Medicines across all districts was 80%. While there are no set performance targets for district medicine availability, this performance is satisfactory.

Medium-Term Strategic Framework

Goal 2: Achieve UHC by Implementing NHI.

Strategic Plan Outcome

Morbidity and Premature mortality due to non-communicable diseases

Impact

- Increased Life Expectancy
- Reduced Mortality

Progress

- In the period under review the department in partnership with Medicines Sans Frontiers (MSF) to establish external Pick-Up Points (PUPs) in rural districts to decongest stable chronic patients in the PHC facilities.
- The non-communicable diseases program conducted road shows in partnership with the Vital Aire company that is contracted to provide oxygen therapy, correction of misallocated patients amongst districts. About 202 patients are registered on Long Term Domiciliary Oxygen Therapy (LTDOT) program for management of chronic obstructive pulmonary diseases.
- Information, Education and Communication (IEC) material posters and pamphlets for diabetes, hypertension, breast cancer, prostate cancer, etc., were issued to districts.
- Diabetes new client 18 years and older detection rate at 0.8%
- Client 18-44 years screened for diabetes – 11 006 850
- Client 45 years and older screened for diabetes – 8 544 433
- Hypertension new client 18 years and older detection rate at 0.9%
- Client 18-44 years screened for hypertension – 11 390 482
- Client 45 years and older screened for hypertension – 5 992 868
- Mental disorders treatment rate new at 0.12%
- Improved Cataract surgery rate to 298.7/1 000 000.

Strategic Plan Outcome

- Quality of health services in public health facilities improved.

Impact

- Quality of Health Services Improved

Progress

- Out of 777 PHC facilities 491 (63%) achieved Ideal Clinic status.
- In the period under review two hundred and one (201) PHC facilities with received certificates of compliance with the Office of Health Standards Compliance.
- The department has commenced with rehab centres of excellence that will serve as referral sites for their surrounding hospitals as they are being resourced with adequate equipment and trained and skilled personnel.
- During the 2023/24 financial year the department commenced with the establishment of a fully functional oncology unit at Nelson Mandela Academic Hospital.
- The ECDoH has implemented an eHealth project in the form of Health Management System (HMS2). This project has made significant strides in enhancing healthcare infrastructure in facilities.
- Fifty (50) healthcare facilities have received comprehensive ICT infrastructure, comprising local area network equipment, computer hardware, and peripheral devices. The infrastructure deployment strategically targeted areas where eHealth systems are utilized, ensuring robust technological support.

Medium-Term Strategic Framework

- Provide leadership and enhance governance in the health sector for improved quality of care.

Strategic Plan Outcome

- Improved financial management.

Impact

- Quality of Health Services Improved

Progress

- Implementation of cost containment measures through Provincial Cost Containment Committee (PCCC) weekly.
- Conducted Provincial Budget Advisory Committee (PBAC) meetings monthly to monitored financial Procured.
- Goods & Services as per the Annual Procurement Plan (APP).
- Aligned Annual Performance Plan with Budget Planning.

Strategic Plan Outcome

- Reduced causes of medical legal claims in facilities by 80%

Impact

- Reduced Medico-Legal cases.

Progress

The Department of Health is implementing the following strategies to address medico legal cases:

- Package interventions to prevent cerebral palsy.
- Implementation of an electronic patient records management system.
- Promotion of early intervention strategies.
- Designated district hospitals to have the full package of services.
- Rationalization of contingent liability records. Anti-corruption and Fraud Multi Group (AFMG) on Medico Legal Claims Double Dipping Prevention Task Team (DDPT)

Medium-Term Strategic Framework

- Provide leadership and enhance governance in the health sector for improved quality of care.

Strategic Plan Outcome

- Leadership and governance in the health sector enhanced to improve quality of care.

Impact

- Quality of Health Services Improved

Progress

- Eight (8) Districts with Quality Improvement, Monitoring and Response Forums formalized and convened quarterly.

4. INSTITUTIONAL PROGRAMME PERFORMANCE INFORMATION

METHODOLOGICAL CONSIDERATIONS

EC Population: Based on the Statistics SA (Stat SA) population estimates and the health facilities headcount, the Department of Health District Health Information System (DHIS) which is a national health information system, estimates the health facilities catchment population which is programmed in the systems to calculate population-based indicators. Due to rounding off, DHIS tend to have higher overall district and provincial population figures than those published by the Stats SA i.e. 6.52 million against 7.2 million in DHIS.

Interpretation of achieved targets: The Department considers the planned target as an estimated figure and a future event and can only be achieved within a statistically acceptable range rather than at a point. Following this argument therefore, the Department decided on a margin of error of 5% at 95% confidence level of the planned target stipulated in the Annual Performance Plan as an acceptable range for target achievement. The interpretation therefore is that 95% of the time, the true output value will lie within 5% of the planned target.

Calculating Population-Based Indicators: In quarterly and half-year reports, population-based indicators that have denominator as the total population are annualized i.e. actual quarterly numerator output is multiplied by 4 (for the quarters) to align with the denominator that is an estimated annual population. Mid-year actual numerator outputs are multiplied by 2.

Changes in the APP: At the time of tabling the APP to the Provincial Legislature, it carries baseline actual outputs for nine months of the previous financial year. During quarter 1 of the following financial year, baseline figures in the APP are adjusted in line with the audited Annual Performance report for the previous year.

PROGRAMME 1:
HEALTH ADMINISTRATION AND MANAGEMENT



4.1. PROGRAMME 1: HEALTH ADMINISRATION AND MANAGEMENT

The Health Administration and Management programme comprises of two main components: The Administration component, which refers to the Executive Authority and lies with the Office of the Member of Executive Council (MEC); and the second component, which is the Management of the organisation and is primarily the function of the Office of the Health of Department.

1.1 Sub-programme: Health Administration - Office of the MEC

Sub - programme purpose

To provide political and strategic direction to the Department by focusing on transformation and change management.

Institutional outcomes

- 9. Leadership and governance in the health sector enhanced to improve quality of care

PROGRESS AND ACHIEVEMENTS

Table B.16: Progress and achievements for Office of the MEC

Month	Activities/Events	Achievements	Impact
April 2023	Services of wheels and handing over of food parcels to flood victims - Port St Johns	Community got social intervention and relief from their predicament. Food and medication were provided by OMEC	Relief from hunger, diseases and hope for new housing
	Joint Easter Arrive Alive Programme with Department of Transport - Sibangweni Village	Collaboration with Department of Transport to do awareness with the intention of road safety awareness had a great impact and profiled services that ECDOH provides.	Awareness
	World TB Day Event - Mgwenyane Village OR Tambo District	The outreach yielded great results more than a thousand patients were serviced and people were educated about TB during this outreach	Awareness
	Ex-mineworkers Outreach Programme - Ngqeleni	OMEC is a champion of this program and the outreach saw thousands of people serviced and their funds unlocked through this outreach.	Breakthrough in accessing their outstanding funds to improve their socio-economic situation
	Ex-mineworkers Outreach Programme - Libonde	OMEC is a champion of this program and the outreach saw thousands of people serviced and their funds unlocked through this outreach.	Breakthrough in accessing their outstanding funds to improve their socio-economic situation
	Ex-mineworkers Outreach Programme - Indoor Sport Centre Ngcobo	OMEC is a champion of this program and the outreach saw thousands of people serviced and their funds unlocked through this outreach	Breakthrough in accessing their outstanding funds to improve their socio-economic situation
	RUCC Medical Outreach Programme – Nyandeni Zinduneni	The outreach yielded great results more than a thousand patients were serviced by a multi discipline group of doctors, i.e. dentists,	Servicing of patients at a larger scale. Reduced burden of patients and numbers in hospitals

Month	Activities/Events	Achievements	Impact
		gynaecologists etc.	
	Freedom Day Celebration – Cofimvaba	Political Program to revive celebrate history in appreciation of our democracy	Commemoration
	Ngqanga Outreach Programme –Misty Mount Ntandeni	OMEC is a champion of this program and the outreach saw thousands of people serviced and their funds unlocked through this outreach	Servicing of patients at a larger scale. Reduced burden of patients and numbers in hospitals
	Cataract Programme – St. Barnabas Hospital	70 patients were operated by SANCB NGO free and gained their sign through this partnership	Servicing of patients at a larger scale. Reduced burden of patients and numbers in hospitals
May 2023	Welcoming of 149 new nurses – Lilitha College of nursing	Publicity of the training offered by the department and motivation of new nurses	Publicity of training offered by ECDOH
	Nursing Excellence Awards – Eastern Cape Training Centre Gqeberha	Publicity of the training offered by the department and motivation of new nurses	Motivated personnel
	International Nurses Day – Eastern Cape Training Centre Gqeberha	Publicity of the training offered by the department and motivation of new nurses	Commemoration
	Handing over of 54 Mobile Clinics – Cecilia Makiwane Hospital	Show casing of ECDOH's work through the handing over of the mobile clinic	Publicity of ECDOH Services
	Handing over Contractor for Matubeni clinic	Enhancing harmony between the project and community. Ownership of the projects as ECDOH	Social facilitation and mobilisation to support the project
	Ex-miners Council at Garden Court Mthatha	Planning and strategy	Establishment of working relations with the Council
	Deputy Minister's oversight visit to St. Elizabeth Hospital Lusikisiki	Oversight and accountability	Improved service
	World Hygiene Day – Nelson Mandela Hospital	Awareness campaign	Awareness
June 2023	MEC's visit to Woodlands Clinic Kareedow for meeting over shortage of medicines.	Oversight and accountability	Improved service
	National Portfolio Visits to Facilities in Gqeberha: Uitenhage Hospital, Dora Nginza Hospital, Livingstone Hospital	Oversight and accountability	Improved service
	Child Protection Week Programme – Joe Gqabi District	Part of celebrating youth month	Commemoration
	Introduction of a Contractor for Nessie Night Hospital – Sulenkama Qumbu	Enhancing harmony between the project and community. Ownership of the projects as ECDOH	Social facilitation and mobilisation to support the project
	Facilities clean-up and minor repairs and maintenance launch – Livingstone Hospital Gqeberha	Part of celebrating youth month	Service delivery and reduction of youth unemployment
	Youth Day Event – Wolfson Stadium Gqeberha	Part of celebrating youth month	Commemoration

Month	Activities/Events	Achievements	Impact
	Walkabout at Ex-Miner's Clinic – Nelson Mandela Academic Hospital Mthatha	Visiting with the intention of improving the site and oversight	Establishment of working relations with the Council
	Youth Day Celebration and Careers Day - East London ICC	Part of celebrating youth month	
July 2023	Lilitha College Graduation Ceremony – Abbsortsford Christian Centre East London	A skilled pool of trained workforce for nursing fraternity was achieved.	Skilled nursing personnel, reduced youth skill shortage and enhanced employment potential
	Sipetu Hospital visit - Ntabankulu	A provincial event to showcase what ECDOH has capacity to do and offer. Base for NHI.	Published the ECDOH work and achievement
	Oncology Unit Introduction of Contractor and Site Handover - Mandela Academic Hospital Mthatha	To support and acknowledge the work that has to be done, inform people of the EC about new unit that will improve treatment of cancer to patients.	Social responsibility by the contractor monitored and clarified, Publicised unit for oncology and awareness
	Mandela Day Celebration – Qunu	Political education	Legacy preservation and appreciation
	Memorandum of agreement signing ceremony with WSU – East London Health Resource Centre	Improved quality of health through research development and training of health professionals	Improved quality of health strengthens health relations with the institution.
	Nkwenkwezi Clinic for Yourth Zone Launch – Port Alfred	Public mobilisation to support youth health	Improved quality of health targeting youth
	Official Opening of Sipetu Hospital – Ntabankulu	A provincial event to showcase what ECDOH has capacity to do and offer. Base for NHI.	Published the ECDOH work and achievement
August 2023	Mental Health and Strategic Planning Framework Development Session	Empowering all department officials and appraising them about new developments in mental, information sharing from different stakeholders of mental health	A successful empowering workshop enhanced knowledge and appreciation of mental boards, structures, different stakeholders and systems of mental health.
	MEC's introducing a contractor at All Saints Hospital – Ngcobo	Supporting the contractor and informing the community about the project which intends to improve quality of health and conditions of work of health professionals.	Social facilitation and mobilisation to support the project
	MEC's engagement with Departmental Drivers – East London Call Centre MEC's oversight visit to Butterworth Hospital	Discussions on conditions of employment of drivers of ECDOH Oversight	Improved working relations and access to the OMEC Motivation of personnel, resolving issues through engagement and support
	MEC's oversight visit to Cofimvaba Hospital MEC's oversight visit to Frontier Hospital Komani	Oversight	Motivation of personnel, resolving issues through engagement and support

Month	Activities/Events	Achievements	Impact
	Presidential Imbizo – Komani	Platform for government to account direct to the people and here issues of concern.	Social compact and nation building
	Khotsong TB Hospital Official Launch/ Opening – Matatiele	A provincial event to showcase what ECDOH has capacity to do and offer. Base for NHI.	Published the ECDOH work and achievement
	MEC's oversight visit to Gengqe Clinic Mqanduli	Oversight	Motivation of personnel, resolving issues through engagement and support
	Women's Outreach Programme at Nopoyi Thusong Centre Mt Frere	Free services to people with no access to quality services through partnership with an NGO of doctors (Ingqanga).	Services of 1000 clients on different health disciplines
September 2023	Drug Resistant TB Regiment Treatment Launch – Dolphins Leap Summerstrand Gqeberha	Awareness Campaign and information on a new TB drug	Improved quality of healthcare
	Visit and donating to a destitute family and Outreach Programme	Humanitarian exercise	Quality life for the family
	African Traditional Medicine Day Programme – Idutywa	Commemoration of Traditional Medicine Day	Knowledge and practice of traditional healing information sharing
	PHASSA Annual Conference – Gqeberha	Research, knowledge and election of a new structure to work with ECDOH	Research
	Minister for Health's visit to Cecilia Makiwane Hospital	Oversight	Motivation of personnel, resolving issues through engagement and support
	Rural Health Conference – Chintsa	Discussions on how to improve healthcare in rural communities.	Production of concept papers and strategy
	MEC's church service address – KwaMagxaki Gqeberha	Humanitarian and social participation	Social mobilisation and support to OMEC
	Meje Community Health Centre Official Opening – Mbongweni Village Mbizana	A provincial event to showcase what ECDOH has capacity to do and offer. Base for NHI.	Published the ECDOH work and achievement
	Provincial Health Council Meeting – East London	ECDOH structure	Discussion of issues and policies on health issues of the province.
October 2023	MEC's oversight visit to Lilitha Nursing College	Oversight	Improved service
	Doctors without Borders Launch for non-communicable diseases in Butterworth.	Supporting our partners and embarking on an awareness campaign	Awareness
	World Health Mental Day at Nelson Mandela Academic Hospital	Awareness	Awareness
	Medico-Legal Seminar at Nelson Mandela Academic Hospital	Information, knowledge exchange and empowerment of ECDOH personnel on Medic-legal issues.	Empowerment

Month	Activities/Events	Achievements	Impact
	World Food Commemoration Day at Ngxaza Clinic Elundini Local Municipality	Commemoration, empowering community on Agri-economy and food security	Empower
	Operation Smile SA cleft lip and cleft palate surgeries at Nelson Mandela Academic Hospital	Outreach with partners	
	Taking Legislature to the people at Graaf-Reniet	Oversight	Oversight
	Outreach Programme and Services on wheel at Cradock Handing over of Youth Zone Equipment at Michausdal Clinic Cradock Oversight visit at Cradock Hospital	Outreach program, services on wheels and access to all health services	Servicing of patients at a larger scale. Reduced burden of patients and numbers in hospitals
	MEC's oversight visit to Fort Beaufort Hospital	Oversight	Improved service
November 2023	MEC's meeting with Lilitha College Council Members in East London	Establishment of working relations with OMEC	Improved working relations
	Handing over of Youth Zone Equipment at IBika Clinic Butterworth	Service delivery	Improved service
	Visit/Meeting to Mpilisweni Hospital Sterkspruit	Oversight and addressing uprising communities	Harmonised relations with community
December 2023	World Aids Day Event at North End Stadium Matatiele	Commemoration	Awareness
	EMS Festive Season Launch – N6 Komani	Outreach	Awareness
	Elderly Christmas Launch in Cradock	Constituency work	OMEC visibility
	MEC's visit to All Saints Hospital for Christmas Babies	Humanitarian work and ECDOH work publicity	Service delivery
January 2024	MEC's visit new year babie's at Dora Nginza Hospital	Humanitarian work and ECDOH work publicity	Service delivery
	MEC's oversight visit to Isilimela Hospital in Port St, Johns	Oversight, identifications challenges and solutions	Improved service delivery
	Opening of Mental Health Unit and Staff Wellness Clinic	Servicing of employees	Enhanced employee performance
	MEC's oversight visit to Osmond TB Hospital	Oversight, identification of challenges and solutions	Better planning
	MEC's oversight visit to Dora Nginza Hospital	Oversight, identification of challenges and solutions	Improved service delivery
	EXCO back to school programme at Cradock JA Calata High School	Outreach	Oversight
	EXCO back to school programme at Cacadu Phumlani Technical EXCO back to school programme at Nzimankulu SSS	Outreach	Oversight

Month	Activities/Events	Achievements	Impact
February 2024	EXCO back to school programme at Nkwaca High School	Outreach	Oversight
	MEC's meeting with NEHAWU Provincial Leadership KeReady Outreach Programme	Stakeholder engagements	Improved relations with partners
	STI/Condom and Pregnancy Week	Outreach	Awareness
	MEC's visit to AmaMpondo aseNyandeni King regarding dispute over Cwele clinic.	Engagement with stakeholders	Solution to a clinic site battle
	Services on wheel in partnership with Diocese of Mthatha Anglican Church	Outreach	Service delivery
	MEC's oversight visit to Butterworth Hospital	Oversight, identification of challenges	Improved service delivery
	Oversight visit to Mlamli Hospital Sterkspruit	Riot diffusion and stakeholder engagement	Harmonised working environment
	Dora Nginza Hospital visiting leap year babies.	Gifts for babies	OMEC visibility and support
March 2024	Official Launch for Cataract Surgeries	Message of support and appreciation of partnership with SANCB	Service delivery
	International Women's Day Celebration in Port Alfred	Message of support	Commemoration
	Handover of Mobile Clinics and Dental Mobile vehicles	Keynote address	Service delivery
	Provincial Health Council in East London ICC	Statutory meeting	Good governance and practise
	Cataract Surgeries Blitz at Madzikane KaZulu Memorial Hospital	Supporting the partnership and encouraging employees	Service delivery
	MEC's back to school programme at Zamukulungisa SSS Mthatha	Gifts for students and encouragement	Service delivery
	World Oral Health Day Outreach at Sipetu Hospital Ntabankulu	Keynote address	Awareness
	Provincial Human Rights Day in Gqeberha	Democracy Celebration and Provincial government support	Commemoration
	World TB Day in Port Alfred	Commemoration	Awareness

Table 4.1.1: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 1.1 Health Administration: Office of the MEC

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	Statutory document submitted	9.1.2 Number of statutory documents tabled at Legislature	8 statutory documents	7 statutory documents	8 statutory documents	8 statutory documents	0	Target achieved.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	N/A

1.2 SUB-PROGRAMME: HEALTH MANAGEMENT

Sub-programme purpose

To manage human, financial, information and infrastructure resources. This is where all the policy, strategic planning and development, coordination, monitoring and evaluation, including regulatory functions of head office, are located.

The management component under the Head of Department's supervision is comprised of four branches with their sub-components (branches) as listed below:

Finance Branch

- Financial Management Services
- Integrated Budget Planning and Expenditure Review
- Supply Chain Management (SCM)

Corporate Services Branch

- Information, Communication and Technology (ICT)
- Human Resource Management (HRM)
- Human Resource Development (HRD)
- Corporate Services
- Infrastructure
- Internal Audit
- Strategy & Organisational Performance

Hospital and Clinical Support Management Branch

- Hospital Services
- Clinical Support Services
- Emergency Medical Services
- Quality Care Assurance Services

District Health Services Management Branch

- District Health Support
- Communicable Diseases
- Health Programmes

Institutional Outcomes

7. Improved financial management
8. Reduced causes of medical legal claims in facilities by 80%
11. Robust and effective health information systems to automate business processes and improve evidence-based decision making

PROGRESS AND ACHIEVEMENTS

FINANCE

- Patient Billing Module in HMS2 have been rolled out in terms of the eHealth project implementation plan.
- The bid process for the Electronic Data Interchange (EDI) module was completed. Engagements with the service provider for implementation readiness are taking place and a project implementation plan has been activated accordingly. The pilot of the user information verification module started in March 2024. The implementation of these modules will improve patient fees collection from medical aid schemes and unfunded facility users, as user income verification will be done to identify paying patients.

- As of Quarter 4 of 2023/2024, training has been completed in the facilities where the module is implemented. The interface will be in full swing during the 2024/25 financial year in facilities where HMS2 is running.

Revenue Generation

The department has shown a good progress in revenue generation as by the end of the current fiscal year, as it reached two hundred thousand benchmarks for the first time in its history compared to the preceding fiscal years as shown in table 1 below.

Table B.17: Comparison of previous years revenue collection

REVENUE ITEM	2021-2022	2022-2023	2023-2024
	Actual Audited	Actual Audited	Actual Audited
Patient Fees	22 553	123 897	154 251
Boarding	24 156	23 110	24 198
Commission	20 365	20 409	21 383
Other Sales	235	271	310
Request For Info		3 627	3 060
Licenses	122	121	147
Interest	255	353	307
Sale Of Capital Assets	0	4 190	1 734
Financial Assets	5 889	10 758	22 229
TOTAL	**73 575**	**186 736**	**227 619**

AUDIT PROGRESS

Audit of Predetermined Objectives (AOPO)

Data reconciliation tools are monitored monthly.

Monthly monitoring of Audit Improvement Plan (AIP) for AOPO and submission of Portfolio of Evidence (POE) by districts.

Data Quality monitoring tools implemented and monitored monthly.
National Indicator Data Sets (NIDS) consultations done, and problematic indicators were discussed e.g. Child Health indicators) and inputs have been sent to the National Department of Health (NDOH).

MEDICO-LEGAL

- The department is working closely with the Specialized Legal Unit (SLU) at Office of the Premier (OTP) and Provincial Treasury (PT) to improve the legal management of cases and prevent outflow of cash from the department. Several cases are now on Public Health Defence (PHD) as the department converted all its pleadings to reflect Noyila judgement with 6 of those being managed by Dora Nginza hospital (DN).
- The department, through its integrated case management has managed to reduce the claim amount.
- The department through Noyila case has pleaded public healthcare remedy- all those medical services and supplies which the department can provide in kind at a reasonable standard in our facilities.
- Undertaking to pay remedy- all those medical services and supplies which the Department cannot provide and undertakes to procure /reimburse the plaintiff for, in private sector as and when they are required.
- Putting pressure on national government, in particular Department of Justice, National Department of Health (NDOH) and National Treasury (NT) to accelerate the reforms on the State Liability Act.
- The amendment to the State Liability bill is still in process between the National Departments of Justice and Health.

Capacity to Support Legal Interventions

- The department has filled the replacement post of Senior Manager – Legal Services.
- SLU has also recruited 2 data capturers.
- Quality Assurance team has also been exposed to ensure that the team is ready for mediation as part of patient safety incidence (PSI) management.
- Five (5) officials have been exposed on the mediation training to help guide procurement process.

Status of Medico Legal Claims

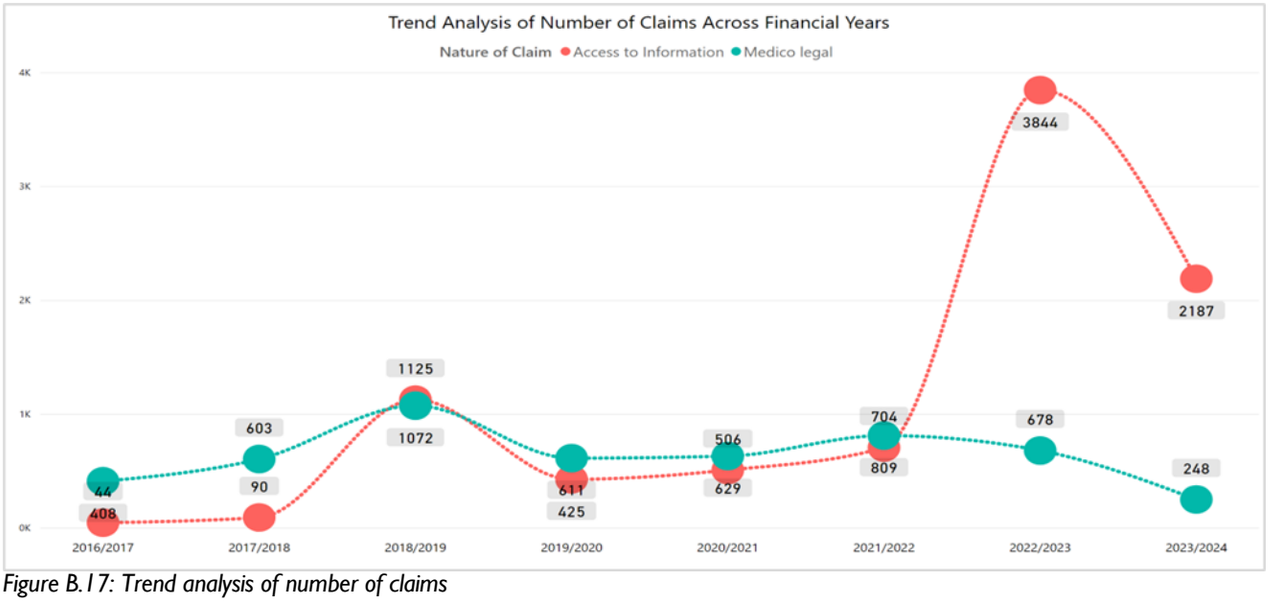


Figure B.17: Trend analysis of number of claims

Figure B.17 above depicts the trend analysis of number of claims which display a sudden surge on the PAIA requests is due to the centralized PAIA Mx process. Furthermore, there is a notable decline on number of new medico legal cases submitted in the current financial year.

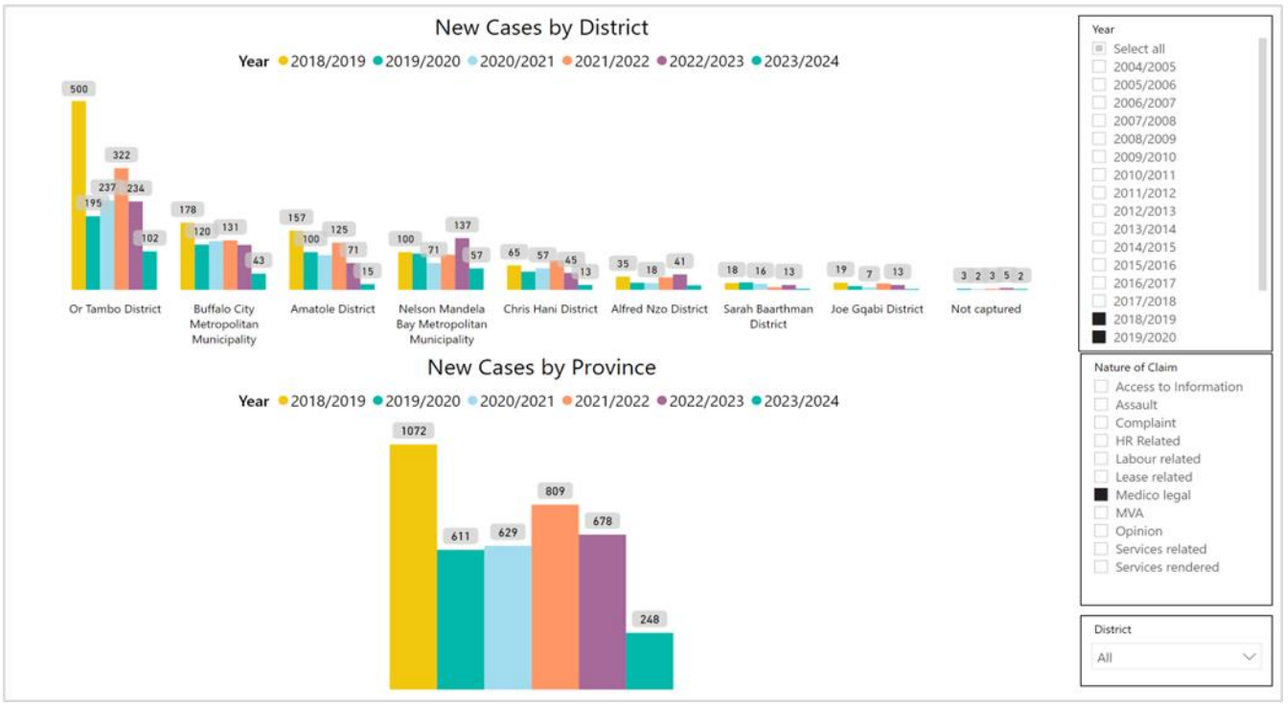


Figure B.18: Distribution of new cases

Figure B.18 above displays a distribution of number of new claims per district as from 2018/19 financial year to the current financial year and it shows that there is a significant decline in the number of cases in comparing the current financial year to the preceding years.

INFORMATION COMMUNICATION TECHNOLOGY

eHealth - HMS2 Implementation

Overview

The Eastern Cape Department of Health (ECDoH) eHealth project has made significant strides in enhancing healthcare infrastructure in facilities and the implementation of the Health Management System (HMS2) across targeted healthcare facilities.

Information Communication Technology (ICT) Infrastructure Deployment:

Fifty (50) healthcare facilities have received comprehensive ICT infrastructure, comprising local area network equipment, computer hardware, and peripheral devices. The infrastructure deployment strategically targeted areas where eHealth systems are utilized, ensuring robust technological support.

HMS2 Implementation:

Phase 1 Modules Deployment – Phase 1 modules encompass electronic patient registration, central headcount register, electronic ward management, revenue management, NHLS and HPRS integration, along with electronic patient credit and medical aid checks. Phase 1 modules of HMS2 have been deployed to 34 hospitals, 3 Emergency Medical Services (EMS) centres, and 6 Primary Health Care facilities since the inception of the project in September 2021.

Additionally, the Phase 2 implementation of HMS2 commenced in 3 hospitals, indicating ongoing efforts to expand and enhance the eHealth infrastructure.

Central ePAIA and eMedico-Legal Modules - Operational within the HMS2 system, these modules facilitate the management of information requests and medico-legal claims department-wide.

Patient Encounters - As of 31st March 2024, a central master patient index has been created where healthcare facilities can work on the same patient medical folder and share the recorded encounters within and across healthcare facilities.

Approximately 2.2 million visits have been processed through HMS2, with over 1 million inpatient encounters recorded. This signifies the substantial utilization and effectiveness of the implemented eHealth interventions.

Cybersecurity:

- **Consolidated IT Policies Enhancement:** Streamlined and fortified IT policies in accordance with DPSA (Department of Public Service and Administration) directives, bolstering Information Security (InfoSec) measures.
- **Continuous Cybersecurity Policy Socialization:** Ongoing efforts to disseminate and ingrain cybersecurity policies across the organization, ensuring widespread understanding and adherence.
- **Established Incident Management:** Implemented robust incident management protocols to swiftly detect, respond to, and recover from cybersecurity incidents, minimizing potential damage and downtime.
- **Integration of Microsoft Defender for Server**: enhances the defense mechanisms against evolving cyber threats targeting the server infrastructure.
- **Email Security Enhancement:** Strengthened email security mechanisms to mitigate risks associated with phishing attacks, malware, and other email-borne threats, safeguarding critical communication channels.
- **Identity Security Reinforcement:** Implemented measures to fortify identity security, including access controls, authentication protocols, and identity management systems, reducing the risk of unauthorized access and data breaches. Monitoring of privileged accounts, risky users, and risky sign-in locations.
- **Cybersecurity Training and Awareness Initiatives:** Initiated comprehensive cybersecurity training programs to educate employees on best practices, threats, and the importance of vigilance, fostering a cybersecurity-conscious organizational culture. This has been done via email, posters, banners and by utilizing the Microsoft Training platform.
- **Ongoing Multifactor Authentication (MFA) Implementation:** Continuously deploying multifactor authentication across systems and applications, adding an extra layer of security to protect against unauthorized access, particularly in remote or cloud environments.

Governance and Automation

RT3 OF 2022 CONTRACT – Printing Devices

Table B.18: Implementation for financial year 2023/2024

PHASE	DATE UP TILL	TOTAL MACHINES TO IMPLEMENT (Due for Renewal)	TOTAL RENEWED
1	September 2023	754	721
2	March 2024	154	154

RT15 OF 2021 CONTRACT

Provision of LTE Routers as interim source of connectivity for health facilities. These LTE Routers also serve as backup in facilities where HMS2 has been rolled out, a total of 45 LTE routers were provided.

Table B.19: HMS2 LTE Routers Allocation

DISTRICT	TOTAL ALLOCATED AND IMPLEMENTED
Alfred Nzo District	4
Amathole District	5
Buffalo City District	5
Chris Hani District	4
Joe Gqabi District	4
Nelson Mandela Metro	10
OR Tambo District	11
Sarah Baartman	2
GRANDTOTAL	**45**

Table 4.1.2: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 1.2: Health Management

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
7. Improved financial management	Audit opinion of provincial DOH achieved	7.1.1 Audit opinion of Provincial DoH	Unqualified	Qualified	Unqualified	Qualified	None	Target not achieved
		7.1.4 % of valid invoices paid within 30 days	New Indicator	New Indicator	100%	42.2%	-57.8%	Target not achieved due to cashflow challenges.
	Approved procurement plan in place	7.1.2 Approved Annual Procurement Plan	Signed Final 2022/23 Procurement Plan submitted to Provincial Treasury	2023/24 Approved Annual Procurement Plan submitted to Treasury before 31 March 2023	2024/25 Approved Annual Procurement Plan	2024/25 Approved Annual Procurement Plan submitted to Treasury by 29 February 2024	0	Target achieved.
	Increased revenue collection	7.1.3 Amount Revenue generated (R)	74 mil	186,7mil	310.7 mil	227,6 mil	-83.1 mil	Target not achieved. Due to an amount billed to Department of Justice and Constitutional Development that is still outstanding. Follow up is done through the National Department of Health. Furthermore,

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								Road Accident Fund (RAF) paid the Department lower amount than negotiated and projected, receipts.
8. Reduced causes of medical legal claims in facilities by 80%	Causes of Medico legal claims reduced	8.1.1 Contingent liability of medico-legal cases	New Indicator	R26,345,655bn	R33,064bn	R26,442,526bn	R6,621,474bn	Target achieved. Improved integrated case management contributed to general decrease on the number of medico legal cases submitted.
11. Robust and effective health information systems to automate business processes and improve evidence based decision making	Improved connectivity in health facilities	6.7.1 Percentage of Hospitals with connectivity	New indicator	New indicator	41.5%	50.6%	9.1%	Target achieved. The variance is in surplus of the target figure. The service provider managed to install more sites due to their connectivity being available earlier than expected.
		Numerator:			37 (15 new)	45 (23 new)		
		Denominator:			89	89		
		6.7.2 Percentage of fixed PHC facilities with connectivity	New indicator	13.4%	25.6%	29.7%	4.1%	Target achieved. The variance is in surplus of the target figure. The

Outcome (as per SP 2021/22 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/23	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Numerator:		104	199 (97 new)	230 (128 new)		service provider managed to install more sites due to their connectivity being available earlier than expected.
		Denominator:		776	775	775		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
7.1.4 % of valid invoices paid within 30 days	Reduction of accruals though implementation of belt tightening measures.
7.1.3 Amount Revenue generated (R)	• Provide support on revenue generation at the facilities. • To improve on revenue collection, by conducting a revenue awareness drive for Tertiary and Regional hospitals. • To encouraged facilities to step up efforts to prioritise billing to third party funders and collect from other revenue sources accordingly. • Support will also be in the form of workshops and training of operational staff on UPFS billing and other revenue functions. Monitoring and evaluation will be done concurrently. • Recovery of outstanding hospital fees. • Follow up on outstanding fees will be done through the relevant channels. • The Office of the Chief Financial Officer, through the designated Chief Directorates will facilitate stakeholder *(internal and external)* engagements with identified partners for revenue generation.

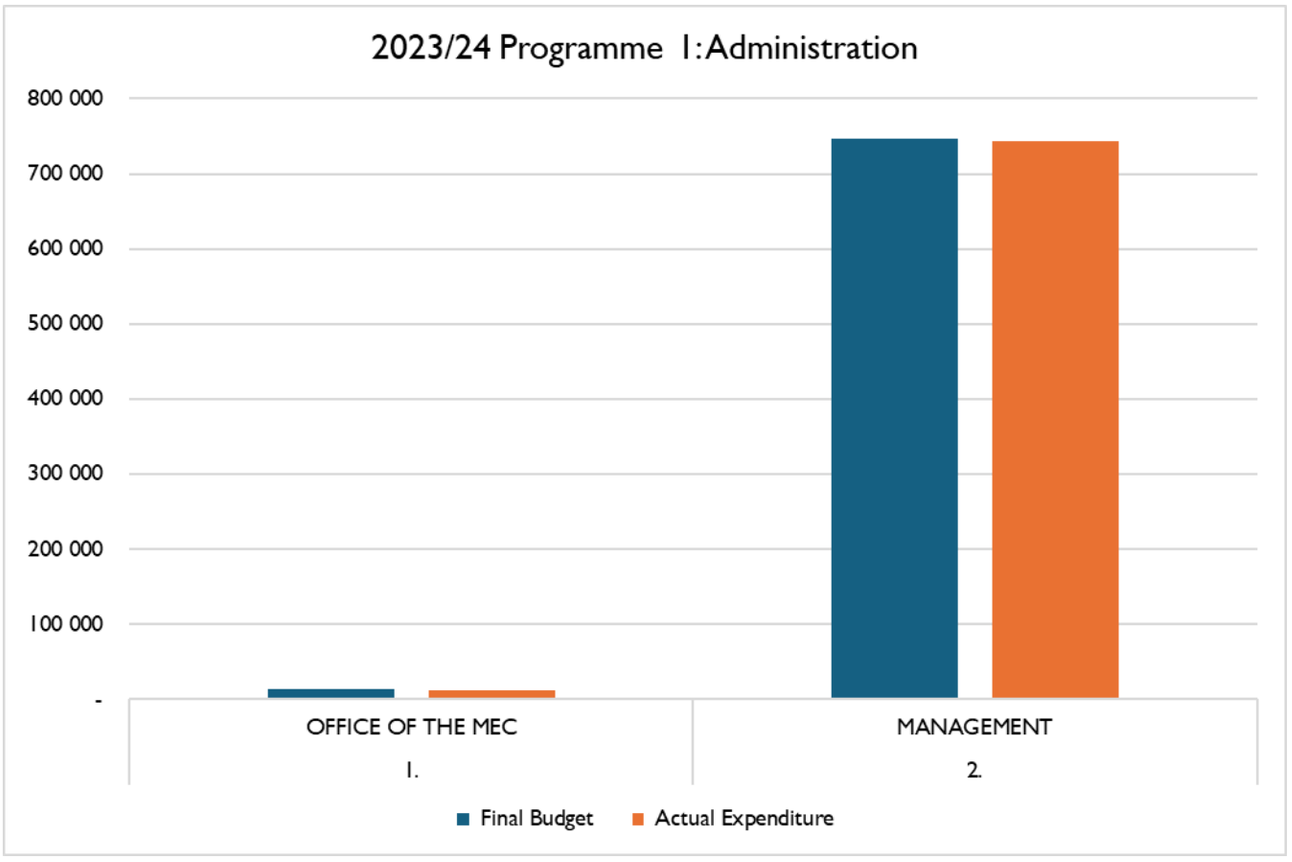
LINKING PERFORMANCE WITH BUDGETS

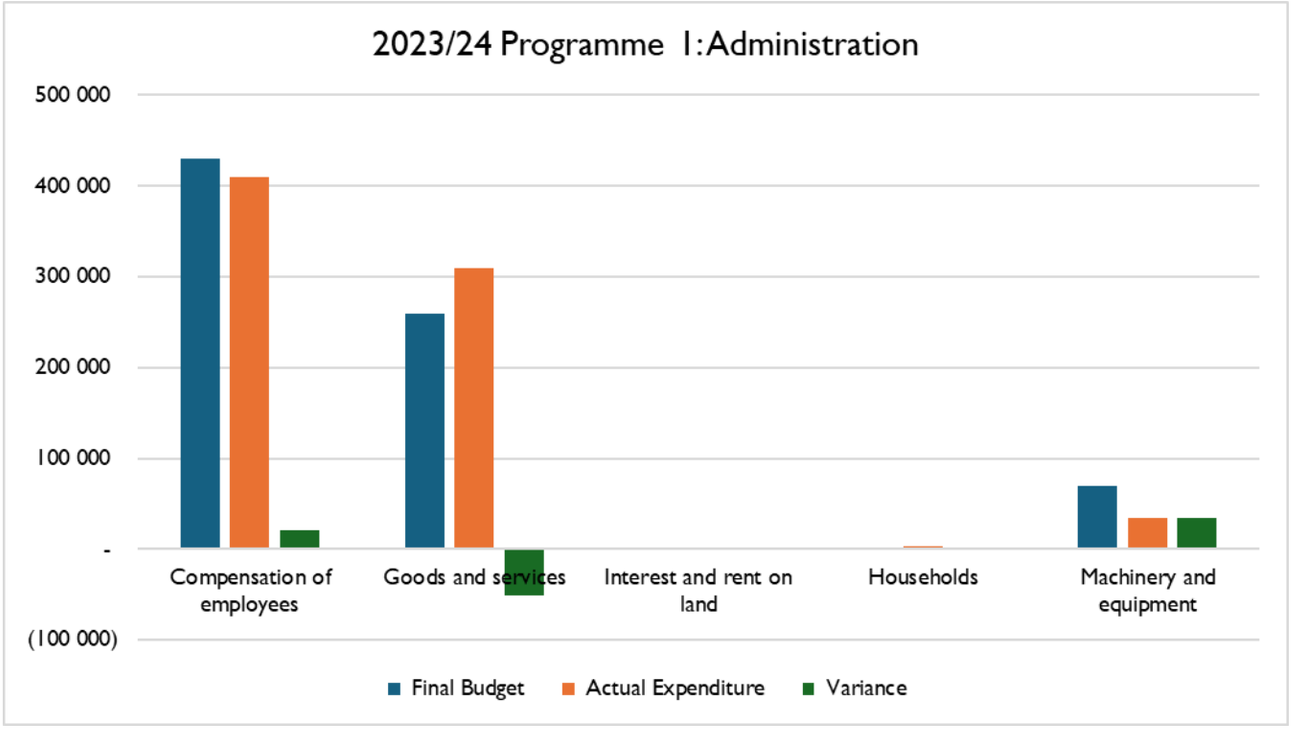
PROGRAMME 1:

Programme 1 spent at 99.5% (under by R3,785 million) after adjusting for funds shifts and virements of minus R40,000 million post the 2023/24 AEPRE. The programme gave up portion of its cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

		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
Sub programme							
1.	Office of the MEC	11,899	10,108	1,791	8,089	6,156	1 933
2.	Management	748,394	746,400	1,994	836,401	838,328	(1 927)
		760,293	**756,508**	**3,785**	**844,490**	**844,484**	**6**
Economic classification							
Current payments		**689,337**	**719,006**	**(29,669)**	**773,483**	**729,429**	**44 054**
	Compensation of employees	430,172	409,316	20,856	421,925	393,917	28 008
	Goods and services	259,165	305,606	(46,441)	351,558	332,601	18 957
	Interest and rent on land	-	4,084	(4,084)	-	2,911	(2 911)
Transfers and subsidies		**2,072**	**3,303**	**(1,231)**	**2,369**	**4,200**	**(1 831)**
	Households	2,072	3,303	(1,231)	2,369	4,200	(1 831)
Payments for capital assets		**68,884**	**34,199**	**34,685**	**68,638**	**110,855**	**(42 217)**
	Machinery and equipment	68,884	34,199	34,685	68,638	110,855	(42 217)
		760,293	**756,508**	**3,785**	**844,490**	**844,484**	**6**


2023/24 Programme 1:Administration
800 000
700 000
600 000
500 000
400 000
300 000
200 000
100 000
-
OFFICE OF THE MEC
1.
MANAGEMENT
2.
Final Budget
Actual Expenditure


2023/24 Programme 1:Administration
500 000
400 000
300 000
200 000
100 000
-
(100 000)
Compensation of employees
Goods and services
Interest and rent on land
Households
Machinery and equipment
Final Budget
Actual Expenditure
Variance

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)









4.2. PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

To ensure the delivery of primary health care services through the implementation of the District Health System.

Programme description

The District Health Services (DHS) programme is responsible for the management of health services in the six (6) districts and two (2) metropolitans of the Province. The services offered are mainly preventive and minor curative, maternal, child and women's health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such as waste management and coroner services. These are offered through the following service delivery platforms: Community Health Clinics, Community Health Centres (CHCs) and District Hospitals.

Based on the current structure, the DHS programme is composed of nine sub-programmes, namely:

2.1 District Management
2.2 Community Health Clinics
2.3 Community Health Centres (CHCs)
2.4 Community-Based Services
2.5 Public Health / Other Community Based Services
2.6 HIV & AIDS, STI and TB (HAST) Control
2.7 Maternal, Child and Women's Health & Nutrition
2.8 Coroner Services
2.9 District Hospitals

2.1 Sub – Programme: District Management

Sub-Programme purpose

The sub-programme manages the effectiveness, functionality and the coordination of health services, referrals, supervision, evaluation and reporting as per provincial and national policies and requirements.

Institutional outcomes

- 9. Leadership and governance in the health sector enhanced to improve quality of care

PROGRESS AND ACHIEVEMENTS

Leadership and Governance:

- The Provincial Health Council (PHC) and the Provincial Health Consultative Forum (PHCF) meetings were held successfully to ensure governance and oversight on health issues that affect communities in compliance with the National Health Act, No. 61 of 2003, chapter 4, section 27 (1) (a).

- Four out of eight districts in the province conducted district performance reviews successfully in all the four quarters of the financial year 2023/24, achieving 100% compliance with the planning and monitoring framework (Amathole, Buffalo City Metro, Chris Hani and O.R. Tambo).

Improved access and efficiency in health service delivery

- Additional Sixty -three (63) modernized fully equipped mobile clinics were provided to increase access to health services by communities that are in hard-to-reach areas. The total number of mobile vehicles in the province increased to one hundred and seventy-nine (179) with a total of one thousand seven hundred and ninety (1,790) visiting service points.

- To improve Basic Life Support (BLS) in PHC facilities a total of six hundred and seven (607) PHC professional nurses were trained. All districts were provided with a set of two Mannequins (BLS training equipment) each to strengthen emergency care skills for nurses.

- Digitalisation innovations in PHC facilities is progressing, with an increase of thirty-seven (37) facilities more started implementing Electronic Comprehensive PHC Registers (E-tick Registers) to make a total of five hundred and fifty (550) facilities generating and processing patient data electronically limiting manual paper-based operations.

Primary Health Care Facility Supervision:

- Primary Health Care (PHC) supervision visits rate increased from 81% (630/777) to 98% (720/777) during the reporting period. The increase in performance is associated with capacitation of PHC supervisors through training workshops and supervision meetings held.

Table 4.2.1: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.1-District Management

Outcome (as per SP 2020/21 -2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
9. Leadership and governance in the health sector enhanced to improve quality of care	District performance reviews conducted quarterly	9.1. 1 Number of Districts conducted quarterly performance reviews	New Indicator	New Indicator	8	6	-2	Target not achieved. Two districts did not conduct the quarterly reviews in all four quarters of the year. Alfred Nzo in Q1 had a variance due unavailability of focal person to coordinate district performance review session as there is a vacant post for a district planner and reporting. Nelson Mandela Q3 planner was on long sick leave with no one dedicated to replace her.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
9.1.1 Number of districts conducted quarterly performance reviews.	Re-orientation of the district management on planning and monitoring framework.

2.2 Sub-Programme: Clinics

SUB- PROGRAMME PURPOSE

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (reengineering of PHC services) and mobile services in 8 districts.

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Adjustment on number of clinics

Number of clinics increased from 775 during the previous financial year (2022/23) to 777 in the current financial year (2023/24) due to two (2) additional clinics, namely: Mpindweni clinic Mount Frere - Umzimvubu sub-district in Alfred Nzo district as a newly built clinic and Storms River Kouga – sub-districts in Sarah Baartman district that used to function as Satellite clinic opening 3 days a week but since the 2023/24 financial year it started to function as a normal clinic which operates for 5 days a week (Monday to Friday).

Ideal Clinic Realization and Maintenance (ICRM) Program:

- All district conducted the Status Determinations as per the Ideal Clinic Realisation and Maintenance (ICRM) Monitoring Framework to continuously improve health facilities towards Ideal status. The final Status Determination was done during the fourth quarter through Peer Review updates and ICRM updates, which marked the outcomes for 2023/24 financial year.
- Seven hundred and seventy (770) 99% of PHC facilities that conducted Ideal clinic Status Determination and Peer Review Updates, of which 63% (491/777) achieved Ideal Clinic status. This achievement marked an increase of 24% (186) on facilities with Ideal Status from the previous year.
- There was noticeable improvement in the overall performance in ICRM with 419 facilities achieved more than 80% and none achieved below 40% as compared to the previous year where there were five facilities below 40% performance which have improved.
- By the end of the financial year there were two hundred and one (201) PHC facilities with received certificates of compliance with the Office of Health Standards Compliance.

Table B.20.: Ideal clinic status per district.

District	# of Facilities	# Facilities that conducted SD	% of Clinics that conducted SD	Average % scored	# Facilities with IC status	% of Facilities with Ideal status
Eastern Cape	777	770	99%	81%	491	63%
Alfred Nzo	75	75	100%	82%	25	33%
Amathole	148	148	100%	87%	112	76%
Buffalo City	79	78	99%	78%	44	56%
Chris Hani	159	158	99%	78%	74	47%
Joe Gqabi	52	51	98%	87%	26	50%
Nelson Mandela	48	48	100%	88%	47	98%
Oliver Tambo	153	150	98%	78%	101	66%
Sarah Baartman	63	62	98%	76%	61	98%
Average / Total	**777**	**770**	**99%**	**81%**	**491**	**63%**

To facilitate Ideal status of fixed PHC facilities there were several intervention strategies implemented during the reporting period which included the following:

- To improve on non-negotiable elements of Ideal health facility framework surgical consumables were procured to replenish the emergency trollies in PHC facilities. These included Guedel's airways, Uncuffed Endotracheal Tubes and Infant Feeding Tubes.
- O.R. Tambo district procured several equipment to improve quality of services in PHC facilities that includes Automatic External Defibrillators (AEDs); external signages (Service Boards, Disclaimers and Evacuation area signage) in ten (10) facilities; thirty-seven (37) suction machines and twenty-nine (29) nebuliser machines delivered to facilities. These improvements resulted on 92 facilities achieving Ideal Status and 43 clinics attaining compliance with OHSC.
- Sarah Baartman district started with a maintenance project on servicing medical equipment at facilities. Kouga sub-district was done during, the fourth quarter, achieved 97% of facilities with Ideal status. Equipment that could not be used were calibrated and fixed resulting in enough equipment per facility and improve efficiencies on procuring new equipment.
- Provincial quarterly Ideal clinic reviews and training workshops were conducted to capacitate district teams on ICRM framework and quality improvement plans (QIPs).
- Several districts procured medical equipment, surgical consumables, office furniture for clinicians and clients and stationery that are required to improve quality of health care service provided at Primary Health care level.

Table 4.2.2: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.2-Clinics

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	PHC facilities that qualify as Ideal clinics increased	6.2.1 Ideal clinic status obtained rate	5.3%	24.7%	30.4%	63%	32.6%	Target overachieved due to several intervention strategies implemented during the reporting period.
		Numerator:	39	181	236 (53 new)	491 (125 new)		
		Denominator:	734	734	775	777 (2 new facilities)		
	Patient experience of care in fixed public health facilities improved	6.1.1 Patient experience of care satisfaction rate	85.2%	85%	86%	86%	0%	Target achieved.
		Numerator:	476 161	304 824	480 701	722 463		
		Denominator:	558 955	358 366	558 955	838 831		
	Patient safety improved	6.3.8 Severity assessment code (SAC)1 incident reported within 24 hours rate	New Indicator	New Indicator	75%	71%	-4%	Target not achieved because of poor network connectivity due to geographical settings.
		Numerator:			22	5		
		Denominator:			29	7		
		6.3.17 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	86%	95%	9%	Target overachieved due to trainings that were conducted in various districts on Patient Safety Incidents as
		Numerator:			25	74		
		Denominator:			29	78		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Performance 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								indicated in the annual report.

** The bracketed parentheses are new facilities – two (2) new clinics to make 777 facilities Mpindweni & Storms River clinic **

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	N/A

2.3 SUB – PROGRAMME: COMMUNITY HEALTH CENTERS (CHCS)

SUB – PROGRAMME PURPOSE

The sub-programme renders 24-hour health services, maternal health at midwifery units, and provision of trauma services and the integration of community-based mental health services within the down referral system.

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMEMTS

- Forty-two (42) Community Health Centres (CHC) in the province conducted Ideal health facility status determination with overall performance score ranging between 75% to 92%, which is an improvement from 69% to 89% achieved previous year.
- Overall performance score of assessment status determination I ranges between 75% to 92% which is an improvement from the previous financial year which was between 69-89%.
- Compliance with the Office of the Health Standards Compliance (OHSC) improved. There were fourteen (14) CHCs inspected by OHSC of which nine (9) 64% CHCs were certified as compliant.64%)
- Procurement of assistive devices and appointment of Physiotherapist, Speech Therapist/Audiologist, Occupational Therapist Community Services for Flagstaff CHC and a Physiotherapist Community Service for Lusikisiki Village to improve access of rehabilitation services in PHC with the support of Rehabilitation unit.
- Procured medical equipment and surgical consumables delivered to CHC's with the inclusion of CTG machines and accessories, AED batteries and pads, Daptone with chargers, Cardiac Monitors, HGT machines, maternity and emergency units' beds, autoclave machine and footstools to improve service delivery.

Table 4.2.3: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.3-Community Health Centres

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
Quality of health services improved	Patient experience of care in public health facilities improved	6.1.2 Patient experience of care satisfaction rate	81.2%	75.7%	82%	79%	3%	Target achieved with 5% margin of error.
		Numerator:	52 165	20 972	52 649	80 154		
		Denominator:	64 206	27 706	64 206	100 979		
	Patient safety improved	6.3.9 Severity assessment code (SAC)1 incident reported within 24 hours rate	New Indicator	New Indicator	90%	62%	-29%	Target not achieved because of poor network connectivity due to geographical settings.
		Numerator:			31	13		
		Denominator:			34	21		
		6.3.18 Patient Safety Incident (PSI) case closure rate	New Indicator	New Indicator	91%	93%	2%	Target achieved.
		Numerator:			32	37		Target achieved
		Denominator:			35	40		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.3.9 Severity assessment code (SAC)1 incident reported within 24 hours rate	• Training of facility managers on SAC 1 reporting and capturing • Improvement of connectivity in the facilities

2.4 SUB-PROGRAMME: COMMUNITY BASED SERVICES – DISEASE PREVENTION AND CONTROL (NON-COMMUNICABLE DISEASES)

Sub - Programme purpose

The Community-based Services sub-programme manages the implementation of the Community-based health services framework. This includes:

- Implementation of disease-prevention strategies at a community level
- Providing chronic and geriatric services including rehabilitation as a supportive service
- Providing oral health services at a community level (including schools and old age homes)
- Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths.

Institutional Outcomes

4. Morbidity and Premature mortality due to non-communicable diseases (HIV, TB and Malaria) reduced

PROGRESS AND ACHIEVEMENTS

- Four thousand nine hundred and eighty-three (4 983) clients 18 – 44 years were put on diabetes treatment new.
- Ten thousand one hundred and ninety-six (10 196) clients 45 years and older were put on diabetes treatment new.
- Eleven thousand six hundred and eighty (11680) clients 18 – 44 years were put on hypertension treatment new.
- Seventeen thousand one hundred and eighty-seven (17 187) clients 45 years and older were put on hypertension treatment new.
- Three thousand five hundred and seventy (3 570) spectacles were issued to adults.
- Four hundred and fifteen (415) spectacles were issued to children.
- The department has received donations from National Department of Health (347 glucometers with 6 943 boxes of glucometer strips for CHWs and 40 HBA1c with 148 boxes strips), distributed to districts.
- Information, Education and Communication (IEC) material posters and pamphlets for diabetes, hypertension, breast cancer, prostate cancer, etc., were issued to districts.
- The department has established a partnership with Medicines Sans Frontiers (MSF) to establish external Pick-Up Points (PUPs) piloting in Amthole health district and to roll out to other districts.
- Nine (9) tonometers were received and five were distributed to district hospitals that has optometrists and /or ophthalmic nurses (3 - Alfred Nzo: Madzikane Ka Zulu, Mt Ayliff & Taylor Bequest, 2 - Sara Baartman: Settlers and Midlands hospitals).
- Two hundred and two (202) clients were registered on the Long-Term Domiciliary Oxygen Therapy program.

Table 4.2: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.4: Community Based Services (NCDs)

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
4. Morbidity and Premature mortality due to non-communicable diseases (HIV, TB and Malaria) reduced	Clients early detection of illness and prevention	4.2.1 Positivity rate for hypertension 18 – 44 years	New indicator	New indicator	5%	0.5%	-4.5%	Target not achieved. Positivity rate for hypertension 18-44 year is a new indicator and the target was set high to align to the new NCD 2nd cascade of 60%. Hypertension is not an infectious condition and there is not much difference on the positivity rate compared to the detection rate that has been measured during the year.
		Numerator			36 818	15 513		
		Denominator			736 352	3 368 187		
		4.2.2 Positivity rate for hypertension ≥ 45 years	New indicator	New indicator	5%	1.4%	-3.6%	Target not achieved. Positivity rate for hypertension 45 year and older is a new indicator in the financial year and the target was set high to align to the new NCD 2nd cascade of 60%. Hypertension is
		Numerator			33 089	24 993		
		Denominator			661 782	1 724 382		

								not an infectious condition and there is not much difference on the positivity rate compared to the detection rate that has been measured during the year.
		4.3.1Positivity rate for diabetes 18 – 44 years	New indicator	New indicator	5%	0.4%	-4.6%	Target not achieved. Positivity rate for Diabetes 18 - 44 years is a new indicator in the financial year and the target was set high to align to the new NCD 2nd cascade of 60%. Diabetes is not an infectious condition and there is not much difference on the positivity rate compared to the detection rate that has been measured during the years.
		Numerator			61 653	13 488		
		Denominator			1 233 056	3 232 040		
		4.3.2 Positivity rate for diabetes ≥ 45 years	New indicator	New indicator	5%	0.8%	-4.2%	Target not achieved. Positivity rate for Diabetes 45 year & older is a new indicator in the financial year and the target was set high to align to the new NCD 2nd
		Numerator			55 403	17 936		
		Denominator			1 108 067	2 350 033		

								cascade of 60%. Diabetes is not an infectious condition and there is not much difference on the positivity rate compared to the detection rate that has been measured during the year.
	Prevention and early detection of mental illness	4.4.1 PHC Mental disorders treatment rate new	0.07%	0.1%	0.1%	0.03%	-0.07%	Target not achieved because mental health care service users preferred visiting hospitals over attending Primary Health Care, resulting in poor attendance.
		Numerator	9 562	12 663	13 693	4 440		
		Denominator	13 692 661	14 117 664	13 692 661	13 943 191		
	Reduction of blindness	4.5.1 Cataract surgery rate	231.1/1 000 000	344.4/1 000 000	240/1 000 000	513.4/1 000 000	273.4/1 000 000	Target overachieved. The partnership that was forged between the Department and the Medics Unity Foundation boosted the cataract surgery rate during the cataract surgery blitz in Sabona – Frontier hospital with 206 surgeries performed and 191 surgeries that were performed
		Numerator	1 552	2 069	1 612	3 083		
		Denominator	6 714 789	6 006 715	6 714 789	6 004 621		

								in Madzikane Ka Zulu hospital.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
4.2.1 Positivity rate for hypertension 18 - 44 years 4.2.2 Positivity rate for hypertension > 45 years 4.3.1 Positivity rate for diabetes 18 - 44 years 4.3.2 Positivity rate for diabetes > 45 years	The District and Sub District management to continue supporting facilities, conducting in service education of nurses and operational managers to improve understanding of the definition of the NCD indicators and correct recording and reporting on the Tick register. NDOH NCD to support the EC NCD program on development of tools to integrate NCD to Operation Phuthuma Nerve Centre program. • Target for positivity rate for hypertension 18-44 years to be reduced to 2%. • Target for positivity rate for hypertension 45 years & older to be reduced to 2%. • Target for positivity rate for diabetes 18-44 years to be reduced to 2%. Target for positivity rate for diabetes 45 years and older to be reduced to 2%.
4.4.1 PHC Mental disorders treatment rate new	• Foundation for Professional Development (FPD), Clinical Psychologists and 25 Registered Councilors will strengthen the training of PHC nurses in diagnosis and counselling of clients with Mental Health Disorders. • Allocation of Medical Officers at PHC level to be able to diagnose Mental Disorders in Clients who suffer Psychiatric conditions for the First time (the diagnosis mentioned in this indicator is only done by the medical practitioners) • To carry out campaigns aimed at raising awareness and educating people about mental health issues.

2.5 SUB-PROGRAMME: PUBLIC HEALTH / OTHER COMMUNITY BASED SERVICES

Sub-programme purpose

The Other Community-based Services sub-programme manages the devolution of municipal health service from the Department of Health to the district municipalities and metros, (health care waste management and other hazardous substances control)

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

The department of health is required by law to comply with the waste management principles and guidelines contained in South African National Standards (SANS) 10248. To comply with the SANS 10248, the Department of Health undertook activities that are directed at improving Eastern Cape Department of Health compliance with these standards. The critical areas the department is focusing on in health facilities include Training of health care handlers on the management of health care waste. Provision of central storage areas for health care risk waste and assessment of health facilities on management of health care risk waste.

CAPACITY BUILDING ON MANAGEMENT OF HEALTH CARE WASTE

Training on the management of health care waste was conducted as follows:

Table B.21: Training on the management of health care waste

DISTRICT	NO TRAINED
Amathole	259
Chris Hani	61
Joe Gqabi	104
Nelson Mandela	267
OR Tambo	587
TOTAL	**1 278**

PROVISION OF CENTRAL STORAGE AREAS

The central storage areas (containers) for storage of health care risk waste were procured and delivered to the following health facilities:

Table B.22: Provision of Central Storage Areas

DISTRICT	FACILITY
Alfred Nzo	Ntabankulu CHC
	Lugangeni Clinic
	Maluti CHC
	Amadiba Clinic
Amathole	Butterworth Hospital
	Jama Clinic
	Nozuko Clinic
	Bezuidenhouteville Clinic
Buffalo City	Nontyatyambo CHC
	Empilweni Gompo

DISTRICT	FACILITY
	Mzamomhle
	Chris Hani Clinic
	Duncan Village CHC
Chris Hani	Ngcobo CHC
	Thembelihle Clinic
	Philani Clinic (Cradock)
	Philani Clinic (Emalahleni)
	Queenstown Pathology Services
Joe Gqabi	Maclear Clinic
	Queen Noti Clinic
	Sterkspruit Clinic
	Masibulele Clinic
Nelson Mandela	Empilweni TB Hospital
	Korsten Clinic
	Jose Pearson TB Hospital
	Elizabeth Donkin Psychiatric Hospital
OR Tambo	Mthatha Gateway - Mthatha
	Mbekweni CHC
	Ntapane Clinic
	Mzintlava Clinic
Sarah Baartman	Settlers Day Hospital
	Umasizakhe Clinic
	KwaZamukucinga Clinic
	Aeroville Clinic
TOTAL	**34**

These assist in the proper storage of waste before collection as stipulated in SANS 10248.
One freezer was procured and delivered to Livingstone hospital and two delivered to Nelson Mandela Academic hospital for storage of pathological waste.

APPOINTMENT OF SERVICE PROVIDERS

The department appointed Four service providers for collection of health care risk waste from the clinics and community health centres, all started on the 1st August 2023 on a 3-year contract. The service providers are:

Table B.22: Appointment of Service Providers

Service Provider	Assigned Health District
1. CCCN General Trading CC	Alfred Nzo
	Joe Gqabi
	Nelson Mandela
	Sarah Baartman
2. Meondo Trading 222 T/A Meondo Couriers	Chris Hani
3. Akum Holding (PTY) LTD	Buffalo City
	OR Tambo
4. Alumi Eco Space (PTY) LTD	Amathole

Health care risk waste collected from these facilities is transported to designated central collections points which are hospitals and some CHCs.

The designated central collection points are as follows:

Table B.23: Designated central collections points

District	No of Central Collection Points
Alfred Nzo	11
Amathole	19
Buffalo City	11
Chris Hani	17
Joe Gqabi	11
Nelson Mandela	06
OR Tambo	20
Sarah Baartman	13
TOTAL	**108**

The contract for collection, transportation, treatment, and disposal of medical waste with Buhle Waste ended on 31 January 2024. Compass Waste Services was appointed and started on the 01 February 2024.

Table 4.2.5: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.5: Public Health / Other Community Based Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Hospitals comply with health care risk waste norms and standards	6.4.4 Percentage of hospitals complying with health care risk waste norms and standards	65%	69.6%	74.1%	74.1%	0%	Target achieved.
		Numerator:	58	62	66	66		
		Denominator:	89	89	89	89		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	N/A

2.6 SUB-PROGRAMME: HIV & AIDS, STI & TB (HAST) Control

Sub – Programme purpose

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected in line with Provincial Development Plan (PDP) goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

Institutional outcomes

3. Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced
4. Morbidity and Premature mortality due to non-communicable diseases (HIV, TB and Malaria) reduced

PROGRESS AND ACHIEVEMENTS

Project Management

- The programme organised a stakeholder engagement session as part of the District Health Programme Grant annual evaluation report with Civil Society Forum (CSF) under the umbrella of the Eastern Cape AIDS Council (ECAC) where provincial HAST managers in May presented programme performance and identified areas of collaboration for improvement. A follow-up session with stakeholders was convened in September 2023 to assess progress on the implementation of the proposed interventions and addressed challenges encountered.
- Operation Phuthuma quality improvement strategy trainings were conducted across all districts with 5-districts (OR Tambo, Sarah Baartman, Nelson Mandela, Buffalo City and Amathole) implementing the strategy and 3-districts (Alfred Nzo, Joe Gqabi and Chris Hani) partially implementing, and support is planned for the new financial year.
- Tools of trade such as laptops and cell phones were procured and distributed to all newly appointed managers (at both provincial and district levels) to enhance performance towards programme management and improvement.
- The department participated in a stakeholder consultation for the development of the provincial implementation plan coordinated by the ECAC. The session shared the report of the 2017-2022 provincial performance which was a good platform for identifying areas that needed improvement, strengthening better coordination of resources for:
  - Setting of provincial/district targets.
  - Developed provincial activities aligned to the indicators and goals.
  - Designed an operational plan.

Advocacy Communication and Social Mobilization (ACSM)

- The Department of Health, in collaboration with the ECAC, commemorated World TB Day 2023 at Mgwenyane, Nyandeni local municipality, OR Tambo District on April 13th, 2023. Preceding World TB Day, the launch of youth zones and awareness campaigns, including community dialogues, were conducted across all 8 districts. A TB advertisement was developed and published in the Herald and Daily Dispatch newspapers for the event held in OR Tambo, serving as a platform to inform readers of achievements and educate them on TB and TBHIV services. During the event, mobile services were provided, and various stakeholders delivered speeches.
- Youth month commemoration event to raise awareness on Adolescent & Youth Friendly HAST services in health facilities was held at Sarah Baartman District in June 2023. This event included the launch of a Youth Zone which was established in collaboration with Love-Life as part of their youth-focused interventions support to the district.
- A women's month commemoration event during August 2023 was successfully executed at Nophoyi village in Alfred Nzo District in collaboration with the district team and Doctors from Ingqanga.
- World AIDS Day provincial event was commemorated on 1st December 2023 at Matatiele in Alfred Nzo District in collaboration with ECAC. Build-up activities were conducted through-out the province led by district HAST teams as means of promoting awareness and bringing health services closer to communities.
- Provincial STI, Condom and Sexual Reproductive Health week was commemorated at Chris Hani district where the provincial and district teams facilitated build-up activities which led to a successful event in the month of February 2024. The event's aim was to promote community education and awareness to improve

STIs prevention, case-finding, and treatment.

- Districts, in collaboration with district supporting partners, other departments, ECAC, and municipalities, conducted build-up activities leading to Provincial World TB Day event which was held on 26 March 2024. Comprehensive primary healthcare services were offered across districts. As part of these activities, a Youth Prevention Summit was held at Halyards Hotel in Port Alfred on March 20th, 2024, organized by the Department of Health and ECAC members. Youth from Ndlambe Local Municipality and universities actively engaged in discussions about TB, TBHIV, and DR-TB prevention and treatment. The National Department of Health conducted capacity-building sessions on various topics, including the TB Recovery Plan through the Knowledge Hub platform, with participation from all provinces over four weeks.
- All these events were led by The Honourable MEC for Health and took a form of services on wheels which included provision of HIV Testing, PrEP and condoms distribution availability of other government departments such as Home Affairs, Agriculture, Social Development, South African Social Security Agency (SASSA), etc.
- The department secured a three-year contract spanning the financial period from 2022/23 to 2024/25 with two service providers responsible for managing media activities. Radio interviews have been conducted during this financial year on Umhlobo Wenene FM and other community radio stations, covering topics related to HAST programmes; Maternal Child and Women's Health (MCWH); and Mental Health. These sessions aim to empower the public by raising awareness on health services available within the health facilities in the province.
- A stakeholder engagement session at Nkqubela TB Hospital was convened on May 26th, 2023, with the purpose of involving stakeholders in addressing the growing numbers of patients lost to follow-up while on TB/ARV treatment and related challenges.
- The Premier's office organized Supported Ex-Miners Outreach Programmes in OR Tambo and Chris Hani Districts at Ngqeleni, Libode, and Ngcobo from April 18th to 21st, 2023. Talks on TB and TB prevention messages were delivered to attendees, encouraging them to seek medical attention at nearby health facilities if they experience TB symptoms. A two-day workshop for ex-miners was held at Regent Hotel from August 3rd to 4th, 2023, with participation from various stakeholders including the office of the premier, mining sector organizations and senior departmental management. The workshop highlighted the importance of TB screening for ex-miners.
- The Department of Health, in collaboration with the South African National AIDS Council (SANAC) and ECAC, launched a TB caucus at the Provincial Legislature on November 1st to bolster political support and commitment for program implementation.
- A working committee was set up with the communication section to resolve the bottle necks experienced in procurement of media and Information, Education and Communication (IEC) material for the programme.

HIV PREVENTION

Vertical Transmission Prevention Sub-programme

- A total of 200 vital signs monitoring machines have been procured and distributed to all eight districts for the benefit of antenatal clients.
- Total of Seventeen (17) Ultrasound scanners have been procured and delivered to Amathole, BCM, Joe Gqabi, OR Tambo and Sara Baartman districts.
- The programme distributed 3 000 copies of Integrated Management of Childhood Illnesses (IMCI) 2022 guidelines in all eight districts.
- Job aids for the management of HIV Exposed Infants (HEIs) have been delivered and distributed to all eight districts to assist in the clinical management of HEIs.

HIV Testing Services (HTS) Sub-programme

- Ten-days training sessions for lay counsellors have been conducted across all districts covering all testing modalities (standard HTS, HIV Self Screening and Index Testing).
- The programme in partnership with Center for Disease Control and Prevention (CDC) conducted a training on Rapid Testing Continuous Quality Improvement (RTCQI) targeting 63 participants comprised of District Prevention Managers, Trainers, and Mentors.
- Orientation sessions on the new HTS, Vertical Transmission Prevention (VTP) and HIV-Syphilis Dual testing

guidelines were conducted across all districts targeting 45 nurses per districts.

Adolescent & Youth Sub-programme

- Youth Zones within health facilities were launched in partnership with Beyond Zero and TB-HIV Care at three districts OR Tambo (Malangeni Hub of Hope), Amathole (Ibika Clinic) and Sarah Baartman (Graaf Reinet Clinic). Beyond Zero provided 630 colourful chairs, 63 outdoor youth zone service boards for 63 Youth Zones as well as face-lifting for these sites in Amathole and BCM. Twenty-one additional Youth Zones were established across all districts which increased the number from 513 in 2022/23 to 534 in 2023/24 financial years. Youth Zone support visits were conducted at Nelson Mandela Metro in collaboration with NDOH on 19 &20 March 2024 and 3 facilities (Leticia Bam, Gqebera and New Brighton clinic including KwaNobuhle youth Centre).
- Adolescent and Youth Friendly Services (AYFS) trainings were conducted in partnership with Love-Life and Soul City for Chris Hani (14-16 November 2023 reaching 47 participants), OR Tambo (6-8 December 2023 reaching 52 participants) and Amathole (1-3 November 2023 reaching 29 participants). Additional AYFS training sessions were facilitated for Joe Gqabi and OR Tambo districts covering 96 professional and operational nurses.
- A Strategic review meeting for AYFS and Integrated School Health Programme (ISHP) provincial task team was convened, the task team was composed of managers from EC DoH, EC DSD and EC DoE and AYFS supporting partners to develop an integrated implementation plan for 2024/2025.
- Teenage pregnancy and HIV dialogues were conducted in 11 high schools in OR Tambo and 10 high schools in Alfred Nzo.
- The department in partnership with EC DSD, EC DoE and ECAC conducted learner pregnancy indaba targeting 100 learners across the province.

Condoms, High Transmission Areas (HTA) & Key Populations Sub-programme

- The programme manager worked on reducing condom delivery points from 28 to 6 points per supplier which resulted in improved delivery of condoms across the province.
- Twelve condom containers have been distributed in all districts, with two allocated to the Universities of Fort Hare (UFH) and Walter Sisulu (WSU) to improve condoms availability.
- Condom communication sessions were conducted at 12 institutions of higher learning:
    - (WSU (Nelson Mandela Drive, Zamukulungisa, Ibika and Queenstown)
    - UFH (Alice and East London)
    - Nelson Mandela University (NMU) (South Campus, North Campus and Missionvale Campus)
    - Port Elizabeth Technical Vocational Education and Training (TVET) college (Dower college, Russell Road campus and Iqhayiya College)
    - BCM TVET college
- Eight facilities (one in each district) have been identified as Key Population user-friendly sites and baseline assessments were conducted in December followed by training for all districts with the support of National Department of Health (NDoH).

Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) Sub-programme

- Pre-Exposure Prophylaxis (PrEP) training was conducted for all districts on 4-5 December 2023 with 40 participants.
- The programme in partnership with Witwaterstrand Reproductive Health Institute (WitsRHI) launched Dapivirine Ring (Antiretroviral vaginal ring) pilot as one of PrEP modalities on 24 November in four facilities (2 in OR Tambo and 2 NMBM).
- Debriefing sessions for nurses working within rape crisis centres were conducted in all districts targeting 45 nurses per quarter during Q1. Q2 and Q3.
- Eight thousand eight hundred and seven (8 807) comfort packs were distributed to all the Thuthuzela Care Centres throughout the province. The programme procured and distributed refrigerators to Sinawe Thuthuzela Centres in Mthatha and Butterworth to be used for medicines and immunizations.
- An additional Thuthuzela centre was launched in Cradock hospital in partnership with the National Prosecuting Authority (NPA).

Sexual Transmission Infections (STI) Sub-programme

- STI Clinical Sentinel Surveillance Sites (CSSSs) orientation was conducted for all the districts on 17 August 2023 and are expected to commence with data collection and reporting. The STI programme manager visited four facilities for STI CSSS implementation support at BCM. CSSSs were chosen based on the

increased number of Male Urethritis Syndrome cases identified which serves as an indicator for high STI burden in facilities.

Circumcision Sub-programme

- The province issued a call for proposal for circumcision rescue centres establishment to attract suitable bidders to render traditional male initiation (TMI) rescue centre services in Bizana, Lusikisiki, Libode, Tsolo and Cofimvaba areas. Proposals were received and evaluation was conducted in October 2023.
- External Quality Assessment (EQA) feedback session was conducted by World Health Organisation to identify quality assurance related gaps at St Patricks Hospital in Alfred Nzo, Palmerton CHC in Joe Gqabi and Humansdorp Hospital in Sarah Baartman.
- Individual quality improvement plans for Male Medical Circumcision (MMC) were subsequently developed and are subjected to continuous quality assessment.

Drug-Susceptible Tuberculosis (DS-TB), Drug-Resistant TB (DR-TB) and TBHIV

- The DS-TB and TBHIV National Indicator Data Set (NIDS) training on new program developments, encompassing both clinical management and NIDS, was conducted regionally, with two neighbouring districts combined per session.
- DS-TB and TBHIV program training sessions were organized by the National Department of Health, covering all districts from June to August 2023. This marked the introduction of the new TB guidelines, targeting clinicians and program managers. Provincial TB Managers supported district-level TB and TBHIV training roll-out from June 2023 to February 2024.
- To alleviate the TB burden in people living with HIV, the decentralization of Lipoarabinommanan (LAM) policy implementation continued to enhance Primary Health Care settings across districts. Workshops on LAM and Rifapentine (3HP) implementation and reporting were conducted, albeit hampered by manual reporting.
- Alfred Nzo and Chris Hani Districts commenced reporting on LAM tests conducted. Amathole, Buffalo City Metro, Chris Hani (only Enoch Mgijima), Joe Gqabi, and O.R. Tambo districts commenced reporting on 3HP from August 2023.
- The National Department of Health conducted a pilot study on new effective anti-DR-TB agents, specifically the Bedaquilin Protanamide Linezolid and Livofloxacillin (BPaL-L) six-month shortened regimen. This regimen significantly reduces pill burden for patients, decreasing from 21 tablets to just 3, and has demonstrated favourable DR-TB treatment outcomes, boasting a 90% success rate with no reported deaths among participants at Jose Pearson TB Hospital.
- The launch of the BPaL-L regimen took place on September 1st, 2023, at Jose Pearson TB Hospital. Currently, Jose Pearson and Nkqubela TB Hospitals are the sole sites offering this regimen in the province. BPaL-L training sessions were conducted in Nelson Mandela Metro (Gqeberha) and Buffalo City Metro (East London) in July and August 2023, respectively.
- National Department of Health TB program managers further conducted training on the BPaL-L six-month regimen and EDR-web system for clinicians and data capturers in Nelson Mandela Metro, Joe Gqabi, and Chris Hani districts in March 2024, as part of the province's preparation for the full policy implementation.
- TB topics, including the BPaL-L six-month regimen, were featured during Funda Friday, with Nkqubela TB hospital doctors presenting. This platform provided an opportunity for clinicians to familiarize themselves with the new regimen introduced in September 2023.
- Maternal and Child Health (MatCH) TB LON project was enlisted to aid in the appointment of additional managers to bolster support for TB, TBHIV, and Advocacy, Communication, and Social Mobilization programs. Following a selection process, MatCH appointed two managers who were seconded to the province to reinforce the TB programme implementation.
- In December 2023, a formal consultative session was held to transition from MatCH to the AURUM Institute. AURUM now provides support to the department's TB program, focusing on Joe Gqabi, Nelson Mandela Metro, and Sarah Baartman districts. The Memorandum of Understanding (MoU) between AURUM and the department was finalized, solidifying their support for the Sarah Baartman, Nelson Mandela Metro, and Joe Gqabi districts.
- TB Nucleic Acid Amplification Test (NAAT) training was conducted in collaboration with the National Department of Health (NDoH) on February 1, 2024. Participants included clinicians from both the department and district supporting partners. TB NAAT replaces the Gene-Xpert test and offers advantages

such as detecting resistance to drugs other than Rifampicin.

- The department, with the assistance of district supporting partners (Aquity Innovations (TB partner), AURUM Institute, and TBHIV Care), printed TB Identification registers aligned with NIDS 2023. This ensures that facilities accurately record TB diagnostic data, improving data collection and reporting of TB case findings. The NDoH, through Global Funds, supports ECDoH in three districts—Amathole, Buffalo City, and O.R. Tambo—in payment for Gene-Xpert/NAAT tests conducted.
- Aquity Innovation provided two screening mobile x-ray units to the Amathole district, complementing the existing digital x-ray services in O.R. Tambo and Buffalo City Metro, thereby enhancing TB case-finding efforts. Aurum Institute provided two screening mobile x-ray units for Sarah Baartman and Nelson Mandela districts.
- TB Programme Managers participated in ISHP meetings involving sister departments which were convened to address the comprehensive health needs of school children.
- A TB Summit was hosted for information sharing at Cecilia Makiwane Hospital on September 21st and 22nd, 2023, in response to noted underperformance during a support visit, the session addressed the identified training gaps.
- TB integration consultative sessions were conducted on October 4th and November 22nd, aimed at effectively managing the spread of TB and mitigating its impact on communities, particularly addressing concerns related to morbidity and mortality in the Maternal Health Programme. The presented report underscored TB and HIV-related deaths among children and mothers, emphasizing the need for service integration.
- A comprehensive Vertical Transmission Programme training session, covering TB management during pregnancy, TB preventive therapy for HIV-positive clients and TB contacts, as well as BCG and Urine LAM presentations, was conducted for District Clinical Specialist Teams (DCSTs), trainers, and mentors. The objective was to equip them with essential information to disseminate across health facilities in the Sarah Baartman, Nelson Mandela Metro, Alfred Nzo, and O.R. Tambo districts on November 22nd to 23rd, 2023, and December 2023.
- The department promoted TB-check Case finding initiative which allows people to do TB self-screening using their cell phones and receive advice or instruction to either go to the nearest facility for TB testing or continue monitoring TB signs and symptoms.
- The National Department of Health, in collaboration with the National Health Laboratory Services, developed an SMS strategy to facilitate the delivery of laboratory TB test results directly to patients' cell phones. This initiative aims to enhance the prompt initiation of TB treatment in healthcare facilities, safeguard patients' privacy, and reduce primary loss to follow-up.
- A support visit was conducted by the National Department of Health in the Alfred Nzo district covering seven facilities (six Primary Health Care centers and one TB hospital). The visit revealed that the facilities still need support to improve implementation of the changes outlined in the new TB guidelines. The department subsequently developed a quality improvement plan which was shared with the districts.
- Provincial managers participated in the quarter 1 and quarter 4 National reviews held in August 2023 and February 2024, respectively, providing an overview of the country's overall performance. New developments were presented, and lessons were learned during these sessions, which were attended by M&E and Information managers, addressing data-related challenges contributing to low performance.
- A session with TB partners was convened on January 29, 2024, offering insight into their planned activities and available resources aimed at enhancing the TB program. TBHIV Care supports the implementation of 3HP in OR Tambo and Chris Hani districts.
- On January 31, 2024, the Desmond Tutu Health Foundation (DTHF) organized a session with HAST to spotlight ongoing studies conducted in O.R. Tambo and Buffalo City, including a study on TB among men.
- A virtual HIV-TB engagement meeting was conducted led by the TBHIV cluster Monitoring and Evaluation Manager aimed to share information with the province and assess the understanding of TBHIV indicators by District HAST Managers based on performance data retrieved from the Tshisa system. Solutions were discussed, with follow-up actions to be taken by the National DOH team.

Care and Treatment Sub-programme

- HAST Orientation Roadshows were conducted for all districts to improve the management and monitoring of the programme**.**
- Integrated HAST & MNCWH programme updates were conducted in support of the districts in September 26-29, 2023.
- In June 2023, the Care and Treatment programme supported the provincial dissemination workshop of the 2023 ART Clinical Guidelines where trainers, doctors, pharmacists, DCST's and mentors from across the province were in attendance. This workshop provided more details on the use of Dolutegravir and its efficacy in drastically reducing viral load.
- Eastern Cape was selected by the National Department of Health to be part of the provinces that have facilities included in the national 100 focus facilities on the Operation Phuthuma (OP) strategy for improvement. The four facilities are from OR Tambo (Flagstaff CHC, Ngangelizwe CHC and Mthatha Gateway Clinic) and Nelson Mandela (KwaZakhele CHC). Operation Phuthuma trainings and supportive supervision visits to districts, sub-districts and facilities were undertaken to strengthen quality improvement in the implementation of the programme. As such, Flagstaff CHC (which is part of the national 100 focus facilities for improvement) presented its best practices in the 2023 PHASA conference in Gqeberha. It is worth noting that the four facilities continue demonstrating measurable improvements on the performance of the selected priority indicators including Total Remaining on ART (TROA).
- The Care & Treatment programme together with Care & Support and National Department of Health conducted Differentiated Models of Care (DMoC) performance reviews in Alfred Nzo, OR Tambo, Buffalo City and Nelson Mandela districts to support and strengthen patient clinical management, recording in patient files, correct scripting and decanting of patients. These review sessions provided an in depth understanding of the gaps and where provincial support should be focused.
- Patients on ART are at liberty to collect medication at health facilities convenient to them. Unfortunately, people tend to move around for various reasons, and this affects loss to follow-up. The Tier.net system is a facility-based system that is unable to account for patient movement, this affects patient retention in care. The only way the system accounts for a reduction in total remaining in care is through loss to follow-up.

Care and Support Sub-programme

- DMoC Standard Operating Procedures (SOPs) and welcome back strategy workshop was facilitated in collaboration with NDOH. Trainers, Health Promoters and Programme Managers were in attendance, districts consolidated training plans (March 2024) for dissemination of the information in the new financial year.
- The programme facilitated a process of setting up DMoC targets for health facilities in collaboration with information section.
- A working group with Risk Communication and Community Education (RCCE) was established to upscale community awareness on DMoC.
- The department successfully appointed 57 Community Based Organisation (CBOs) through the Non-Governmental Organisation (NGO) Funding within the district health programmes grant.

HAST MONITORING and EVALUATION (M&E) Sub-programme

- Workshops on cohort indicators monitoring and interpretation together with the new Differentiated Model of Care (DMoC) reporting developments were conducted by provincial HAST M&E team during Q2 for clinicians and data management teams across all districts (Joe Gqabi, Alfred Nzo & OR Tambo session was held on 1-4 August; Amathole & BCM was held on 15-18 August and NMBM & Sarah Baartman was held on 29 August – 1September).
- Consolidated and finalized the Conditional Business Plan target allocation and submitted to NDoH timeously.
- All quarterly non-financial DoRA reports were consolidated and submitted within NDoH stipulated time-frames.
- Coordinated and consolidated HAST programme managers' responses to all Auditor General Request for Information (RFIs) relating to programme 2.6 and submitted timeously (eg: business process, health systems management, programme planning, etc.)

- Supported EDRweb training for districts not yet trained on BPAL-L rollout for capacitation on data management.
- Presented Q3 HAST performance to Provincial Health Council (PHC) to lobby for community leadership support in programme improvement strategies.
- Consolidated the World AIDS Day and World TB Day build-up reports coming from districts to inform the overall political briefing document.
- Participated in Health services on wheels patient registration and data collection during programme calendar events.

Table 4.2.6: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.6: HIV & AIDS, STIs & TB control

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
Morbidity and Premature mortality due to Communicable diseases (HIV, TB and Malaria) reduced	HIV new cases identified and initiated on ART	3.1.1 HIV test done - sum	1 701 524	1 896 429	1 697 542	2 061 702	364 160	Target overachieved. This can be attributed to the 10-days training sessions conducted for Lay Counsellors across five districts. Build-up activities and provincial events such as Women's Month, World AIDS day, STI Condom Week and World TB Day.
		3.1.3 HIV Test positive around 18 months rate	New indicator	New indicator	1.2%	0.4%	0.8%	Target achieved.
		Numerator			564	165		
		Denominator			47 003	42 765		
		3.1.2 HIV positive 15-24 years (excl ANC) rate	2.2%	2%	2%	1.7%	0.3%	Target achieved.
		Numerator	12 355	12 245	8 524	11 655		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator	553 802	616 736	426 194	681 771		
		3.2.1 ART client naïve start ART during month – sum	50 541	48 808	66 758	47 221	-19 537	Target not achieved due to a year-on-year decline of HIV positivity yield. Less people tested HIV positive compared to the annual set target for ART initiation.
	People living with HIV retained on care	3.2.2 ART adult [1]remain in care rate (12 months)	62.3%	63%	70%	63.3%	-6.7%	Target not achieved due to high lost to follow up rate at 34.1%
		Numerator	30 103	27 972	45 052	28 207		
		Denominator	48 302	44 391	64 360	44 590		
		3.2.3 ART child remain in care rate (12 months)	73.4%	73.8%	85%	74.8%	-10.2%	Target not achieved due to high lost to follow up rate at 22.3%
		Numerator	838	745	2 330	776		
		Denominator	1 142	1 009	2 741	1 038		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	People viral load undetected	3.2.7 ART Adult viral load suppressed rate – below 50 (12 months)	88.5%	89%	90%	82.8%	-7.2%	Target not achieved due to poor implementation and monitoring of the Adherence Plan resulting in poor patient adherence on treatment thereby affecting viral load suppression.
		Numerator	19 632	18 142	57 924	16 924		
		Denominator	22 186	20 385	64 360	20 444		
		3.2.8 ART Child viral load suppressed rate – below 50 (12 months)	64%	62%	70%	50.2%	-19.8%	Target not achieved due to shortage of drug supply of paediatric Dolutegravir (pDTG) from both depots caused by unavailability of a national contract. The pDTG is the most effective in achieving viral load suppression and well tolerated by children.
		Numerator	376	310	1 919	271		
		Denominator	588	500	2 714	540		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	TB/HIV co-infected clients identified and initiated	3.2.9 TB/HIV co-infected client on ART rate	92.6%	93.3%	94%	94.3%	0.3%	Target achieved.
		Numerator	13 724	14 051	16 149	17 426		
		Denominator	14 816	15 063	17 180	18 476		
	TB Positive clients initiated and cured	3.3.1 TB investigation done 5 years and older rate	95.5%	98.4%	95%	-	-	Indicator discontinued as of NIDS 2023 therefore no data points on DHIS.
		Numerator	284 194	305 276	404 415			
		Denominator	297 488	310 149	425 700			
		3.3.2 DS – TB treatment start 5 years and older rate	92.7%	93.1%	94%	91.4%	2.6%	Target achieved within methodological consideration of 5% margin of error.
		Numerator	32 658	36 741	23 654	38 235		
		Denominator	35 244	39 465	25 164	41 824		
		3.3.3 TB XDR treatment start rate	100%	100%	100%	100%	0%	Target achieved.
		Numerator	123	125	230	32		
		Denominator	123	125	230	32		
		3.3.4 All DS -TB client treatment success rate	77.5%	76.7%	79%	72%	-6%	Target not achieved due to the implementation
		Numerator	25 482	27 189	33 522	32 591		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator	32 881	35 436	42 421	45 098		of the new NIDS that slightly differs from the previous years. The strengthening of reporting of this indicator will be prioritised.
		3.3.5 TB Rifampicin resistant/Multidrug - Resistant treatment success rate	New indicator	New indicator	60%	70%	10%	Target overachieved. The TB Control program hired 4x2 double cabs vehicles for the MDR TB
		Numerator			1 065	754		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator			1 775	1 082		program to be used by the outreach teams in tracing of the DR TB defaulters and this has yielded good results in making the program to overachieve the target of 60%. Districts were also using their tracer teams in tracing the defaulters in their respective districts. Conducted quarterly performance reviews with the district supporting partners to look at the program performance and sharing of the best practises.

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	New indicator	New indicator	10%	17%	-7%	Target not achieved affected by the high lost to follow up in Amatole 31% and Chris Hani 24%. This is attributed by inadequate tracing by Community Health Workers and Ward-Based Outreach Teams.
		Numerator			12	182		
		Denominator			118	1 082		
		3.3.7 TB Pre-XDR treatment success rate	New indicator	New indicator	60%	65%	5%	Target achieved
		Numerator			1 065	76		
		Denominator			1 775	117		
		3.3.8 TB Pre-XDR loss to follow-up rate	New indicator	New indicator	10%	17%	-7%	Target not achieved affected by the lost to follow up of Sarah Baartman at 22% and Alfred Nzo 20%.
		Numerator			83	20		
		Denominator			834	117		
	Lost clients tracked and re-initiated	3.3.9 All DS-TB client lost to follow-up rate	14.1%	14.7%	10%	14%	-4%	Target not achieved. Patients who are not evaluated at the
		Numerator	6 030	4 622	4 242	6 181		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator	42 421	32 881	42 421	45 098		end of the treatment course are regarded as lost to follow-up by the Tier.net system, through which the data is exported to the DHIS system.
4. Morbidity and premature mortality due to non-communicable diseases (HIV, TB and Malaria) reduced	Prevention and early detection of malaria cases managed	4.6.1 Malaria deaths reported	New indicator	New indicator	0	1	-1	Target not achieved. The delays in seeking medical help and disclosure of the traveling history to malaria-endemic areas are the contributory factors to the noted malaria death.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
3.2.1 ART client naïve start ART during month – sum	• Continue to support Operation Phuthuma Quality Improvement Initiative. Conduct file recording, patient clinical management, capturing and recording workshops across the districts for nurses and data capturing to correct gaps affecting performance. Conduct HAST programmes update workshops for hospitals to reduce the ART initiation gaps and improve reporting.
3.2.2 ART adult remain in care rate *(12 months)*	• Continue to support Operation Phuthuma Quality Improvement Initiative. Conduct file recording, patient clinical management, capturing and recording workshops across the districts for nurses and data capturing to correct gaps affecting performance. Conduct HAST programmes update workshops for hospitals to reduce the ART initiation gaps and improve reporting.
3.2.3 ART child remain in care rate *(12 months)*	• Continue to support Operation Phuthuma Quality Improvement Initiative. Conduct file recording, patient clinical management, capturing and recording workshops across the districts for nurses and data capturing to correct gaps affecting performance. Conduct HAST programmes update workshops for hospitals to reduce the ART initiation gaps and improve reporting.
3.2.7 ART Adult viral load suppressed rate – below 50 *(12 months)*	• Continue to support Operation Phuthuma Quality Improvement Initiative. Conduct file recording, patient clinical management, capturing and recording workshops across the districts for nurses and data capturing to correct gaps affecting performance. Conduct HAST programmes update workshops for hospitals to reduce the ART initiation gaps and improve reporting.
3.2.8 ART Child viral load suppressed rate – below 50 *(12 months)*	• Continue to support Operation Phuthuma Quality Improvement Initiative. Conduct file recording, patient clinical management, capturing and recording workshops across the districts for nurses and data capturing to correct gaps affecting performance. Conduct HAST programmes update workshops for hospitals to reduce the ART initiation gaps and improve reporting.
3.3.3 TB XDR treatment start rate	• Continuous support and monitoring of the decentralized sites to ensure that they are maintaining this performance.
3.3.4 All DS -TB client treatment success rate	• The province will engage the districts to ensure the facilities retrieve weekly appointment list which will identify which patients are scheduled to come to the facility. This creates quick access to those who has missed their appointment for immediate tracing. • The districts are encouraged to retrieve Early and Late Missed Appointment list to prevent LTFU on weekly basis and trace and link patients back to care. • Retrieve TB Outstanding "Outcomes List" to detect "Not Evaluated" patients. • Engage district supporting partners on the performance and request them to assist the districts they are supporting.

Indicator not achieved	Proposed strategies
3.3.5 TB Rifampicin resistant/Multidrug - Resistant treatment success rate	• Continuous support and monitoring of the decentralized sites to ensure that they are maintaining this performance
3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	• To facilitate clinical audits and death audits by the decentralised sites. • Engage district supporting partners on the performance and request them to assist the districts they are supporting.
3.3.7 TB Pre-XDR treatment success rate	• To facilitate clinical audits and death audits by the decentralised sites. • Engage district supporting partners on the performance and request them to assist the districts they are supporting.
3.3.8 TB Pre-XDR loss to follow up rate	• To facilitate clinical audits and death audits by the decentralised sites. • Engage district supporting partners on the performance and request them to assist the districts they are supporting.
3.3.9 All DS – TB client lost to follow – up rate	• The province will engage the districts to ensure the facilities retrieve weekly appointment list which will identify which patients are scheduled to come to the facility. This creates a quick access to who has missed their appointment for immediate tracing. • Districts are encouraged to retrieve Early and Late Missed Appointment list to prevent LTFU on weekly basis and trace and link patients back to care. • Retrieve TB Outstanding "Outcomes List" to detect "Not Evaluated" patients. • Engage district supporting partners on the performance and request them to assist the districts they are supporting.
4.6.1 Malaria deaths reported	• Training of doctors and nurses on case management to increase early detection and treatment of malaria.

2.7 MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

Sub-programme purpose

To reduce mother, newborn and child mortality through strengthened maternal and child as well as nutrition health services across the Eastern Cape Province.

Institutional outcomes

- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENTS

Maternal Health Services

- District Clinical Specialist Team (DCST) meeting was held in August, all districts were represented, in which resolutions on provincial DCST reporting template update, Facility Assessment Supporting Tool (FAST) tool kit and development of standard operating procedures on intrapartum care and Hepatitis B screening were discussed.
- The Department of Health hosted Midwifery Seminar on the 18th – 21st September 2023; clinicians were capacitated on management of obstetrical emergencies, neonatal care, and integration of services to reduce maternal and neonatal mortality.
- To integrate Maternal, Child and Women's Health (MCWH) services with other health programmes such as HAST, outreach services, and non-communicable diseases a planning session was conducted to improve performance in the fourth quarter moving forward. A follow up planning session took place in March 2024. The session was attended by the DCSTs and nutritional managers to develop integrated MCWH and Nutrition operational plans for the districts.
- A Rapid Response team for the Western Region has been formed in collaboration with the Provincial MCWH office. The aim of the rapid response project is to reduce high maternal and neonatal death rate observed at Dorah Nginza hospital, mainly due to the referral hospitals in Sarah Baartman. The team is working at strengthening management of maternal patients in referring district hospitals.
- The team focuses on continuous data analysis to inform targeted interventions and identification of the root causes, equipment needs, structural requirements and infection control practices.
- A total of twenty (20) Kangaroo Mother Care (KMC) chairs were delivered to Frontier, Cecilia Makiwane, St Elizabeth Regional and Mthatha Regional hospitals. Each hospital received five (5) of KMC chairs.

Women's Health

- Couple Year Protection indicator improved due to inclusion of the indicator as one of those monitored under Operation Phuthuma Project. In addition to this, in-service trainings on insertion of Long-Acting Contraceptives (LARCS) are continuously conducted in O.R Tambo and Alfred Nzo districts.
- To increase the access to sexual reproductive health services, the National Department of Health (NDOH) is currently piloting the Digital Self Care Project in Buffalo City Metro and O.R Tambo district. The sites have been identified and focus groups for demand creation have been conducted.
- The Department of Health participated in the Learner Pregnancy Indaba hosted by Department of Education on the 8th and 9th August 2023 at Lumko High School. The aim of the Indaba was to discuss inter-sectoral collaborative strategies aimed at addressing teenage pregnancy.
- The Department of Health in partnership with Ipas (Non-Governmental Organisation) to strengthen Sexual Reproductive Health Services that promote safe Choice of Termination of Pregnancy (CTOP) practices. Ipas in partnership with the United Kingdom's Foreign Commonwealth and Development Office (FCDO) is implementing a three-year project, themed "Strengthening Comprehensive Sexual Reproductive Health and Rights (SRHR) Programs and Gender Equity for Women and Girls in South Africa". The key target groups for the project will be women and girls, including persons living with disabilities, and Lesbian Gay Bisexual Transgender and Queer people (LGBTIQ+) individuals. The project incorporates Sexual Reproductive and Health Rights (SRHR) services to address the injustices and limited access to SRHR services that women and girls face during the times of climate crisis.

- In March, a pre-inception meeting was held with the Provincial representatives and district managers of the selected districts i.e. Sarah Baartman (3 facilities), Alfred Nzo (4) and Joe Gqabi (3) to identify facilities that will be supported by Ipas. The signing of Memorandum of Understanding (MoU) is in progress.
- The department hosted a cancer awareness event at Emalahleni sub-district in Chris Hani. The aim of the event was to promote uptake of cervical cancer screening by creating awareness of benefits of cervical cancer screening in reducing cervical cancer incidence. The outreach services were provided at Xonxa clinic, Ngonyama community health centre and Lady Frere stadium.
- The services offered included cervical cancer screening, breast and prostate cancer examination, family planning, treatment of minor ailments, growth monitoring for children under 5 years, Human Immuno-deficiency Virus (HIV) testing and antiretroviral treatment (ART) initiation.

Extended Programme of Immunisation (EPI)

- In October, EPI training was conducted by the National Department of Health for the new EPI schedule. One hundred and twenty-three participants (123) attended the training covering the whole province.
- In quarter four (4), all districts have cascaded trainings on introduction of new vaccines (replacing Meas-Bio by Measles and Rubella (MR), Tetanus Toxoid to Tetanus-Diphtheria- Pertussis (Tdap). The new vaccines are expected to be started in July 2024, subject to clearing of the existing stock.
- The department hired six (6) vehicles that were allocated in OR Tambo (1 Nyandeni.1Mhlontlo1,King Sabatha Dalindyebo sub-districts), 1 Amathole (Mbashe sub-district) and 2 Nelson Mandela Metro (Sub-district B &C), this intervention resulted to performance improvement in all those three districts.
- The department supported data verification sessions at OR Tambo, Joe Gqabi and Chris Hani districts.
- The National Department of Health and World Health Organisation (WHO) conducted disease surveillance trainings in four hospitals (Victoria, Nompumelelo, SS Gida and Frere hospitals).

Integrated Nutrition Programme (INP)

- Nutrition week was celebrated at Elundini sub-district in Joe Gqabi to create awareness about importance of good eating habits to prevent obesity, being overweight and malnutrition.
- The department is continuing to strengthen inter-sectoral collaborative activities to address social determinants of health associated with child malnutrition. In March 2024, the Eastern Cape Department of Health has participated in the formation of the Integrated Child Registration Outreach Programme (ICROP) working group, targeted communities residing in hard-to-reach areas.
- The Department of Health also participated in the development of a Food Security and Nutrition Plan workshop that was conducted in March 2024, facilitated by the National and Provincial Department of Social Development.
- The Department and United Nations International Children's Emergency Fund (UNICEF) have engaged in partnership to address the challenge of misclassification and late identification of child malnutrition cases.
- A growth monitoring manual has been developed and is being finalised by dietitians and nutritionists. This will assist in capacitating community health workers and clinicians on growth monitoring thus improving children with acute malnutrition at an early stage.
- The Department procured hundred (100) infant length boards and were distributed to all eight districts in the province.

Vertical Transmission Prevention (VTP) program

- The programme conducted four HAST orientation sessions and two VTP Stocktaking Workshops which covered all eight Districts of the province.
- A total of 200 vital signs monitoring machines were distributed to all eight districts for the benefit of antenatal clients.
- Supervisory facility support visits/data audits were conducted at Alfred Nzo, Nelson Mandela Metro and Sarah Baartman districts.
- Seventeen (17) Ultrasound scanners have been procured and delivered to Amathole, BCM, Joe Gqabi, O. R. Tambo and Sara Baartman districts.

- The programme distributed 3000 copies of 2022 IMCI Guidelines throughout the eight districts.
- Job aids on the management of HIV Exposed Infants (HEIs) have been delivered and distributed across all eight districts to assist in the clinical management of HIV exposed infants (HEIs).

Table 4.2.7: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.7: MCWH&N

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
1. Maternal, Neonatal, Infant and Child Mortality reduced	Family planning improved	1.1.1 Couple year protection rate	49%	41.6%	50%	58.4%	8.4%	Target achieved. The indicator performance improved from 41.6% in 2022/23 to 58.4% in 2023/24. The significant improvement is the result of the increased uptake of Long-Acting Reversible Contraceptives (IUCD and Implanon), following trainings conducted in Alfred Nzo and OR Tambo districts.
		Numerator:	794 005	674 932	810 210	949 178		
		Denominator:	1 620 419	1 622 433	1 620 419	1 621 783		
	Increased ANC visits before 20 weeks	1.1.2 Antenatal 1st visit before 20 weeks rate	63%	63.5%	65%	62.8%	2.2%	Target achieved within 5% margin of error.
		Numerator:	76 980	71 748	79 449	63 640		
		Denominator:	122 229	112 913	122 229	101 354		
	Increased uptake of ART by antenatal client	1.1.3 Antenatal clients start on ART rate	90.4%	89.8%	92%	99.4%	7.4%	Target achieved. The programme conducted HAST

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Numerator:	7 827	6 269	9 538	5 076		orientation sessions to capacitate district/subdistrict programme managers on programme monitoring. VTP stocktaking workshops were conducted to capacitate clinicians on management of HIV positive pregnant women
		Denominator:	8 662	6 981	10 367	5 105		
	Increase access to family planning by teenagers	1.1.4 Delivery in 10 - 19 years in facility rate	17.4%	17.6%	16%	18%	-2%	Target not achieved. This is attributed to better accessibility to health facilities for sexual reproductive health services in metro districts compared to rural districts including Alfred Nzo, OR Tambo, Joe Gqabi. Chris Hani Sarah Baartman.
		Numerator:	18 960	17 617	17 436	16 222		
		Denominator:	108 975	99 915	108 975	89 881.0		
	Maternal mortality reduced	1.1.5 Maternal mortality in facility ratio	114.6/100 000	124.5/100 000	<120/100 000	136.2 / 100 000	-16.2/100 000	Target not achieved. Two (2) districts

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Numerator:	136	133	103	131		did not achieve the target i.e. OR Tambo (190%) and NMB (199.8%). Leading causes of maternal deaths are Obstetric haemorrhage, Complications of hypertensive disorders in pregnancy, maternal HIV and TB as per PPIP audits.
		Denominator:	118 711	107 025	85 854	96 157		
	Low birth weight reduced	1.2.1 Live birth under 2500g in facility rate	14.3%	14.9%	13%	16.5%	-3.5%	Target not achieved. Significant under-performance is observed in districts with tertiary and regional hospitals which manage referred complicated cases. Low birth weight is attributed to prematurity births caused by infections in pregnant mothers, un-booked mothers, and late
		Numerator:	15 839	14 783	14 408	14 687		
		Denominator:	110 833	99 503	110 833	89 137		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								presentation to facilities.
	Postnatal care coverage increased	1.2.2 Mother postnatal visit within 6 days rate	78.6%	80.7%	79%	82.8%	3.8%	Target achieved.
		Numerator:	85 685	80 488	86 090	74 389		
		Denominator:	108 975	99 915	108 975	89 881.0		
	Mother-to-child transmission eliminated	1.3.2 Infant PCR test positive around 6 months rate	New indicator	New indicator	1%	0.7%	0.3%	Target achieved.
		Numerator:			248	68		
		Denominator:			24 856	10 152		
	Child fully immunised	1.3.3 Immunisation under 1year coverage	88.7%	82.1%	89%	78.6%	-10.4%	Target not achieved. Five (5) districts did not achieve the target. The HPV campaign that was conducted in the Q1 and Q2 in 2023/24 had a negative impact on the outreach teams that service mobile points. These points were not serviced during the campaign period as the department
		Numerator	116 122	108 031	116 502	103 687		
		Denominator	130 901	131 213	130 901	131 611		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								was utilising the same cadres to do the campaign.
		1.3.4. Measles 2nd dose 1year coverage	83.3%	81.6%	85%	79.2%	-5.8%	Target not achieved. Five (5) districts did not achieve the target. The HPV campaign that was conducted in the Q1 and Q2 in 2023/24 had a negative impact on the outreach teams that service mobile points. These points were not serviced during the campaign period as the department was utilising the same cadres to do the campaign.
		Numerator	111 128	106 690	113 371	103 524		
		Denominator	133 378	130 526	133 378	130 331		
	Child mortality reduced	1.3.5 Death under 5 years against live birth rate	2%	2.1%	<2%	2.3%	-0.3%	Target not achieved. This is attributed to the underperformance on Pneumonia case fatality rate., neonatal death in
		Numerator	2 181	2 095	1 616	2 079		
		Denominator	110 833	99 503	80 780	89 137		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								facility rate and child under 5 years severe acute malnutrition as this indicator is counting from birth up to 5 years.
		1.3.6 Neonatal death in facility rate	13.2/1 000	13.8/1000	10/1000	15.1/1 000	-5.1/1 000	Target not achieved. Significant under-performance is observed in districts with central and tertiary hospitals which manage complicated cases. These districts include Buffalo City, NMB and OR Tambo. Severe prematurity caused by infections during pregnancy, hypoxia, infections, and congenital abnormalities contributed to the underperformance of the indicator.
		Numerator	1 464	1 374	1 098	1 350		
		Denominator	110 833	99 503	109 775	89 137		
	Micro and macro nutrient	1.3.7 Vitamin A dose 12-59-	63.7%	75.1%	68%	76.1%	8.1%	Target achieved. The good

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	malnutrition reduced	months coverage						performance is due to reconciliation of data collected at a community level and that collected at facility level.
		Numerator	706 625	809 978	754 546	810 011		
		Denominator	1 109 626	1 082 218	1 109 626	1 061 760		
		1.3.9 Child under 5 years diarrhoea case fatality rate	3.4%	2.6%	2.6%	2.2%	0.4%	Target achieved.
		Numerator	152	119	117	110		
		Denominator	4 489	4 539	4 489	4 908		
		1.3.10 Child under 5 years pneumonia case fatality rate	3.3%	2.8%	2.5%	3.4%	-0.9%	Target not achieved. Significant underperformance is noted Underlying infections (HIV and TB) contributed to the case fatality rate.
		Numerator	117	139	90	127		
		Denominator	3 592	5 049	3 592	3 736		
		1.3.11 Child under 5 years severe acute malnutrition case fatality rate	9.7%	7.6%	8.2%	9.5%	-1.3%	Target not achieved. Four districts did not achieve the target and late health seeking behaviour and infections have been identified as
		Numerator	127	98	108	109		
		Denominator	1 314	1 287	1 314	1 151		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								per audits conducted

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
1.1.4 Delivery in 10 – 19 years in facility rate	• Strengthen and monitor implementation of Sexual Reproductive Health and Rights guidelines. • Increase number of functional youth zones to promote friendly and conducive environment for younger people. • Strengthen working relations between the Integrated School Health Programme (ISHP), clinics and schools in an effort to strengthen sexual reproductive health in schools. • Include sexual reproductive health services in health services provided at health posts in hard-to-reach areas. • Utilise mobile clinics in rendering sexual reproductive health and rights in the rural communities. • Collaborate with other departments and partners to participate in Learner Attainment programme.
1.1.5 Maternal mortality in facility ratio	• Capacitate midwives and doctors on Essential Steps in Management of Obstetric Emergencies. • Ensure availability of emergency budget to procure critical consumables and medicines. • Resuscitation of dedicated ambulance for maternal, child and neonatal healthcare services. • Review in-transit ESMOE training with EMS. • Strengthen the use of Perinatal Problem Identification Programme (PPIP) to identify the causes of deaths and avoidable factors and develop Quality Improvement Plans • Identify maternity waiting beds for all mothers from hard-to-reach areas from term also collaborate with community leaders and other stakeholders. • Continuous mentoring of junior personnel in management of pregnant women, labour and delivery. • Implementation of pregnancy screening circular (1 of 2020). • Link all pregnant mothers to WBPHCOTs and trace pregnant mothers who miss their appointments. • Integration of services with other programmes within the department that is HAST, ACSM, NCD, Health promotion and partners. • Rapid Response team for the Western Region has been formed in collaboration with the Provincial MCWH office. The aim of the rapid response project is to reduce high maternal and neonatal death

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
	rate observed
1.3.3 Immunisation under 1 year	• Allocate human resources in an equitable manner during HPV campaigns to avoid reduced performance of other indicators including immunisation. • Underperforming districts/sub-districts will be supported by hiring of cars to conduct immunisation catch-up activities. • Data verification and analysis will also be conducted.
1.2.1 Live birth under 2500g in facility rate	• Implement the pregnancy testing circular to diagnose and start pregnant women on antenatal care at an early stage. • Screening and treatment of pregnant women for (STI) sexually transmitted infection. • Strengthen use pre-exposure prophylaxis (PREP) by pregnant women to prevent contracting new infections.
1.3.5 Death under 5 years against live birth rate	• Conduct death audits for the generation of quality improvement plans. • Strengthen the utilisation of PPIP and CHIP programmes to analyse the deaths and near miss findings. • Implementation and monitoring of IMCI guidelines at community and facility levels. • Implementation and monitoring of Emergency Triage, Assessment and Treatment (ETAT) guidelines at a facility level.
1.3.6 Neonatal death in facility rate	• Ensure management of maintenance plans for neonatal unit's equipment. • Ensure availability of emergency budget to procure critical consumables and medicines. • Appoint a centralised co-ordinator at district level to manage equipment and bed utilisation. • Resuscitation of dedicated ambulance for maternal, child and neonatal healthcare services. • Review in-transit monitoring of patient's policy. • Strengthen the use of Perinatal Problem Identification Programme (PPIP) to identify the causes of deaths and avoidable factors and develop Quality Improvement Plans. • Monitor adherence to guidelines on management of infections in pregnancy and neonates.
1.3.10 Child under 5 years pneumonia case fatality rate	• Strengthening the tracing of children who are defaulting ARVs and TB treatment. • Review the regimen as per new PMTCT guidelines. • Ensure the implementation of the Integrated Management of Childhood Illnesses (IMCI) guidelines at all levels (community and health facilities).
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	• Strengthen early identification of children with acute malnutrition at community and facility level. • Roll-out bottleneck analysis intervention to other districts that are underperforming. • Strengthen Mother Baby Friendly Initiative to increase breastfeeding rate. • Strengthen nutritional supplementation programme to improve coverage. • Strengthen inter-sectoral collaborative efforts to address social determinants of health associated with child malnutrition.

2.8 SUB-PROGRAMME: CORONER SERVICES

SUB-PROGRAMME PURPOSE

To strengthen the capacity and functionality of forensic pathology institutions within the province and facilitate access to forensic pathology services at all material times.

The Coroner Services sub-programme renders forensic pathology services in order to establish the circumstances and causes surrounding unnatural deaths.

Institutional outcomes

- 6. Quality of health services improved

PROGRESS AND ACHIEVEMENTS

Strengthening Governance and Leadership

The institution is adhering to Occupational Health and Safety protocols.

The institution and the National office have engaged in consultative review sessions for the National Code of Guidelines for Forensic Pathology Services in South Africa as well as the Memorandum of Understanding (MOU) concluded between South African Police Services (SAPS) and Forensic Pathology Services (FPS) where all Provinces in the country were represented.

This session also looked at the appointment of the National Forensic Pathology Services Committee (NFPSC) which serves as the advisory structure to the National Minister for Health. The National Forensic Pathology Services Committee (NFPSC) which serves as the advisory structure to the National Minister for Health was appointed and it is with great pleasure to announce that two of our medical officers in Eastern Cape including a Specialist have been appointed to serve in this committee. The Forensic Pathology Services Forums which focus on strengthening forensic services convened a meeting at Gqeberha on the 04-05 of December 2023 and all four regions were represented.

Human Resource and Training

- One Regional Administration Clerk was employed in Queenstown Region with the primary focus on Supply Chain Management Services in the region.
- Grass cutting was done at Queenstown, Bizana and Lusikisiki Forensic Pathology Laboratory through Expanded Public Works Programme (EPWP) and equitable share.
- Massive facility clean-up was conducted at Molteno Holding Facility inside and outside building utilising internship and administration employees.
- The institution has recruited two (2) Mortuary Managers. One of the Mortuary Managers recruited was for Mthatha Forensic Pathology Laboratory and another one was for Aliwal North Forensic Pathology Laboratory assumed her duties on the 01 July 2023 and 01 November 2023 respectively.
- Queenstown region recruited one (1) Medical Officer to work at Queenstown Forensic Pathology Laboratory in addition to the one who was recruited at the beginning of the financial year.

Forensic Pathology Operations

- A tender has been awarded to a service provider at the beginning of June 2023 for the building alterations to installation Lodox Machine at Mthatha.
- All Mthatha employees have been supplied with new uniform to wear during their operations for identification purposes by stakeholders and the public.
- 232 bodies (115 NMB, 10 Mhlontlo, 10 Nyandeni, 8 Ngquza, 36 Matatiele, 26 Mbizana, 25 Chris Hani, 2 Aliwal north) were buried in 2023/24 financial year.
- The building alterations for installation of Lodox Machines were done at Mthatha Forensic Pathology Laboratory. There is continuous consultation between the Project Manager and Lodox Service Provider regarding building requirement including digital fittings.

- The upgrade of Bhisho and Bizana forensic pathology facilities was approved by the Office of the MEC. Infrastructure has developed the scope of work, electrical works and designs. The contractor is expected to be appointed in 2024/25 financial year.
- An approval has been secured for the acquisition of an old building at Sir Henry Elliot Hospital in Mthatha to be refurbish by infrastructure to serve as a permanent FPS Regional Office.
- The project for the removal of forest at the back of the Woodbrook facility in East London was conducted.
- Eight (8) new Forensic Pathology Services body loading vehicles were acquired and distributed to 6 Health districts (Amathole, Buffalo City, Chris Hani, Joe Gqabi, OR Tambo and Sarah Baartman).
- Queenstown and Port Elizabeth regions have been fully equipped with new protective clothing which includes amongst other things Gowns, Gloves, sleeve protectors, etc for use during body collection and in autopsy examination process.

Forensic Pathology Fleet

The province projected 70 vehicles (1 vehicle: 100 000 EC population) to be reasonably adequate to service the Eastern Cape population to achieve a target of 90% for response time of one hour in urban setting and 3 hours in rural setting. By the end of financial year 2023/24, the ECDOH had a total of 51 forensic pathology body loading vehicles achieving 68% in rural setting and 85% in urban setting. The distribution of these vehicles by district is shown in Table below.

Table B.24: Distribution of forensic pathology body loading vehicles by district

District	No of vehicles for FPS-unnatural deaths
A Nzo	4
Amathole	6
Buffalo City	9
C Hani	4
Joe Gqabi	6
NMMM	11
OR Tambo	7
Sarah Baartman	4
TOTAL	**51**

Table 4.2.8 Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.8: Coroner Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	All post mortem cases finalised	6.4.5 Percentage of post – mortem performed within 72 hours	97.7%	95%	98%	95.5%	2.6%	Target achieved within 5% margin of error.
		Numerator:	2 905	10 354	2 913	9 824		
		Denominator:	2 972	10 897	2 972	10 303		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	N/A

2.9 Sub Programme: District Hospitals

SUB-PROGRAMME PURPOSE

To provide comprehensive and quality district Hospital services to the people of the Eastern Cape Province.

Institutional outcomes

- 6. Quality of health services improved
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENTS

Improvement on Ideal Health Facility Realisation and Maintenance:

- All district hospitals have completed self-assessments for Ideal Health Facility Realisation and Maintenance Status Determination. The overall performance of the district hospitals is at 82%, the Non- Negotiable Vitals (NNVs) are at 83%.

Office of Health Standards Compliance Re- assessments

- Five hospitals [3 from OR Tambo and 2 from Alfred Nzo] achieved 100% compliance on Non-Negotiable Vitals.

Table B.25: Hospitals achieved 100% compliance on Non-Negotiable Vitals.

NO.	DISTRICT	HOSPITAL NAME
1.	Alfred Nzo	Oliver Reginald& Adelaide Tambo (St. Patricks)
		Taylor Bequest Matatiele
2.	OR Tambo	Dr Malizo Mpehle
		Islimela
		Zitulele

Improvement Projects in District Hospitals

- There is notable increase on outreach services from Isilimela hospital in OR Tambo district by sending one doctor to Tombo Community Health Centre daily, and monthly outreach to Qandu, Majola and Ludalasi clinics to improve medical services in Primary Health Care.

- Andries Vosloo hospital in Sarah Baartman district started implementing service delivery integration with local clinics in Blue Crane local municipality by coordinating Maternal & Child Health, TB/HIV, Hypertension and Diabetes in pregnancy. Conducting Child healthcare Problem Identification Program (Child PIP) meetings with feeder clinics to reduce child morbidity and mortality.

Strengthening Diagnostic and Clinical Care:

Table B.26: The table below shows critical medical and surgical equipment procured and delivered to improve inpatient care in various district hospitals: -

No	District	Hospital	Equipment
1	Alfred Nzo	Taylor Bequest (Mat)	Baby warmer procured.
2	Amathole	Butterworth	CT scan x5, ICU Monitors x4, Patient Monitor x10, Theatre light x 2, Digital Pneumatic Tourniquet x4, Blood warmer x 2, Suction machines x10
		Tafalofefe	X-Ray machine and 3 Delivery beds
3	BCM	Bisho	Laundry machine and 3 delivery bed
4	Chris Hani	Martje Venter	Ultrasound machine
		Glen Grey	Floor Mounted X- Ray machine

No	District	Hospital	Equipment
5	O.R Tambo	Isilimela	Laryngoscopes, incubators, Billi gun and theatre lights
6	Sarah Baartman	Willowmore	Industrial washing machine
7	Joe Gqabi	Taylor Bequest	Deep freezer x 1 (Maternity for placenta), Delivery beds x2 Mortuary Trolleys x 6, Desktops x 3 (Pharmacy), Infant warmer x 1, Incubator x 1, Laptop x 1 OM Maternity and Ultra sound machine x 1
		Cloete Joubert	Delivery of new labour ward beds x 3 Vital signs monitor x 5

Improved Clinical Services through Critical Skills Provision:

- To improve medical services in district hospitals during the reporting period (2023/24), various categories of personnel were appointed:

Improving Hospitality Services

- Patient linen has been procured for several hospitals to improve hospitality services during 2023-24 financial year as shortage of linen is the most complaint received from the Patient Satisfaction Survey.
- Curtains were purchased for Grey Hospital to enhance patient privacy.

The following hospitals received linen during 2023/24 financial period.

Table B.27: List of hospitals received linen

DISTRICT	HOSPITALS	ITEMS		
		Adult Sheets	Pillows	Blankets
ALFRED NZO				
	Taylor Bequest- Matatiele	60	30	
	Madzikane Ka Zulu	100	50	
	Mt Ayliff	60	30	
	St Patrics	100	50	
AMATHOLE				
	Butterworth	200	60	100
	Madwaleni	60	40	
	Victoria	150	0	100
	Stutterheim	60	40	
	Nompumelelo	50	30	100
BUFFALO CITY METRO				
	Bhisho	250	100	115
	Grey Hospital	100	100	40
CHRIS HANI				
	All Saints	150	100	
	Cradock	100	50	
	Cofimvaba	60	40	
	Glen Grey	60	40	
	Cala	60	40	
	Cradock	50	40	

DISTRICT	HOSPITALS	ITEMS		
		Adult Sheets	Pillows	Blankets
JOE GQABI				
	Aliwal North	100	50	
	Taylor Bequest – Mt Fl	100	50	
	Empilisweni	100	50	
	Maclear	30	30	
N MANDELA METRO				
	Uitenhage	100	100	
OR TAMBO				
	Holy Cross	50	30	
	Dr Malizo Mpehle	50	30	
	St Barnabas	50	20	
SARAH BAARTMAN				
	Humansdorp	50	20	
	Settlers	60	30	
	Port Alfred	50	20	
	Midlands	40	20	
	Andries Vosloo	100	30	
	Sawas	20	20	20
	Aberdeen	40	20	40

Table 4.2.9: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 2.9: District Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.3 Patient experience of care satisfaction rate	81%	77%	82%	78%	4%	Target achieved within 5% margin of error.
		Numerator	42 016	61 600	42 542	70 657		
		Denominator	51 881	80 125	51 881	90 856		
	Patient safety improved	6.3.1 Severity assessment code 1 incident reported within 24 hours rate	55%	74.4%	61%	74%	13%	Target achieved due to cases being captured on prescribed times.
		Numerator	205	346	226	444		
		Denominator	371	465	371	604		
		6.3.10 Patient Safety Incident case closure rate	New Indicator	91.5%	80%	95%	15%	Target achieved due to cases being captured on prescribed times.
		Numerator			296	1 107		
		Denominator			371	1 170		
	Hospital efficiencies improved	6.7.1 Average Length of Stay	4.5 days	4.7 days	4.5 days	4.9 days	-0.4	Target not achieved as a result of orthopaedic patients needing specialist care
		Numerator			1 012 207	1 089 938		
		Denominator			2 215 975	222 006		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		6.7.6 Inpatient (usable) bed utilisation rates	46%	46.2%	48%	48.8%	0.8%	Target achieved
		Numerator	1 081 469	1 032 948	802 548	1 089 938		
		Denominator	2 215 975	2 236 965	1 671 974	2 233 315		
		6.7.11 Expenditure per PDE	R3 288.8	R3 826.4	R3,191	R4 079.2	-R888.2	Target not achieved due to payment of accruals in quarter 1 & 2.
		Numerator			R5 030 346 647	R6 433 531 794.2		
		Denominator			1 576 417	1 577 172		
1. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.6 Maternal mortality in facility ratio	New indicator	65.1/100 000	38/100 000	60.3/100 000	-22.3%	Target not achieved due to: -Pregnant women not attending Antenatal Care -Underlying medical conditions e.g. TB/HIV - Delays in seeking medical care
		Numerator		37	24	30		
		Denominator		56 813	62 528	49 753		
	Child mortality reduced	1.3.12 Child under 5 years diarrhoea case fatality rate	New indicator	2%	2.3%	1.9%	0.4%	Target achieved.
		Numerator		64	72	68		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator		3 246	3 143	3 653		
		1.3.13 Child under 5 years' pneumonia case fatality rate	New indicator	1.7%	2.1%	1.8%	0.4%	Target achieved.
		Numerator		52	43	41		
		Denominator		3 097	2 019	2 287		
	Micro and macro nutrient malnutrition reduced	1.3.14 Child under 5 years severe acute malnutrition case fatality rate	New indicator	4.7%	10%	8.7%	1.3%	Target achieved.
		Numerator		44	86	76		
		Denominator		928	863	873		
	Child mortality reduced	1.3.15 Death under 5 years against live birth rate	New indicator	797	1%	1.7%	-0.7%	Target not achieved due to: - extreme prematurity - Neonatal sepsis - pregnant women not attending Antenatal Care
		Numerator			582	791		
		Denominator			58 152	45 935		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.1 Average Length of Stay	• To strengthen clinical governance to identify missed opportunities very early. • Monitoring early referral to the next level of care for identified patients. • To inculcate the culture of conducting morbidity audits to prevent poor management of patients. • The norm should be reviewed to accommodate long stay patients
6.7.11 Expenditure per PDE	• To review the norm as prices on goods and services have escalated over the period. • Strengthening of Clinical Governance by conducting continuous trainings to decrease patient safety incidents and poor management of patients that result in medico legal claims. • To continuously improve on BUR, ALOS • Conducting clinical audits for early gap identification in management of patients to ensure reduction in ALOS. • To constantly monitor expenditure monthly.
1.1.6 Maternal mortality in facility ratio	• District Clinical Specialists Teams to conduct outreach to district hospitals for mentoring programs and early identification of challenges. • Training of personnel in BANC [Basic Antenatal Care] and Essential Steps in the Management of Obstetric emergencies (ESMOE) to reduce maternal mortality. • Intensify health promotion activities within the communities.
1.3.15 Death under 5 years against live birth rate	• Continuous training of clinical personnel on BANC IMCI [Integrated Management of Childhood Illnesses] • Strengthen Primary Health care programmes on child health. • Conducting outreach activities to PHC for early identification of paediatric challenges • Ward based outreach teams should be visible and engage in health promotion activities. • Intensify health promotion campaign for women of childbearing age.

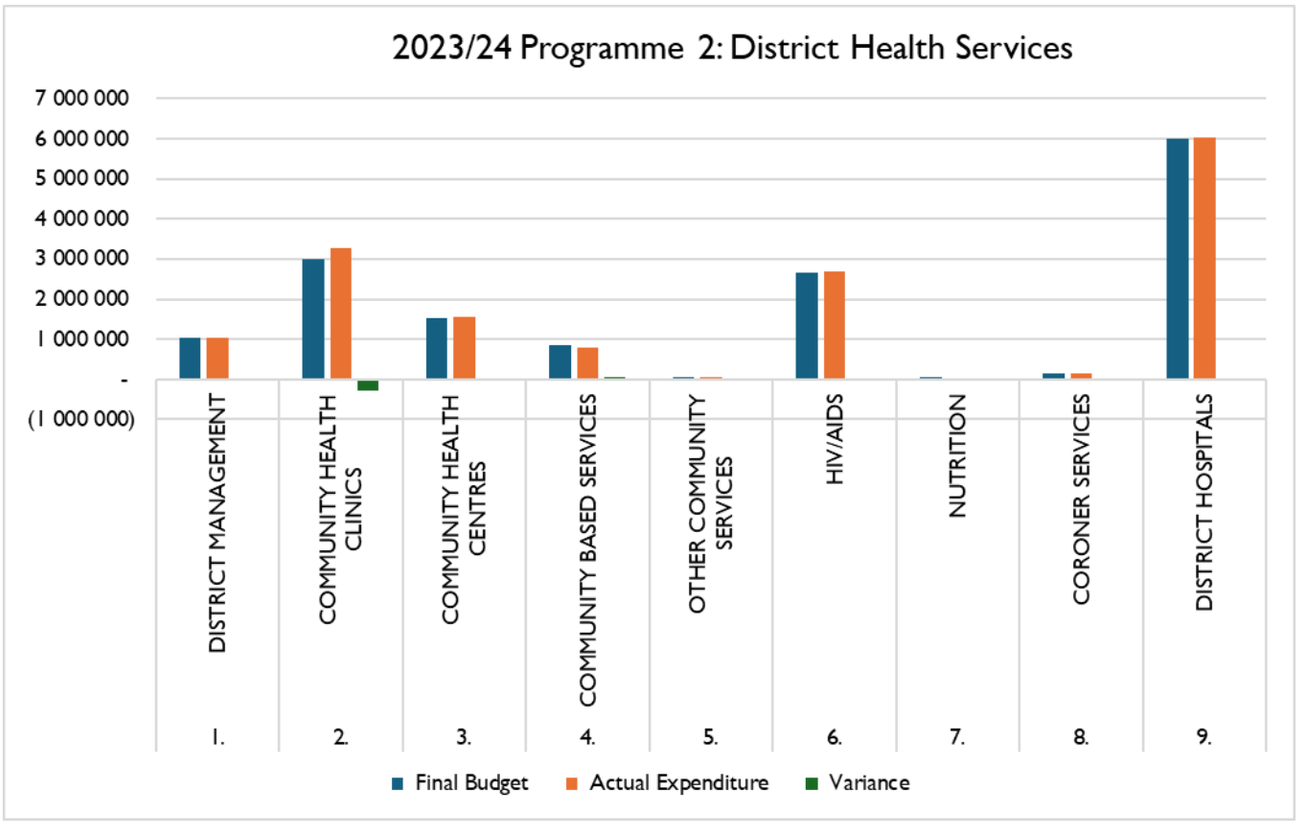
LINKING PERFORMANCE WITH BUDGETS

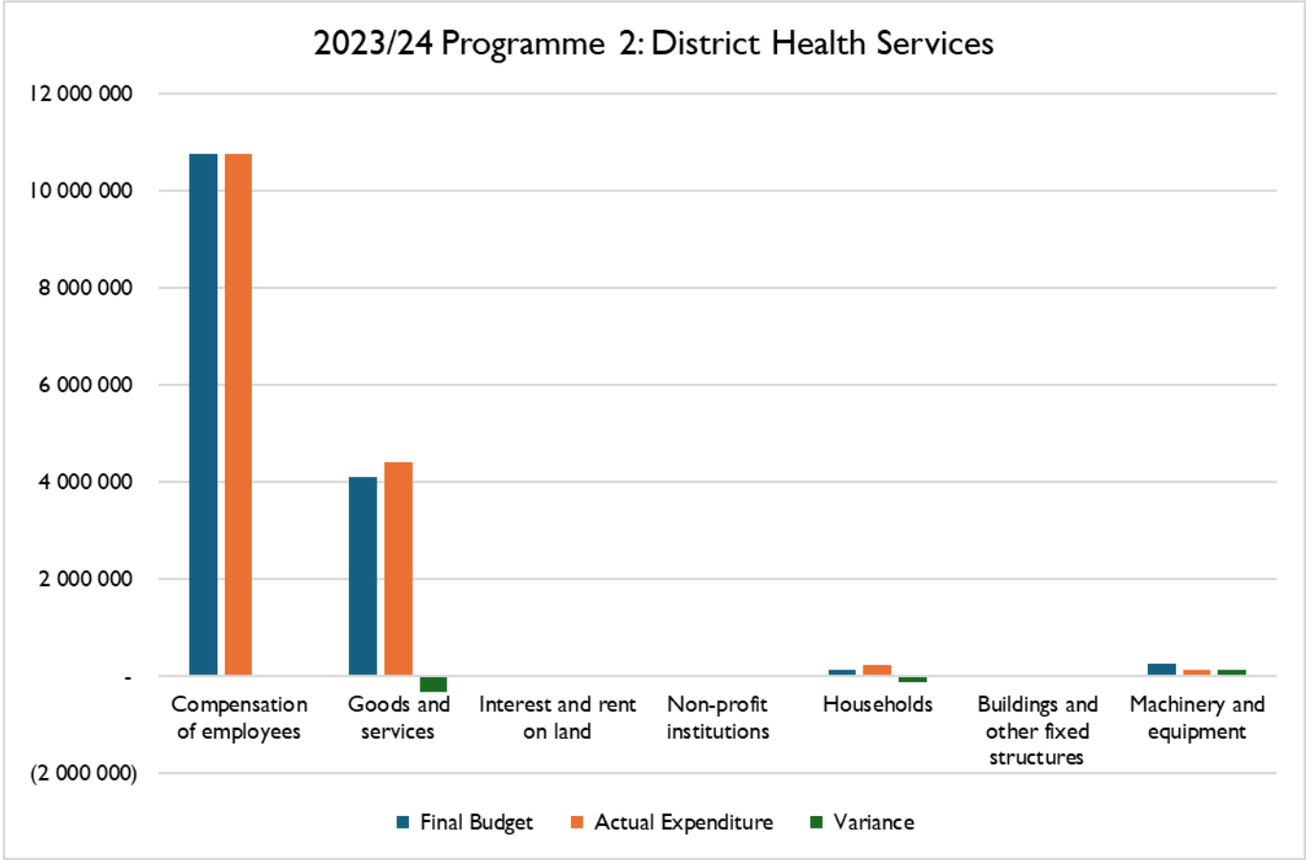
PROGRAMME 2: DISTRICT HEALTH SERVICES

Programme 2 spent at 101.9% (over by R294,903 million) after adjusting for funds shifts and virements of plus R565,589 million post the 2023/24 AEPRE. Overspending was primarily caused by goods and services pressures vesting in the Community Health Clinics and Community Health Centres subprogrammes in order to continue the delivery of public health care services uninterrupted.

The budget pressures in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

		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
Sub programme							
1.	District Management	1,039,141	1,035,993	3,148	1,049,490	1,084,075	(34 585)
2.	Community Health Clinics	3,003,660	3,284,094	(280,434)	2,799,463	2,942,147	-(142 684)
3.	Community Health Centres	1,512,766	1,541,482	(28,716)	1,492,994	1,409,766	83 228
4.	Community Based Services	849,577	789,961	59,616	834,764	819,164	15 600
5.	Other Community Services	51,569	54,756	(3,187)	311,846	208,015	103 831
6.	HIV/AIDS	2,664,744	2,696,995	(32,251)	2,762,178	2,795,830	(33 652)
7.	Nutrition	40,067	30,355	9,712	41,874	31,097	10 777
8.	Coroner Services	143,394	142,661	733	116,411	132,897	(16 486)
9.	District Hospitals	6,018,372	6,041,896	(23,524)	5,580,372	5,654,230	(73 858)
		15,323,290	**15,618,193**	**(294,903)**	**14,989,392**	**15,077,221**	**(87 829)**
Economic classification							
Current payments		**14,887,748**	**15,202,615**	**(314,867)**	**14,421,717**	**14,663,863**	**(242 146)**
	Compensation of employees	10,777,655	10,770,463	7,192	10,200,571	10,137,436	63 135
	Goods and services	4,110,093	4,424,004	(313,911)	4,221,146	4,504,824	(283 678)
	Interest and rent on land	-	8,148	(8,148)	-	21,603	(21 603)
Transfers and subsidies		**164,282**	**278,389**	**(114,107)**	**384,661**	**296,649**	**88 012**
	Departmental agencies and accounts	-	-	-	6	-	**6**
	Non-profit institutions	41,729	35,450	6,279	34,412	26,528	**7 884**
	Households	122,553	242,939	(120,386)	350,243	270,121	**80 122**
Payments for capital assets		**271,260**	**137,189**	**134,071**	**183,014**	**116,709**	**66 305**
	Buildings and other fixed structures	2,257	2,257	-	-	-	**-**
	Machinery and equipment	269,003	134,932	134,071	183,014	116,709	**66 305**
		15,323,290	**15,618,193**	**(294,903)**	**14,989,392**	**15,077,221**	**(87 829)**


2023/24 Programme 2: District Health Services
7 000 000
6 000 000
5 000 000
4 000 000
3 000 000
2 000 000
1 000 000
-
(1 000 000)
DISTRICT MANAGEMENT
COMMUNITY HEALTH CLINICS
COMMUNITY HEALTH CENTRES
COMMUNITY BASED SERVICES
OTHER COMMUNITY SERVICES
HIV/AIDS
NUTRITION
CORONER SERVICES
DISTRICT HOSPITALS
1.
2.
3.
4.
5.
6.
7.
8.
9.
Final Budget
Actual Expenditure
Variance


2023/24 Programme 2: District Health Services
12 000 000
10 000 000
8 000 000
6 000 000
4 000 000
2 000 000
-
(2 000 000)
Compensation of employees
Goods and services
Interest and rent on land
Non-profit institutions
Households
Buildings and other fixed structures
Machinery and equipment
Final Budget
Actual Expenditure
Variance

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)



4.3 PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

3.1 Programme Purpose

To render quality and efficient prehospital emergency services, inter-hospital transfer and planned patient transport services. Based on the current structure, Emergency Medical Services has two sub-programs.

Programme 3.1: Emergency Medical Transport: The sub-program is solely for emergency incidents (prehospital care and inter-hospital transfer) and has components that underpin its functionality:

- Communication Services: Call taking and dispatching of emergency calls.
- Road ambulances and aeromedical services: modes of patient transport to definitive care
- Specialised services: Medical rescue and disaster management

Programme 3.2: Planned Patient Transport: The sub-program deals with non-emergency transport of booked outpatients to referral centre and patients referred to step-down facilities.

- This includes all EDHOH outpatient referral pathways: inter-district, intra-district and inter-provincial referrals.
- Pre booking is essential to map out drop off and pick up points for outpatients.

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS REPORT AND ACHIEVEMENTS

Emergency Communications Centres

The Emergency Medical Services (EMS) in the Eastern Cape province are continuing to face various challenges in their emergency communication centres. The decentralized emergency communication centres (ECC) have been negatively impacted by load shedding and widespread cable theft that affects the 112 emergency numbers, resulting in compromised service to these centres.

The continued prolonged load shedding in the first three quarters of the financial year has also created difficulties in maintaining generator capacity, with the EMS East London generator having to be replaced and upgraded to a larger capacity, while the EMS Komani generator also broke down during the reporting period due to heavy use. The Nelson Mandela Bay centre troubled with the frequent cable theft that led to down times of the emergency centre.

The post of Deputy Director of Communications was interviewed and awaiting the finalisation of the interview process. The need for qualified personnel in that role is crucial to lead the emergency centres in the province.

Dimension Data was awarded the contract for the computer-aided dispatch (CAD) services and the delays in the rollout of the provincial broadband network project had delayed the project. The system developers also identified that where the broadband network is available, it's stability and strength was not adequate for the uninterrupted connectivity of the CAD solution.

This meant that the department must identify alternative failover network that will assist in the event of a disruption on the broadband network. The Nelson Mandela Bay Emergency Centre went live in November 2023 and calls were dispatched using the electronic call taking and dispatch system. Training of users were conducted, and the system went through a testing phase from August until October 2023 to ensure that it would be ready for service.

The East London centre was prepared in the last quarter with the layout of the Local Area network (LAN). The CAD will go live in the second quarter of the new financial year.

During the 2023/24 financial year, the department responded to an average of 36 459 Priority 1 calls in the urban areas and 84 382 P1 calls in the rural areas.

Table B.28: Total P1 Calls Urban Response per district.

Metro	Urban P1 Calls
Nelson Mandela Metro	24 288
Buffalo City Metro	12 171
Total Urban P1 Calls	**36 459**

Table B.29: Total P1 Calls Rural Response per District

District	Rural P1 Calls
Alfred Nzo District	7447
Amathole District	4828
Chris Hani District	24 852
Joe Gqabi District	5672
OR Tambo District	28 633
Sarah Baartman District	12 950
Total Rural P1 Calls	**84 382**

Fleet Services

Regarding the fleet, the department maintains a fleet of 430 ambulances. The province had five (5) vehicles being beyond economic repair and one (1) vehicle was written off. In 2022/23 the ambulance baseline was 447, there has been seventeen (17) vehicles that have been decommissioned due to being involved in accidents (12) and being beyond economical repairs (5).

The attached table indicating figures per district during the reporting period. There were on average a total of one-hundred and ninety-five (195) ambulances grounded due to repairs and maintenance. With a total of eighteen (18) that is longer than 120 days in repairs. (the emergency vehicles do not enjoy prioritisation under the RT46 contract). The ongoing challenges in repairing and maintaining vehicles, leading to lengthy turnaround times has an impact on service delivery.

Engagement with the Department of Transport (GFMS) have been made to address this situation and expedite vehicle repairs, but the delays are still evident. The Eastern Cape rural roads where ambulances are experiencing difficulties, leading to serious damages to our vehicles and this resulted in down times. The Aeromedical transport options for critical emergencies in remote areas had been in place when required. The department is still awaiting the delivery of sixteen (16) Rescue Vehicles that is crucial for the delivery of rescue services in the province.

Table B.30: Total vehicles per district

No.	District	Total Vehicles	Operational Vehicles	Current	31 -59 days	60 -89 days	90-119 days	120-159 days	Total
1	Alfred Nzo	60	26	19	8	6	1	0	34
2	Amathole	63	35	21	3	0	3	1	28
3	Buffalo City	41	26	6	4	0	2	3	15
4	Chris Hani	60	25	18	8	3	1	5	35
5	Joe Gqabi	41	21	10	4	1	3	2	20
6	Nelson Mandela Bay	41	32	3	3	1	0	2	9
7	OR Tambo	71	50	11	4	1	3	2	21
8	Sarah Baartman	53	20	20	6	4	0	3	33
	Total	**430**	**235**	**108**	**40**	**16**	**13**	**18**	**195**

Aeromedical Services

The Air Mercy Services is our awarded service provider to provide aeromedical helicopter services in the province. All three helicopters (East London, Gqeberha, and Umtata) have been fully operational and continues to play a crucial role during the Festive Season and in responding to rural areas with most of the calls being inter-facility transfers from rural hospitals to the regional and tertiary hospitals.

During the reporting period the department undertook five (5) inter-provincial transfers of critical patients to Cape Town to the value of R450 370.00 using the fixed wing aeromedical services. The Helicopter Aeromedical Services over the reporting period have flown a total of seven-hundred and seventy-nine (779) hours with the break down as follows:

Table B.31: Hours flown by helicopter per town

Town	Hours flown
Gqeberha helicopter	375,8 hours
East London helicopter	189,4 hours
Umtata helicopter	213,8 hours
Total	**779 hours**

Disaster Management

The Disaster Management Deputy Director had retired in the reporting period and the department is in the process to second an appropriately qualified individual until the post could be filled. The department had been working in collaboration with the Provincial Disaster Management Centre as a co-ordinator of disaster management in the province.

The department had initiated the Rescue Technician Course in the 4th quarter, where sixteen (16) emergency care officers are being trained to handle urban search and rescue and disaster responses in the province. This course will be finalised by October 2024. Our teams continue working with the Provincial Disaster Management Centre in the affected areas. The Department has an agreement with Nelson Mandela University and the university has an agreement with Rescue South Africa for disaster equipment that was available for rescues during disaster situations. During the reporting period we had the mount Ayliff Hospital that was flooded but was fully operational.

Human resource matters

During the reporting period the following appointments were made:

Table B.32: List of officials appointed.

District/Metro	Station Managers	Shift Leaders	Emergency Care Officers	Sub District Manager	Clientele Information Clerks	Paramedics	Total
Chris Hani district	3	3	10				16
Sarah Baartman district	2	2	6	1	5		16
Nelson Mandela Metro			6			3	9
OR Tambo District			3				3
Total	**5**	**5**	**25**	**1**	**5**	**3**	**44**
Alfred Nzo, Joe Gqabi District and Buffalo City Metro have interviewed and awaiting the outcome							

During the reporting period the following trainings took place:

Table B.33: List of officials trained

Name of training	Number of officials trained
Fleet Verification	31
Customer Care	22
Total	**53**

Six (6) personnel have been awarded a bursary to study for a Diploma in Emergency Medical Care in November 2023These students from the following districts:

Table B.34: List of officials awarded bursaries per district

District/Metro	Number of officials
Buffalo City Metro	2
Chris Hani District	1
Alfred Nzo District	2
OR Tambo District	1
Total	**6**

Attacks on EMS

The Department encountered twenty (20) incidents where EMS personnel who were robbed and attacked in the Nelson Mendela Bay Metro. These incidents have left the employees traumatised and they were referred for psycho-social support.

The Department had meetings with the South African Police Services (SAPS) and ward councillors to find solutions to the surge of crime that is hitting the Nelson Mandela Bay Metro. Ambulances had been fitted with tracking devices and Save our Soul (SOS) buttons so that the EMS employees could summon help when they encountered these attacks.

Table 4.3.1: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Programme 3: Emergency Medical Services

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	EMS response time adhered to	6.5.1 EMS P1 urban response under 30 minutes rate	48.2%	55.2%	50%	68.8%	18.8%	Target overachieved. The urban districts have private EMS providers who undertake private calls, this makes EMS more available for P1 calls.
		Numerator:	26 228	23 555	27 218	25 095		
		Denominator:	54 436	42 647	54 436	36 459		
		6.5.2 EMS P1 rural response under 60 minutes rate	65.8%	64.4%	65%	62.2%	2.8%	Target achieved within 5% margin of error.
		Numerator:	72 893	54 875	72 040	52 502		
		Denominator:	110 831	85 144	110 831	84 382		
	Functional PTVs available	6.5.4 Number of Patients transported on the PTV services	40 688	192 616	60 000	245 397	185 397	Target not achieved. More patients have been moved to the next level of care.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
6.5.4 Number of Patients transported on the PTV services	The districts need to strengthen their district health package so that less patients are moved to the next level of care. A review of the reasons for transfers will be conducted in the new financial year, so as to determine that patients are correctly referred and that services are brought closer to the patient.

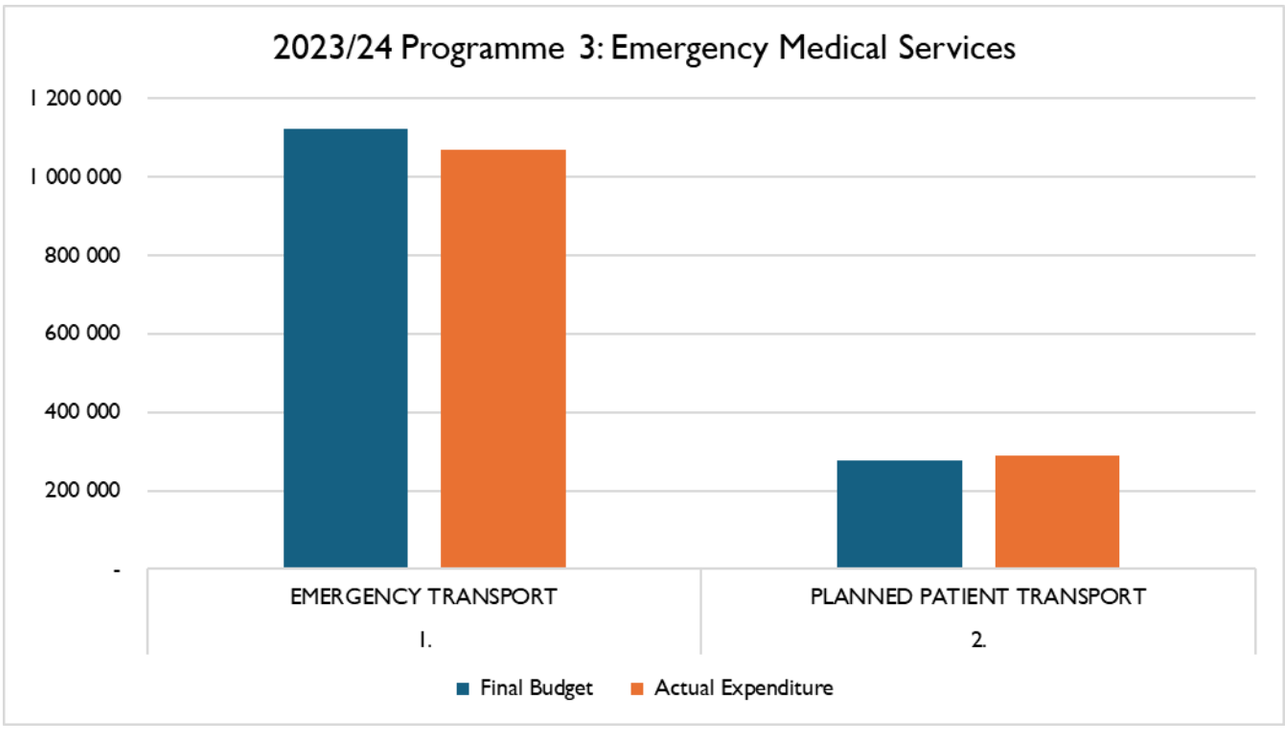
LINKING PERFORMANCE WITH BUDGETS

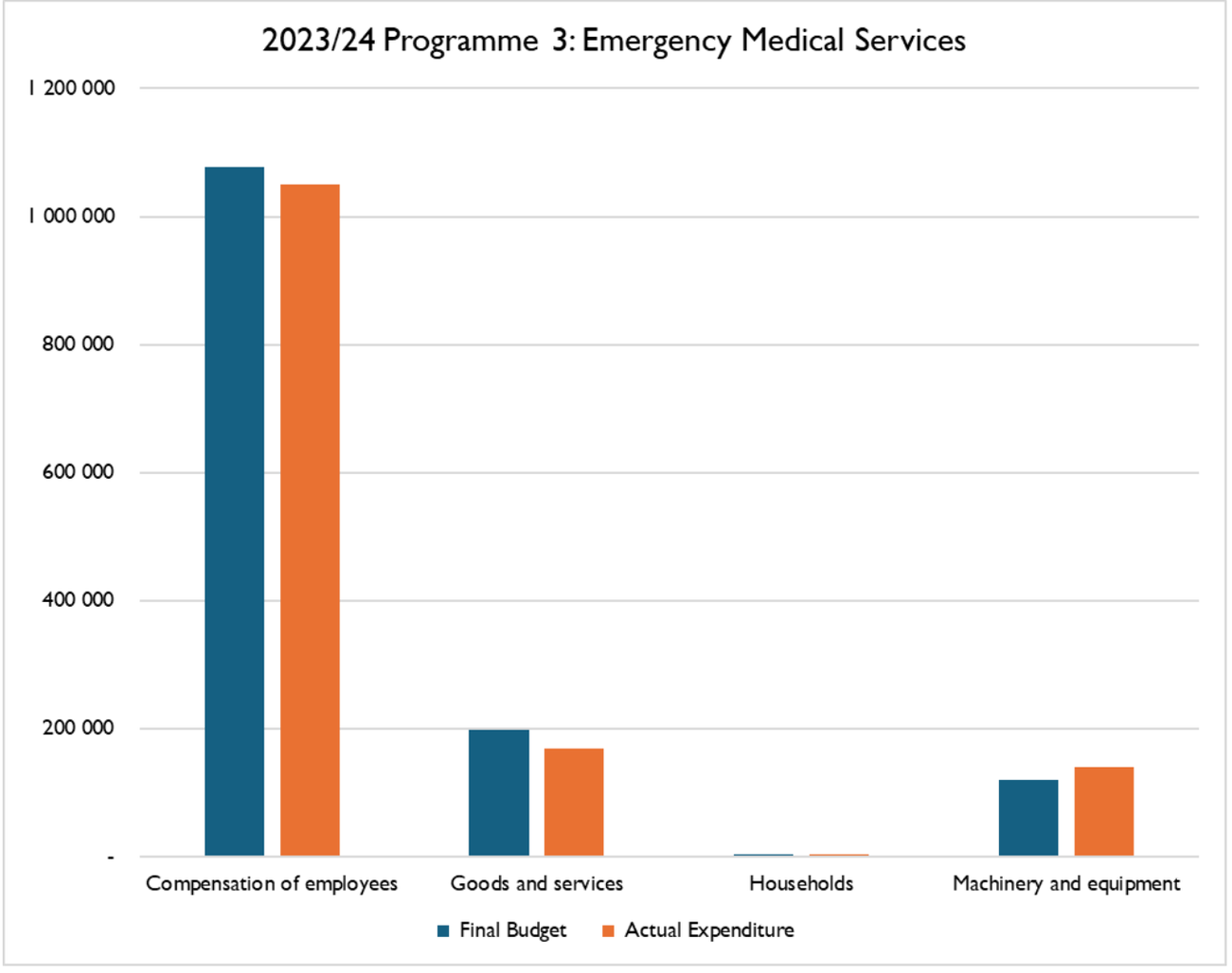
PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme 3 spent at 97.3% (under by R38,222 million) after adjusting for funds shifts and virements of minus R121,000 million post the 2023/24 AEPRE. The programme gave up portion of its cash flows in favour of mitigating the goods and services pressures within District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

		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
Sub programme							
1.	Emergency Transport	1,122,684	1,069,678	53,006	1,215,684	1,209,639	6 045
2.	Planned Patient Transport	275,923	290,707	(14,784)	238,959	243,238	(4 279)
		1,398,607	**1,360,385**	**38,222**	**1,454,643**	**1,452,877**	**1 766**
Economic classification							
Current payments		**1,275,354**	**1,217,706**	**57,648**	**1,265,025**	**1,264,249**	**776**
	Compensation of employees	1,076,571	1,049,361	27,210	1,023,050	1,022,603	447
	Goods and services	198,783	168,345	30,438	241,975	241,646	329
Transfers and subsidies		**4,012**	**2,846**	**1,166**	**3,970**	**3,028**	**942**
	Households	4,012	2,846	1,166	3,970	3,028	942
Payments for capital assets		**119,241**	**139,833**	**(20,592)**	**185,648**	**185,600**	**48**
	Machinery and equipment	119,241	139,833	(20,592)	185,648	185,600	48
		1,398,607	**1,360,385**	**38,222**	**1,454,643**	**1,452,877**	**1 766**


2023/24 Programme 3: Emergency Medical Services
1 200 000
1 000 000
800 000
600 000
400 000
200 000
-
EMERGENCY TRANSPORT
1.
PLANNED PATIENT TRANSPORT
2.
Final Budget
Actual Expenditure


2023/24 Programme 3: Emergency Medical Services
1 200 000
1 000 000
800 000
600 000
400 000
200 000
-
Compensation of employees
Goods and services
Households
Machinery and equipment
Final Budget
Actual Expenditure

PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITAL SERVICES



4.4. PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITAL SERVICES

4.1 PROGRAMME PURPOSE

To provide cost-effective, good quality secondary hospital services and specialised services, which include psychiatry and TB hospital services.

Sub-Programme 4.1

General (regional) hospital Services: Rendering of hospital services at general specialist level and providing a platform for research and the training of health workers:

- Cecilia Makiwane
- Frontier
- St Elizabeth
- Dora Nginza
- Mthatha

Sub-Programme 4.2

TB Hospital Services: To convert current tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalization under conditions that allow for isolation during the intensive phase of treatment, as well as the application of the standard multi-drug resistant (MDR) protocols. The sub-programme is made of the following hospitals:

- Jose Pearson
- Nkqubela
- Majorie Parish
- PZ Meyer
- Majorie Parks
- Winter Berg
- Osmond
- Khotsong
- Empilweni
- Themba

Sub-Programme 4.3

Psychiatric Mental hospital services: rendering a specialist psychiatric hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research. The sub-programme is made of the following hospitals:

- Elizabeth Donkin Psychiatric Hospital
- Komani Psychiatric Hospital
- Tower Psychiatric Hospital - provide long-term.
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric Unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Nginza Hospital: 72-hour observation Unit

SUB-PROGRAMME 4.1

Institutional outcomes

- 6. Quality of health services improved.
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS REPORT AND ACHIEVEMENTS

Cecilia Makiwane Hospital

Leadership and governance

- Monitoring & Evaluation Training for managers – Members of the executive management team participated in the workshop.
- Chief Executive Officer, Senior Manager Medical Services & Nursing Manager participation in the Provincial seminar for establishment of the Regional Clinical Governance Committees for the Central Region held in PE on 06 – 07 December 2023 where CMH managers were tasked as coordinator for the region.
- Senior Manager Medical Services provided a 2-day support visit to St Patrics' Hospital in Bizana in March assisting them to transition from district hospital service package to regional hospital.

Clinical

- The institution was re: assessed by office of the Health Standard and Compliance and obtained 100% accreditation from the Office of Health Standards and Compliance (OHSC). In Vital measures the facility obtained excellent status by scoring 80.92%, and 69% in essential measures.
- Pre-Exposure Prophylaxis training for Nurses & Doctors took place in July 2023 to improve implementation of the guideline for HIV prevention in adolescent girls & pregnant women which was previously not done at CMH.
- TB Symposium was held on 28 – 29 September 2023 as an intervention to improve the TB data management and continuity of care of TB patients across the service platform. Aquity Innovation, TB sub-directorate, MatCH Institute were part of the Symposium. The whole team emerged better informed with greatest enthusiasm for improving TB Data management.
- Decentralisation of Level 1 Maternity Services Project (CMH & Bisho Hospital) – The concept document has been finalized & the project approved by the HOD & relevant standard operating procedures (SOPs) have been approved by the Heads of both health establishments. Mdantsane EMS is a key stakeholder of the projects. Project aims to reduce patient overflow in Maternity High risk antenatal ward.
- Ophthalmology Department held a Cataract Marathon from 09 – 13 October 2023 where a total of 89 patients were done cataract surgery. The project was made possible with collaboration from the Bureau for Prevention of Blindness that provided Ophthalmic nurses, lenses and some consumables. Majority of patients were the elderly. The operation has improved their quality of life.
- A medical specialist in the field of orthopaedics from Frontier is providing an in reach at CMH on a weekly basis, conducting ward rounds and performing surgical procedures. A total of 18 patients have been operated on in the presence of a specialist in a period of 6 weeks. An improvement in clinical decision-making during ward rounds has also been observed.

Clinical support services

Awareness campaigns were conducted relating to the Health Calendar such as Deaf awareness, world audiologist day, world premature day, Tinnitus, swallowing day, world Hypertension awareness, world food safety awareness, world breastfeeding awareness, national nutrition awareness and national Stroke awareness, 16 days of activism, world Occupational Therapy Awareness Day, Mental Health Awareness Month, Child Protection Week, World Autism Awareness Day, World Premier Awareness Day, Down Syndrome Awareness Day, Diabetes awareness, world obesity awareness, Arthritis awareness day, Physiotherapy week and sign language .

Events held at CMH.

- Employee Wellness Day (first one on 12 July 2023 & second one on 22 September 2023) where various institutions were invited to present, including GEMS and other key stakeholders.
- Fun Day (Team Building Activities) 19 June 2023 Sponsored by Old Mutual
- Women's Health Day Seminar on 08 August 2023 dealing with matters of women's health.
- Nelson Mandela Day Sponsored by McDonald – Mental Health Department, Old Hospital Wing 18 July 2023
- GEPF Mobile Visit from 4th – 7th September 2023 with 368 attendees, servicing the existing employees and retired employees. This entailed queries as well as updating of employee beneficiaries etc.
- Heritage Day - On 22 September where all stakeholders were invited with the aim of encouraging and acknowledging the diversity of the South African.
- Fun Run/ Walk 08 November 2023 Sponsored by GEMS and Metropolitan which was part of forming unity among employees, team work as well as its health benefits.
- Opening of Wellness Centre (Staff Health Clinic) 22 January 2024 – The new employee Wellness Program office at the Old Hospital Wing is opened for the purpose of making the program accessible to all employees.
- Financial Education and Counselling on 21 February 2024 that was sponsored by Old Mutual.

Dora Nginza Hospital

Projects

Table B.35: List of Dora Nginza hospital projects

PROJECT	PROGRESS
Casualty Mental Health Care Users Holding Unit	• Perplex windows have been installed. • stainless steel burglar doors installed in the holding unit at Accident and Emergency replacing the mash burglar doors. • The unit is assigned to report on 10 inpatient beds.
Infrastructure project	• Security boundary wall project has been awarded by head office. Supplier to start in 2024/25 financial year. • CP Unit and Casualty to be revamped in 2024/25. • Roofing and minor infrastructural projects will be done in 2024/25.
DE complexing *(Paediatrics and Obstetrics & Gynae)*	• Committee members identified and project is continuing.
HMS2 Implementation	• Phase 2 implementation has commenced.
Filing space for Maternity and Records files	• Space identified; old 72 hours filing space. • Records management has done the weeding process. • The project on hold due to security measures that are still to be addressed.

Clinical

- Neonatal department was represented at the Priorities for Perinatal care conference in March 2024 and also represented at the Neonatal Nurses Association in the discussion panel.
- Robust training drive performed for all categories by Human Resource Development and Labour Relations
- A cleaning campaign was initiated by the provincial office which commenced on 2nd June 2023.
- PPE clothing for Laundry and grounds section staff procured, received and distributed.
- One of the O&G doctors came on top of her class in The Colleges of Medicine of South Africa.
- Dora Nginza was assessed by OHSC and the results were good. On a follow-up assessment 100% was achieved for Non-Negotiable Vitals

Frontier Hospital

Clinical governance

- To decongest the casualty and reduce patient waiting times the General OPD was opened in the period under review.
- After the appointment of a Dentist, the institution is now able to render General Dental Services and Maxillofacial services.
- Opening of dermatology services after the appointment of the Dermatologist and as a result patient that would be referred to Frere hospital are now seen at Frontier Regional Hospital.
- A Dental Blitz was organized, which provided dental services to than 320 patients.
- A Pharmacy Expo-day was held on 29 September 2023.
- Specialist outreach services to Joe Gqabi district were conducted in November 2023.
- Appointment of both Specialist Ophthalmologist and Area Manager for better clinical Ophthalmology outcomes. A provincial ophthalmic blitz was conducted from 7-10 February 2024, with a total of 206 patients treated.
- The institution has started monthly Mortality and Morbidity meetings in Internal Medicine, Family Medicine and General Surgery.
- Outreach program in both Speech and Audiology & Physiotherapy departments were condicted in the region.
- Quality Management has successfully conducted Ideal Facility assessment in August and achieved an Overall of 80.12% with NNV- 89.9%, Vital-80.24%, and Essential- 78.92%
- A project was initiated in October with 5 psychiatric nurses, 6 enrolled nurses, and a team of medical professionals led by Dr Nzamela from Internal Medicine. The project focused on Mental Healthcare users, and it yielded positive results. All patients received their medications, and most of them were discharged from the wards, leading to a reduction in the Bed Utilization Rate (BUR) from 165% to 95.6% in the medical wards.
- After the appointment of Orthopaedic Surgeon, the hospital now performs more complex Orthopaedic Surgical interventions, such as Hip Replacements. There is an orthopaedic coverage for the whole month, Medical Doctors at the district Hospitals are receiving Orthopaedic advice 24/7. This has resulted in a reduction in Orthopaedics OPD waiting times from 6 to 2 hours.
- An 8-bed KMC (Kangaroo Mother Care) unit has been opened to accommodate neonates who are waiting to gain weight. This step was taken to reduce overcrowding in the neonatal high/care unit.
- The Clinical Education and Training Unit (CETU) site was identified within the hospital and the furniture was delivered. The unit is now fully functional.
- The Anglican Church in Queenstown donated 31 packs of different sizes of nappies, 46 bowls, and 54 spoons to the neonatal unit.

Facilities management

The following equipment has been procured in the period under review

a. Mobile vital sign monitor.
b. Orthopaedic drill case.
c. Slit lamps and visual analyser.
d. Cardiac monitor.
e. Suction unit.
f. Delivery beds (6).
g. ICU Beds (6).
h. Normal Beds (12).

Procured and awaiting delivery of

- C- arm machine
- Traction table

Mthatha Regional Hospital

Clinical Services

Outreach programme: Obstetrics and Gynae outreach to Mbekweni and Ngangelizwe Community Health Care centres. The institution is at planning stage for an outreach to St Barnabas and Canzibe Hospitals. The Orthopaedic upper limb project done by Nelson Mandela Academic Hospital and Mthatha Regional Hospital (MRH) reached out a total of 17 patients. Paediatric department and clinical support conducted weekly outreach programme to Mbekweni, Ngangelizwe and Baziya CHCs.

Clinical Governance committees are fully functional with scheduled meetings (Perinatal meetings, Morbidity and Mortality meetings, Pharmaco vigilance, etc.).

Medical & therapeutic services: Occupational Therapy: received cushions under Nelson Mandela OT budget, and issued all wheelchairs that were waiting cushions in January 2024. The backlog that was there has been cleared. Speech & Audio successfully held a hearing awareness day campaign. Dental unit received four dental chairs. Outreach to assist Canzibe Hospital commenced, 137 patients were seen with 180 teeth extractions done.

Quality assurance: received 6 delivery packs, 6 stich packs, and 4 oxygen regulators from the district. 3 adopted hospitals (Zithulele, Dr Malizo Mpehle and Holly cross) under MRH quality learning centre achieved compliance status. These facilities were assisted through sharing of resources as well as best practices and support visits.

Finance and SCM Management: 2022/2023 salary backlog has been settled up to 95.77% (295/308). Budget advisory committee meetings have sat 8/12 times in the year 2023/2024, this was due to unavailability of members, the management will emphasise the importance of functionality of this committee. The revenue collection target of R4 271 718,04 has been met and exceeded by 9%. There is an extension for security contracts up to the month of July. Compliance with Supply chain management prescripts and other regulation is adhered to as the institution has 0% irregular and unauthorised expenditure, as well as fruitless and wasteful expenditure. At Stores we managed to keep stock levels at 84% for non-negotiables and submitted stock count to the provincial office on time.

HR and General Administration: Trainings: 228 employees were trained through skills development programme, in following trainings: Carpentry, Horticulture, Mortuary attendant, Project management, Change management, Cleaning and hygiene, Plumbing, Advanced air-conditioning, Risk Management, Leadership and Management, Evidence based policy formulation, Human Resource Management Information System, Trauma debriefing, Standard chart of accounts, Labour relations for managers in the public service, Basic pharmacy assistant, Post basic pharmacy assistants and Emotional intelligence. **Bursaries:** The following bursaries were awarded for 2023/24 performance cycle, master's in medical science, postgraduate diploma in Supply Chain Management, certificate in Information Technology, certificate in Public Administration.

St Elizabeth Hospital

Leadership and Governance: Hospital board is active and then meetings were held as per schedule.

Human Resource Management: Institution managed to appoint 91 employees in the following categories.

Table B.36: St Elizabeth hospital list of appointed officials

Doctors	Nurses	Allied	Admin
05 Medical officers Comm Serve 02 Medical specialist 06 Medical officers	2 OPM 01 Skills development Manager 25 Professional Nurses 13 Community Service 08 Enrolled Nurses. 02 Enrolled nurse assistants	1 Pharmacy assistant post basic. 1 Pharmacist comm serve. 1 Occupational therapist 1 Occupational therapist comm serve. 1 Dietician comm serve. 2 Physiotherapist comm serve. 1 Radiographer 1 Radiographer comm serve.	1 AD: Human Resource Management 1 Admin Officer 3 Admin clerks 2 Drivers L4 5 Porters 4 General assistants 1 Mortuary attendant L4 1 Trade labourer L2

Outreach programme: Outreach is conducted to improve access to the communities and reduce influx to the Hospital**.** Obstetrics and Gynaecology outreaches were conducted every Thursday at Lusikisiki Village clinic, Qaukeni Clinic, Gateway clinic, Bambisana Hospital and Holy Cross hospital. Outreach meetings were conducted by multi-disciplinary teams: - Eye nurses, Doctors, Speech Therapist, Anaesthesia (to Holy cross) Gynae and obstects went to Bambisana Hospital and Lusikisiki village clinic. One doctor serving Qaukeni Clinic 3 times a week and one other Dr serving Gateway clinic 3 times a week. There was a doctor allocated to Lusikisiki Village Clinic on a permanent basis.

The regional forum is composed of Holy Cross, Flagstaff Community Centre Ingquza Sub district and Bambisana Hospital. It provides direct communication to specialists' teams on a WhatsApp group. The forum meets every three months and when the need arises.

Infrastructure: The hospital managed to renovate the following units:

- Main kitchen
- Medical and Surgical wards
- Residential flats and garages
- Cleaning of roofs: - Mortuary, waste bank, bulk diesel tank
- Minor renovations at general stores and laboratory services
- Minor renovation of Labour ward
- Leasing of 2 x 2beded Park Homes plus 1x3 bedded park home for staff accommodation.

Table 4.4.1: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 4.1: Regional Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1 4 Patient experience of care satisfaction rate	69.4%	72%	72%	77.6%	5.6%	Target achieved due to the implementation of improvement plans from the previous financial year.
		Numerator:	15 483	27 614	16 068	23 640		
		Denominator:	22 317	38 436	22 317	30 443		
	Patient Safety Improved	6.3.2 Severity assessment code-(SAC)1 incident reported within 24 hours rate	75%	90%	80%	93%	13%	Target achieved due to more cases being captured on prescribed times.
		Numerator:	458	624	488	438		
		Denominator:	610	696	610	472		
		6.3.11 Patient Safety Incident (PSI) case closure rate	New Indicator	93.4%	88%	97%	9%	Target achieved due to cases being captured on prescribed times.
		Numerator:			440	661		
		Denominator:			500	679		
	Efficiency indicators improved	6.7.2 Average length of stay	5.8 days	6.2 days	5.5 days	6.4 days	-0.9 days	Target not achieved. Pre-term deliveries stay longer until they reach 1.6 kg. Disease profile which requires
		Numerator:			488 070	543 278.5		
		Denominator:			88 740	84 259		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								treatment regimens of more than 5 days, e.g. psychiatric patients
		6.7.7 Inpatient (usable) bed utilisation rates	68.3%	68.4%	75%	72.6%	2.4%	Target achieved within 5% margin of error
		Numerator:	518 553	527 157.5	427 508	543 278.5		
		Denominator:	759 192	770 934.1	570 010	748 058		
		6.7.12 Expenditure per PDE	R3 921	R3 984	R4 000	R4 276.2	-R276.2	Target not achieved. Budget depletion causes the institution to pay accruals of previous financial year in the new loaded budget.
		Numerator:			2 781 168	3 264 138 883,3		
		Denominator:			695 292	763 329		
1. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced.	1.1.7 Number of maternal deaths in facility	New indicator	50	33	38	-5	Target not achieved due to disease burden and incomplete TOPs.
		1.3.16 Child under 5 years diarrhoea case fatality rate	New indicator	2.3%	2.6%	2.4%	0.2%	Target achieved
		Numerator		17	22	18		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator		746	836	748		
	Child mortality reduced	1.3.17 Child under 5 years' pneumonia case fatality rate	New indicator	2.9%	2.7%	4.2%	-1.5%	Target not achieved due to patients that present very late to the hospital
		Numerator		39	31	37		
		Denominator		1 329	1 167	886		
	Micro and macro nutrient malnutrition reduced	1.3.18 Child under 5 years severe acute malnutrition case fatality rate	New indicator	13.3%	5%	11.6%	-6.6%	Target not achieved due to delayed referral of patients to the hospital.
		Numerator		40	20	27		
		Denominator		300	403	232		
	Child mortality reduced	1.3.19 Number of death in facility under 5 years	New indicator	735	550	762	-212	Target not achieved due to unavoidable factors. Majority are Neonatal deaths (0-28 days) and most contributing factor is immaturity related contributing 40.2% on the final cause of neonatal

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								deaths

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.12 Expenditure per PDE	• Provincial office to assist on fast tracking payments within the current financial year.
1.1.7 Number of maternal deaths in facility	• Quarterly Perinatal Meetings with district to in-service the PHC staff, in proper management of third stage.
6.7.2 Average length of stay	• Re- enforce intergovernmental relations for assistance with substance abuse
1.3.17 Child under 5 years' pneumonia case fatality rate	• Strengthening of outreach visits, involve WBOT at district level for follow-up visits, expanding Paediatric High Care and Paediatric ICU. Appointment of specialist paediatric intensive care nurses.
1.3.18 Child under 5 years severe acute malnutrition case fatality rate	• Strengthening outreach to the referral hospitals and PHC, for early detection and treatment of cases.
1.3.19 Number of deaths in facility under 5 years	• Patient related awareness campaigns on risk of pregnancy and importance early bookings • Involve WBOTs on district levels on follow-up visits and strengthen care givers knowledge.

4.2. SUB- PROGRAMME: SPECIALISED TB HOSPITALS

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

- The TB directorate hired four double cab vehicles for the TB hospitals to conduct the outreach services.
- In September 2023 there was a launch of the Bedaquiline Pretomanid Levofoxacilllin and Linezolid (BPaLL) a six months MDRTB regimen.
- All the TB hospitals are implementing the six months MDR TB regimen.

Nkqubela TB Hospital

- A generator was installed in the period under review for power back-up.
- Patient Satisfaction Rate increased to 93% this year.

HR Achievements

- Vacancy rate improved from 10.7% to 3.6%.
- Appointments in the financial year include: - AD: Operations, HR Practitioner, Admin Clerks x 9.

Audit

- Obtained a clean audit for Waste Management and Food Services conducted by Environmental Health.
- Infection Control audit was conducted by Environmental Health and there no negative findings.

Clinical

- An outreach team for Winterberg Hospital was established and operational throughout the year.
- Managed to decentralize DR TB drugs, ordering at Umtata medical depot.
- PAX was installed in male MDR ward for doctors to view X-ray.

Jose Pearson TB Hospital

- The hospital launched phase 1 integrated security solutions which has been installed to improve staff and patient safety in the hospital. The system consists of panic buttons which are installed in the wards and linked to armed response and high-tech cameras with artificial intelligence that is monitored off site**.**
- The procurement of a mobile X-ray machine and computers is at the bid award stage.
- The hospital has commenced renovations of the Paediatric ward to increase the number of beds in hospital.

Marjorie Parrish TB Hospital

- There has been ongoing support from the NGOs to track and trace patients who have interrupted treatment.
- Clinicians from Majorie Parish conducted Drug-Resistant TB training to Settlers Day staff in preparation for the establishment of the decentralized site. 8 Professional Nurses were trained.
- The Clinical Manager facilitated clinical audits to a sample of files and quality improvement plans were developed based on the finding of the audit.
- Collaboration with the Department Social Development is ongoing, as they conduct dialogues with patients on substance abuse monthly.
- WIFI access points were installed and now the institution is able to access the internet for transversal systems.

Khotsong TB Hospital

- The hospital was officially opened by the MEC for Health.
- The hospital management and the hospital board collaborated with a councillor from Ward 25 to host an open day to discuss adherence to TB treatment. This was done in June 2023
- The hospital board was inducted in June 2023 and has been functioning for the rest of the financial year.

Temba TB Hospital

- The hospital has been moved from Temba hospital premises which was being rented under Grahamstown TB Association and has been relocated to Settler's hospital.

Table 4.4.2: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 4.2: Specialised TB Hospitals

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.5 Patient experience of care satisfaction rate	86.2%	81%	88%	88%	0%	Target achieved
		Numerator	6 095	7 109	6 225	5 797		
		Denominator:	7 074	8 752	7 074	6 599		
	Patient Safety improved	6.3.3 Severity assessment code (SAC)1 incident reported within 24 hours rate	50%	75%	80%	86%	6%	Target achieved due to cases being captured on prescribed times.
		Numerator:	1	6	4	6		
		Denominator:	2	8	5	7		
		6.3.12 Patient Safety Incident (PSI) case closure rate	New Indicator	98%	83%	100%	17%	Target achieved due to cases being captured on prescribed times.
		Numerator:			5	77		
		Denominator:			6	77		
	Hospital efficiencies improved	6.7.3 Average length of stay	41 days	42.4 days	60 days	37.1 days	22.9 days	Target achieved due to the implementation of the decentralization policy where patients are managed in the
		Numerator:			166 560	129 344.5		
		Denominator:			2 776	3 483		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								community.
		6.7.8 Inpatient (usable) bed utilisation rates	25.6%	26.9%	40%	31%	-9%	Target not achieved. The department is implementing the policy on decentralization of MDT-TB. Patients are managed in the community, leaving TB hospitals with a low BUR.
		Numerator:	113 797	129 296	125 172	129 344.5		
		Denominator:	445 014	481 487.8	312 931	417 240.7		
		6.7.13 Expenditure per PDE	R3 887.5	R3 286.2	R3 800	R3 461.4	R 338.6	Target achieved due to the implementation of the decentralization policy where patients are managed in the community.
		Numerator:			447 944	459 603 682.8		
		Denominator:			117 880	132 779		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.8 Inpatient bed utilisation rates	• The Department is in a process of repurposing TB hospitals to be District hospitals. • The department will continue to establish more decentralized MDR-TB sites so that stable patients with confirmed MDR-TB can be managed closer to their homes

4.3. Sub – Programme: Specialised Psychiatric Hospitals

Sub- Programme Priorities

- Development of District Mental Health Specialist Teams
- Creating of Mental Health Units in District, Regional and Tertiary Hospitals
- Screening of Mental Health patients at PHC and district levels
- Re capacitation of the clinical cadre on Mental Health Programmes

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

ELIZABETH DONKIN HOSPITAL

Hospital Board

The hospital board at the institution is functional and met 4 times in the period under review. Achievements and challenges were shared from their oversight rounds.

Remote Multidisciplinary Clinical Teaching rounds Project.

Elizabeth Donkin hospital is one of the teaching hospitals in mental health care for multiple health disciplines. This is for clinical exposure of students from universities and colleges. The management identified adequate clinical exposure as a gap in teaching. To address this gap the facility is embarking on remote multidisciplinary clinical project where students join in multiple venues to follow teachings from the main venue where Psychiatrist, Clinical Psychologist, Social Worker and Nurses engage with patients.

Human Resources Development

The facility is committed in developing staff and ensuring that there are adequate Psychiatrists in the future within the Eastern Cape. One Registrar passed Fellow College of Psychiatrists (FCP) part exams and awaiting results for Master of Medicine.

The facility is further committed in developing teams and leadership, the following are trainings done in ensuring teams and individuals are developed:

Table B.37: Elizabeth Bonkin hospital list of trained officials

Course Name	Number trained
Intermediate Computer Skills	10
Advanced Excel Skills	10
Professional Assault Response Training	20
Civil and Criminal Liability of Healthcare Practitioners Workshop	10
Supervisory Skills	7

Intruder detection electronic perimeter fence

After the installation of electronic fence and manning control room 24 hours the facility noted some return on investment, including a decrease in number of patient safety incidents related to abscondment and decrease in number of burglaries.

Information Technology (IT) Upgrades in relation to HMS2

The facility is embracing the use of technology in ensuring that services are rendered in an efficient manner. The department invested in the upgrade of IT infrastructure by installing extra network points and WIFI in clinical and non-clinical areas. Upgraded IT infrastructure made it easier for use of HMS2 in all clinical and non-clinical points using 41 recently installed desktops meant for e-health solution.

KOMANI HOSPITAL

Clinical Services

- In- Service training conducted by Acting Clinical Manager and Clinical Psychologist in the fourth quarter. In the other quarters actual clinical consultations were conducted.
- Identification of side effects and management of Common Mental Disorders – 48 officials were trained in Aliwal North hospital.
- Clinical Audit meetings were held every month in the period under review.

Infrastructure

- The hospital has 8 fully functional generators as a backup in instances of electricity outages.
- To improve the conditions of staff (nurses) accommodation is being renovated and will be completed in July 2024.
- Most of the renovations planned were not completed, some will be carried over others will be reassessed in the new year.

Table B.38: Komani hospital Performance Information

INDICATOR	Q1	Q2	Q3	Q4	COMMENTS
Total admissions New admissions Re-admission	58 38 20	63 51 12	60 47 13	82 68 14	Admissions have an increasing trend. Re-admissions have been constant
Discharges	51	49	48	87	In the last quarter more discharges
Absconsions from the wards Absconsions on LOA	5 1	2 5	4 8	0 8	Abscondscions on LOA remain constant.
Death	2	0	1	1	Deaths were mainly medical related
Outreach	230	476	305	0	Focus was on mentoring and training and due to cost containment measures only 1 visit conducted in the last quarter
Patient to LOA	117	102	83	81	
Back from LOA	94	86	91	75	
CPDE	R 1 339	R 1 395	R 1 342	R 1 162	Overall, the CPDE was R1296
BUR Total BUR(Involuntary) BUR (Forensic)	80.7% 60.5% 12.6%	80.3% 60.2% 118.6%	80.8% 60.5% 122.3%	80,8% 60,6% 126%	Remains constant. Fewer female admissions resulting in a lower BUR
ALOS Total in days ALOS (Acute / Sub-Acute) ALOS (Forensic) ALOS (Chronic / long term)	580.6 4 233,5 5501,6 1248.6	556.1 323.9 4522 804.2	579.7 276.7 5581.7 1009	183.4 146 181 1124	Readjustment due to the change in the definition of LOA affected the ALOS. Patient without families

Recruitment and selection

The following positions were filled in the period under review: -

- 2 x Medical Officers (Community Services)
- 1 x Clinical Psychologist (Community Services)
- 1 x Chief Executive Officer

TOWER HOSPITAL

Human Resources

Table B.39: Tower hospital list of appointments 2023/2024

Category	Number appointed
Medical Officers Comm Serves appointed	2
Dietician Comm Serve appointed	1
Clinical Psychologist Comm Serve	1
Professional Nurses Comm serve	5
Medical Officers Comm Serves appointed	2
Professional nurse	12
CEO	1
Nursing assistants	3

Table B.40: Tower hospital list of terminations 2023/2024

Resignations	Retirements	Death	Ill Health Retirement
19	15	1	1
Grand Total = 36			

Study leave

2024 Study leave intake

- Advert for Study leave was advertised by the Department. The applications were for a Three-Year Diploma in Nursing Science and Post-Grad Advanced Psychiatry.
- 2 employees from Tower hospital have been recommended for the study leave (one for Diploma in Nursing and one for Post-Grad Advanced Psychiatry).
- Advert for Bursaries was also advertised by the Department on 09 February 2024. Out of three recommended applicants by Skills Development Committee of the Institution, one applicant was successful and was approved by the department.

Table B.41: Tower hospital list of trainings conducted

Course name	Number trained	Duration
Applied Risk Identification and Assessment	1	5 days
Promoting Anti-Corruption in the Public Service	2	5 days
Grievance and Disciplinary Procedure	1	5 days
Report Writing	1	5 days
Cleaning and Hygiene Training	2	3 months
Basic Pharmacist Assistant Training	1	12 months
Post basic Pharmacy assistant training	1	12 months

Table B.42: Tower hospital list labour relations issues

Verbal Warnings	Written Warnings	Final Written Warnings	Disciplinary Hearing	Grievances
2	6	3	0	0

Table 4.4.3: Performance against Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 4.3 Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.6 Patient experience of care satisfaction rate	77%	82%	84%	84.5%	0.5%	Target achieved
		Numerator:	2 604	4 998	2 843	3 379		
		Denominator:	3 384	6 064	3 384	3 997		
	Patient Safety Improved	6.3.4 Severity assessment code (SAC) 1 incident reported within 24 hours rate	80%	93.3%	100%	100%	0%	Target achieved
		Numerator:	4	28	5	34		
		Denominator:	5	30	5	34		
		6.3.13 Patient Safety Incident (PSI) case closure rate	New Indicator	98.5%	100%	96%	4%	Target achieved within 5% margin of error
		Numerator:			5	343		
		Denominator:			5	356		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

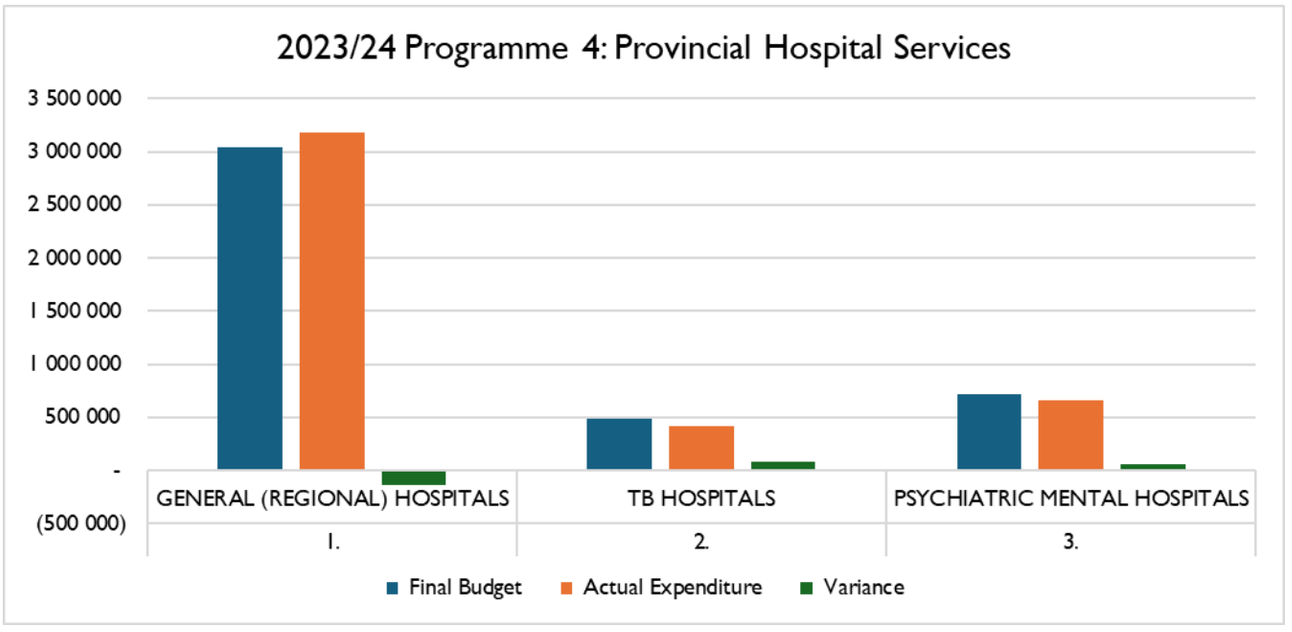
INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
N/A	

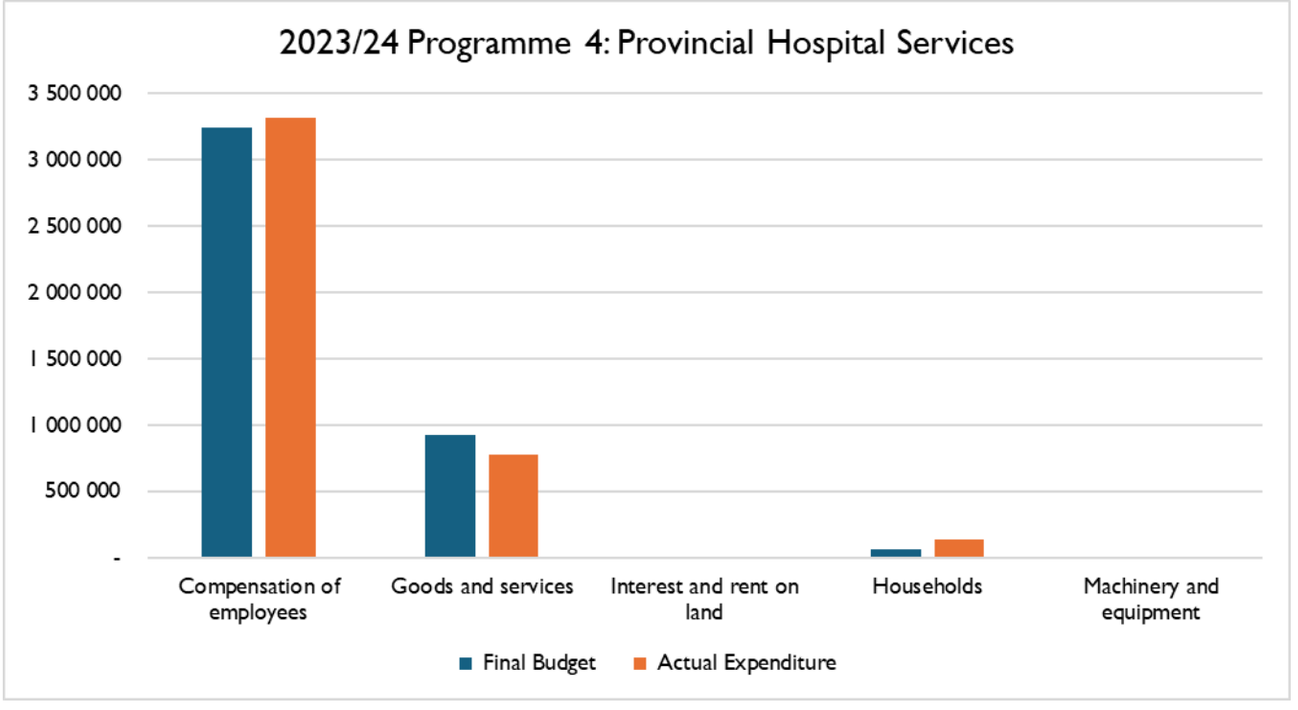
LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

Programme 4 spent at 99.99% (under by R476 thousand)

		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
Sub programme							
1.	General *(Regional)* Hospitals	3,048,687	3,181,458	(132,771)	2,722,831	2,909,523	(186 692)
2.	TB Hospitals	489,100	411,707	77,393	447,634	387,954	59 680
3.	Psychiatric Mental Hospitals	716,029	660,175	55,854	650,213	629,233	20 980
		4,253,816	**4,253,340**	**476**	**3,820,678**	**3,926,710**	**(106 032)**
Economic classification							
Current payments		**4,173,984**	**4,103,701**	**70,283**	**3,684,890**	**3,797,684**	**(112 794)**
	Compensation of employees	3,248,704	3,323,115	(74,411)	2,930,698	3,056,817	(126 119)
	Goods and services	925,280	777,252	148,028	754,192	728,650	681 327
	Interest and rent on land	-	3,334	(3,334)	-	12,217	(12 217)
Transfers and subsidies		**68,426**	**140,192**	**(71,766)**	**92,434**	**120,207**	**(27 773)**
	Households	68,426	140,192	(71,766)	92,434	120,207	-(27 773)
Payments for capital assets		**11,406**	**9,447**	**1,959**	**43,354**	**8,819**	**34 535**
	Machinery and equipment	11,406	9,447	1,959	43,354	8,819	34 535
		4,253,816	**4,253,340**	**476**	**3,820,678**	**3,926,710**	**(106 032)**


2023/24 Programme 4: Provincial Hospital Services
3 500 000
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000
500 000
-
(500 000)
GENERAL (REGIONAL) HOSPITALS
TB HOSPITALS
PSYCHIATRIC MENTAL HOSPITALS
1.
2.
3.
Final Budget
Actual Expenditure
Variance


2023/24 Programme 4: Provincial Hospital Services
3 500 000
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000
500 000
-
Compensation of employees
Goods and services
Interest and rent on land
Households
Machinery and equipment
Final Budget
Actual Expenditure

PROGRAMME 5:
CENTRAL & TERTIARY HOSPITAL



4.5. PROGRAMME 5: CENTRAL AND TERTIARY HOSPITALS

5.1 Sub-Programme Purpose for Central Hospitals

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two Tertiary Hospitals and one Central Hospital in the Eastern Cape Province:

SUB-PROGRAMMES

Central Hospital: Nelson Mandela Academic Hospital.

Institutional outcomes

- 6. Quality of health services improved.
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENTS

AREA	ACHIEVEMENT	IMPACT ON SERVICE DELIVERY
Notable role assigned to Nelson Mandela Academic Hospital (NMAH) in the academic sphere	Three of the institution's specialists have been elected to serve in the Council of the College of Medicine for SA for 2023-2026 triennium: – Head of department of Anaesthesia Prof B Mrara – College of Anaesthesiology and President of the College – Prof A Adeleke-College of Family Physicians – Dr V Nogaga- College of Plastic Surgeons These appointments will have a huge impact for the Eastern Cape as a whole and position NMAH among other Central Hospitals.	Development of the central hospital in par with other central hospitals.
Medico-legal defence strategy /intervention to curb- litigations)	**The following medico- legal strategies have been applied to assist clinical services:** • **Establishment of medico legal committee** - A committee formed by a team of specialists from highly litigated domains within the institution i.e. Obstetrics and Gynaecology, Orthopaedic, Radiology, Paediatrics, Intensive care & surgical domain (other specialists are co-opted as they are needed) has been formed. They meet and discuss each case extensively and advise defence. Some cases stand a chance in court through this approach. • **Medico legal seminar –awareness and status of litigations in Eastern Cape - Mthatha Resource Centre on 11-12 Oct 2023** - The institution in an initiative to curb escalating medico legal cases has undertaken to host a medico-legal seminar where various stakeholders (National, Provincial, Local Special groups i.e. traditional leaders, political leaders, referral institutions, institutions met with agenda of strengthening medico legal defence, preventing future cases and negotiating settlements. - The centre will be for the entire region. - The institution's medico legal team is also assisting in establishment of the service in other regions i.e. Port Elizabeth, East London	Knowledge impaction / Awareness Medico legal strategy
	• **Building of state of art rehabilitation centre with Cerebral palsy (CP) clinic** - Building is complete well-furnished with relevant equipment (bought in the year under review) for a rehabilitation centre. The contractor is currently working on the outside of the building. This is another strategy to cut medico legal costs as the institution will be able to provide comprehensive rehabilitation services. • **Clinical support clinics-** - **CP: clinic-** 374 patients on data base. Clinics run every Wednesday. Patients are seen by multidisciplinary team members and receive assistive devices (according to needs). Neonatal screening clinic (neonates subjected to asphyxia events screened for any possible challenges in the future and interventions are initiated early to improve outcomes.	

<table>
<tr><th>AREA</th><th>ACHIEVEMENT</th><th>IMPACT ON SERVICE DELIVERY</th></tr>
<tr><td colspan="3">Digitalisation and leveraging artificial intelligence for clinical tertiary services</td></tr>
<tr><td>Network renewal to support digitalization</td><td>- Nelson Mandela Main Institution and Bedford Orthopaedic unit network upgrade to Category 6 (CAT6) Network has been completed. This ensures better functioning of equipment that rely on network for its functioning.
- NMAH Phase 2 of CAT6 installation of cochlear implant unit is in progress.
- ICT is currently busy with network upgrades in Sir Henry Elliot from category 5 to category 6, equipment upgrade, Wi-Fi visibility throughout the institution - completed.</td><td>Quality of services improved</td></tr>
<tr><td>HMS2 Phase 2 implementation</td><td>HMS2 Rollout
- Phase 2 has been done and is continuous a training of Clinicians has started with the training of 40 clinicians. These 40 clinicians are now designated trainers. Further training is underway.
- ICT gadgets have arrived and are being distributed to all deserving individuals to be used for HMS2 phase 2. complete rollout is expected by 2025. Towards a paperless Nelson Mandela Academic Hospital by 2025.
- Gadget handed over to responsible personnel for clinical purposes include laptops, Computers, telephones.</td><td>Improved access to clinical services.</td></tr>
<tr><td>Telemedicine</td><td>- Audio Visual room has been upgraded to be utilized for morning meetings and electronic-ICU (eICU), Telemedicine.</td><td>Digitalization in clinical services</td></tr>
<tr><td>Decentralization of clinical services</td><td>Nelson Mandela Academic Hospital is taking clinical services closer to the district and regional hospitals. The benefits include decongestion of the institution in the institution. Access to specialist services will also be improved as there is less travelling for the patients unless it’s necessary. Knowledge impaction, thereby developing services in district and regional hospitals.

Outreach plan is in place. The following institutions have been visited for outreach purposes in Q4 2023/24:
<table>
<tr><th>Domain</th><th>Outreach /decentralised site</th><th>Comment</th></tr>
<tr><td>Orthopaedics</td><td>Madzikane KaZulu Hospital</td><td>02 Stationed medical officers performing minor procedures. 20 patients are done per week.</td></tr>
<tr><td>Urology</td><td>St Barnabas, Malizo Mpehle, St Elizabeth, Madzikane ka Zulu</td><td>These urology outreaches are fully fledged and about 1600 patients are seen per quarter and about 150 minor operations done.</td></tr>
<tr><td>General surgery</td><td>St Elizabeth, St Barnabas and Malizo Mpehle</td><td>Outreached less due to gross shortage of staff. Breast outreach affected by non-availability of anaesthetic machine.</td></tr>
</table></td><td>Reduced theatre waiting times.

Reduced influx of patients to the central hospital.</td></tr>
</table>

AREA	ACHIEVEMENT			IMPACT ON SERVICE DELIVERY
	Obstetrics & Gynaecology	Malizo Mpehle, Madzikane ka Zulu, St Patricks Hospitals	Less outreaches in quarter 3 due to exams	
	Ophthalmology	Zithulele Hospital, Madzikane Ka Zulu, Komani Hospitals	Apart from regular outreaches, special camps are done to reduce backlog i.e. Madzikane Ka Zulu (200 patients seen). Komani (175 patients seen) Nelson Mandela Camp with Muslim League	
In-reach	Obstetrics and gynaecology, anaesthesia had doctors from peripheral hospitals who came to NMAH for exposure.			
Infrastructure refurbishment /upgrading /building	**Dental laboratory Project** - Contractor is on site - Commencement date: 08 January 2024 - Completion date- 09 October 2024			Specialized dental services offered.
	Oncology Major Project: - Site was handed over to the contractor in July 2023			Full complement of oncology services
Good working relations with Road Accident Fund (RAF)resulted in a generous donation	**RAF Donation – Bedford Orthopaedic Unit Physiotherapy Department** - Vast percentage of clients in Bedford Orthopaedic Unit are motor vehicle accident casualties *(Road Accident Fund (RAF) clients),* who need a comprehensive multidisciplinary approach including rehabilitation services like physiotherapy. RAF took it upon themselves to renovate physiotherapy department Bedford Hospital. As part of the donation, they inserted physiotherapy machines i.e. thread mills, bicycles, and face lifted staff tearoom adding items like microwave, fridge, dining table etc.) - RAF CEO personally handed over the project on the 24 October 2023 in a formal occasion where he pledged more support to Bedford Orthopaedic Unit.			Quality Physiotherapy services offered. Therapeutic environment for staff. .
Partnership with Reach for a Dream (NGO)	**Reach for a dream revamped children's playroom to create a dream room with stimulating painting and engaging gadgets.** - Partnership of the institution with Reach for a Dream resulted in revamp and redecoration of children's playroom to create a dream room. The room has been provided with engagement gadgets together with a play therapist.			Therapeutic engagement of admitted children.
Partnership with operation Smile- Cleft Palate Repair initiative	**Cleft palate repair camp- 19-22 October 2023** From the week of 19-22 October2023, the department of Plastic Surgery in partnership with Operation Smile *(A global non-profit organisation specialising in expert cleft surgery and care)* brought back Smile to 22 children with cleft palate. This brought joy to the parents as they could not believe when they saw their kids. Three adults also received dental obturators to assist with their speech.			Improved waiting times for elective procedures

AREA	ACHIEVEMENT	IMPACT ON SERVICE DELIVERY
Cataract backlog reduction initiative NMAH	**In support of Madiba month** – Initiative by NMAH hospital board, the Muslim League and the institution ophthalmology team, planned in-reach programme aimed at reducing cataract backlogs. 200 patients were seen. Camp was conducted from 17- 23 July 2023.	Reduced waiting times for cataract surgeries. Reduced backlog
INITIATIVES TO BOOST STAFF MORALE		
Performance appraisal- Excellence awards	**Nursing Service Inspection** - Quality of nursing services offered by the institution has been measured against set standards in an inspection of clinical units /wards utilizing a tool designed for that. - Areas inspected include Patient Care, Nursing Administration and Nursing Education. - Following the inspection, Excellent Awards for Nurses were conducted on 31 October 2023. Wherein units that performed well received awards to boost staff morale and encouraged a spirit of excellence among staff members. Certificates of recognition were handed.	Improved quality of care
Monitoring system- Electronic Gate keeping (NHLS, SANBS)	- Implement Electronic Gate Keeping (EGK) as an intervention to address rational use of National Health Laboratory Services (NHLS}and South African National Blood Services (SANBS). - The institution has a gate keeper to ensure smooth flow of activities between institution and laboratory, blood services. and to reduce costs. - Expenditure on laboratory and blood services is monitored, and cost reduction measures are in place.	Improved cost containment measures
Clinical effectiveness, clinical efficiency	- Clinical audits are continuous, and implementation of its recommendations is utilised to improve services. Maternal mortality meeting and subsequent audit of all maternal deaths, neonatal audits. Paediatrics audits. - Quality of care-user safety is key in provision of services. - Clinical care is offered according to national guidelines i.e. infection rate is monitored. Efficiency and quality indicators have been monitored throughout and discussed as standing items in management meetings and hospital reviews.	Improved standards of care
Pharmaceutical services	- Nelson Mandela Academic Hospital pharmacy is registered under South African Pharmacy Council. - The unit is operational and has a branch in Bedford Orthopaedic unit run by qualified pharmacist. - Medication availability=83% - The institution has an influx of patients from the peripheral hospitals for treatment refill. Treatment down referral has been initiated to deal with this challenge.	Improved availability of medication

Table B.41: Nelson Mandela Academic hospital progress and achievements

Table 4.5.1: Performance against Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 5.1: Central Hospital

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.7 Patient experience of care satisfaction rate	81.6%	84%	85%	84%	1%	Target achieved within 5% margin of error
		Numerator:	2 896	3 057	3 016	1 693		
		Denominator:	3 548	3 625	3 548	2 007		
	Patient Safety improved	6.3.5 Severity assessment code (SAC) 1 incident reported within 24 hours rate	63%	85%	80%	92%	12%	Target achieved due to cases being captured on prescribed times
		Numerator:	135	205	172	196		
		Denominator:	215	241	215	213		
		6.3.14 Patient Safety Incident (PSI) case closure rate	New Indicator	99%	80%	99%	19%	Target achieved due to cases being captured on prescribed times
		Numerator:			172	211		
		Denominator:			215	213		
	Hospital efficiencies improved	6.7.4 Average length of stay	8.3 days	8.4 days	8 days	8.8 days	-0.8 days	Target not achieved due to Lack of theatre time. (Available theatre time versus demand)
		Numerator:			212 840	208 283		
		Denominator:			26 605	23 655		
		6.7.9 Inpatient (usable) bed	80%	73.4%	83%	75.3%	-7.7%	Target not achieved due to

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		utilisation rates						renovations affecting clinical space (Level 5 – 60 beds, mental health 30)
		Numerator:	220 348	203 213	229 661	208 283		
		Denominator:	276 700	276 700.3	276 700	276 700,3		
		6.7.14 Expenditure per PDE	R4 831	R5 436	R4 953	R6 683.9	-R1 730.9	Target not achieved due payment of accruals from the previous financial year.
		Numerator:			R1 461 868	R1 909 806 838		
		Denominator:			295 148	285 731		
1.Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.8 Number of maternal deaths in facility	New Indicator	35	39	40	1	Target achieved within 5% margin of error
		1.3.20 Child under 5 years diarrhoea case fatality rate	New Indicator	9.6%	9.3%	8.4%	0.9%	Target achieved
		Numerator		32	29	24		
		Denominator		333	309	287		
	Child mortality reduced	1.3.21 Child under 5 years' pneumonia case fatality rate	New Indicator	17.1%	9.2%	22.3%	-13.1%	Target not achieved due to -Late presentation -Underlying medical conditions
		Numerator		42	17	46		
		Denominator		246	187	206		
	Micro and macro	1.3.22 Child under 5 years	New Indicator	29.3%	25%	14.8%	10.2%	Target achieved

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
	nutrient malnutrition reduced	severe acute malnutrition case fatality rate						
		Numerator		12	7	4		
		Denominator		41	31	27		
	Child mortality reduced	1.3.23 Number of death in facility under 5 years	New Indicator	366	360	333	27	Target achieved

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.4 Average length of stay	Fast track opening of 24hr emergency theatre plan for Bedford orthopaedic unit (staff appointment needed) Fast track commissioning of newly repurposed second theatre for maternity
6.7.9 Inpatient (usable) bed utilisation rates	Fast track renovations (Frequent update meetings with infrastructure team) incur penalty for non-adherence to schedule
6.7.14 Expenditure per PDE	Advocate for payment of suppliers in current year
1.3.21 Child under 5 years' pneumonia case fatality rate	Capacitation of regional and district hospitals to function as per their level of care ie , identification and early treatment of acute respiratory infections , treatment of any underlying medical conditions like HIV/AIDS, TB, malnutrition & immune suppression. This will relieve influx of level 1 patients to the central hospital thus tertiary beds will be utilised effectively.

5.2. Sub-Programme Purpose for Tertiary Hospital Services

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two Tertiary Hospitals in the Eastern Cape Province:

- Livingstone Hospital
- Frere Hospital

Sub-Programme 5.2

Institutional outcomes

- 6. Quality of health services improved.
- 1. Maternal, Neonatal, Infant and Child Mortality reduced

PROGRESS AND ACHIEVEMENT

FRERE HOSPITAL

DEVELOPMENT AND IMPLEMENTATION OF QUALITY IMPROVEMENT PLANS (QIPS):

Hygiene and Cleanliness Improvement Plan:

This QIP was developed by our Quality Assurance Department, in consultation with the Soft Services, to address complaints regarding hygiene and cleanliness. Its implementation bore positive results with tremendous improvement in the cleanliness of the whole hospital, that continues to shine even today.

Figure B.19: Hygiene and cleanliness improvement



G1 Ward



Happy Ortho. Theatre Staff



Patient Transport Office

Patient Records Improvement Plan:

To address frequent complaints about missing folders and the impact it had on patient care resulted to the institution to develop QIPs. On 19 May 2023, the institution decided to implement the following interventions:

- improvement of the Pre-booking system,
- HMS2 record keeping by clinicians,
- The down referral system and
- Orthopaedic Outpatient Department (OOPD).

Implementation of the QIP continues to yield positive results as the focus was on improving the retrieval of folders. The pictures below depict improvements:

Figure B.20: Patient records improvement

BEFORE



AFTER



Pediatrics Department Projects:

Beautification of Children's Wards:

Children can feel lonely and neglected by their parents when they stay long in Hospital. In order to stimulate their mood and make the children happy, the institution decided to beautify their wards with painting and had murals drawn on the walls. The institution also introduced some activities that would keep children pre-occupied, to try and ease the pain. They installed activity play boards as well as give them packs with colouring books and toys.

Figure B.21: Beautification of children's wards

PLAYBOARD



MURALS



Frere Children's' Bear Project:

This project was aimed at providing joy for the children in the Pediatric wards, while they stay for a long time far away from home, as well as to try and ease the pain.

Figure B.22: Frere childrens' bear project







HEALTH AWARENESS CAMPAIGNS:

The Infection Prevention and Control (IPC):

The section organised Global Handwashing Awareness Campaigns to educate patients about the importance of infection prevention and control. Demonstrations were made and patients were given washing soap as a gift pack.

Figure B.23: Infection Prevention and Control







Diabetic World Awareness Day 2023:

The Medical Department organised World Diabetic Awareness Day. This was to educate staff members, patients and their relatives, on the importance of diabetic prevention and management. Pamphlets on diabetes were circulated, and vegetables parcels were given to all who attended the event.

Figure B.24: Diabetic World Awareness Day







OCCUPATIONAL HEALTH AND SAFETY:

Frere Hospital, for the first time, was certified for full Mobilisation Evacuation Drill in case of fire disaster. The event was done in collaboration with the Disaster Management team of the Buffalo City Metropolitan Municipality and Emergency Medical Services (EMS). The purpose was to prepare the Frere employees in case of fire emergency in the hospital, as well as to strengthen communication between all stakeholders.

EMPLOYEE ASSISTANCE PROGRAMME:

Frere Hospital Launched their first men's forum under the theme "I am my brother's keeper", in July 2023. The aim of the program was to create a space for men of all ages, to have unconfortable conversations that they never had in their daily lives. The Forum received the Premier's Awards in the Best Organised Empowerment Session of the Year category, in December 2023.

ACADEMIC EXCELLENCE:

Figure B.25: Innovation by Frere's Urology Team



Frere hospital Urology Department developed a simulation programme that was used for teaching of the Medical Officers and Registrars in minor invasive procedures. The Project (Frere hospital intra-renal surgery trainer) received an award in the category at the University of Cape Town (UCT) Post Graduate Research Day. The picture above is the picture of Dr. Bhana receiving the award on behalf of the Project team.

Pharmacy Research Day:

Table B.42: Research topics presented on pharmacy day

INTERN	TOPIC	TUTOR	SUPERVISOR
Esam Sindelo	The association of health literacy and adherence in chronic condition	**Amanda Nompandana**	**Seshnee**
Luxolo Ngumbela	An analysis of the availability of Patient Information Leaflet (PIL) as a tool for the provision of medicine information to patients	**Sarisha Singh**	**Kaylan**
Zelda du Pisanie	An analysis on the infusion rate of oxaliplatin and the possible side effects associated	**Kovin Pillay**	**Dianne/Kaylan**
Zilungile Mofoka	An assessment of surgical prophylaxis in neurosurgery patients	**Andiswa Mngxe**	**Ya-Ying**
Emmanuel Badu	Drug utilization review of aspirin in the out-patient settings at Frere Hospital	**Seshnee Moodley**	**Sarisha**
Ndiphiwe Mxi	Drug utilization review of antibiotics in Orthopaedic wards (G1) for septic arthroplasty post knee and hip surgery	**Nicolene Henning**	**Ya-Ying**
Deston May	Drug utilization review on the use of alfacalcidol in OPD	**Lumka Somana**	**Ya-Ying**
Tifanny Floors	An assessment of intern doctors and medical officers' awareness and perceptions of the SA STGs and essential medicines list at Frere Hospital	**Craig Johaar**	**Seshnee**

ENGINEERING AND PROJECTS

Building Maintenance Contracts Underway:

Table B.43: Underway building maintenance contracts

SERVICE AND DESCRIPTION	CONTRACTOR	PRICE	COMMENTS
Rendering of Plumbing Repairs and Maintenance to Frere - SCMU3-22/23-0636-FRE	Industrial Plumbers	R 1 000 000.00	In progress
Rendering of Minor Building Repairs and Maintenance to Frere - SCMU3-22/23-0232-FRE	Redline Group	R 800 000.00	Awaiting Order
Rendering of Electrical Repairs Maintenance to Frere - SCMU3-23/24-0105-FRE	Landwealth	R 1000 000.00	In progress
Rendering of Steam reticulation System Maintenance to Frere - SCMU3-22/23-0071-FRE	Flat Foot	R 750 000.00	Awaiting Order
Rendering of Glazing Repairs and Maintenance to Frere - SCMU3-22/23-0639-FRE	Morne's Glasfit	R 700 000.00	In Progress
Rendering of Maintenance of Roads to Frere for a period of 12 Months - SCMU3-23/24-0069-FRE	Berkshare	R 500 000.00	Awaiting Order
Rendering of Flooring Repairs and Maintenance to Frere - SCMU3-23/24-0032-FRE	Imvusa Flooring	R 1000 000.00	In Progress
Total		**R 5 750 000.00**	

Building Repairs in Doctors' Accommodation

Hufford Flats

The building repairs at the doctor's accommodation was made a priority for the 2023-24 financial year. Minor plumbing repairs, painting and the entire timber floor replacement has been completed.

HUMAN RESOURCES AND GENERAL ADMINISTRATION:

Vacancy Rate – 2023-2024:

Table B.44: Vacancy Rate – 2023-2024

CATERGORY	FILLED	VACANT	TOTAL	RATE %
Medical	373	26	399	6,5
Nursing	1032	79	1111	7,1
Pharmacy	43	2	45	4,4
Allied	111	26	137	19
Facility	267	9	276	3,26
IT	8	3	11	27,3
Finance	53	3	56	5,4
General Admin	140	5	145	3,45
HR	23	2	25	8
TOTAL	**2050**	**155**	**2204**	**7,03**

GENERAL ADMINISTRATION:

Pre-Booking

- Oncology registration started pre-booking on the HMS 2 system.
- 18 clinics were enrolled on pre booking patient registration system to reduce influx and delays at reception. Folders are extracted a day before the visit.

Archiving of Inactive Records

- Approximately **100 000** inactive records have been captured and ready for transfer to central archiving.
- Inactive maternity records are sorted and archived on site, not to be transferred to central archives.
- Oncology inactive records for a period less than 20 years are kept on site, those more than 20 years (A20) are ready to be transferred to provincial archivist.

LIVINGSTON HOSPITAL

CLINICAL SERVICES

Maternity response/ activation of services at PE Provincial Hospital:

The admission of pregnant patients from Dora Nginza hospital to PEPH newly established maternity ward continued until the 2nd quarter and patients are no longer coming from Dora Nginza hospital over, unit is closed, staff is assisting in other units.

Cataract Surgeries

Ophthalmology Outreach to Settlers hospital: Initiation of cataract surgery

The outreach to Settlers hospital continued throughout the year and the last one took place on the **12 – 14 March 2024** and another thirty (30) patients were given their sight back.

Saturday Cataract Surgeries: PE Provincial Hospital

In an effort to reduce the Cataract Surgeries backlog, the Saturday cataract surgeries restarted in the first three quarters of the year but unfortunately could not continue on the 4th quarter due to many other challenges.

Table B.45: Number of cataracts performed

Months	No. of cataracts performed
6 May 2023: 18	18
20 May 2023	16
3 June 2023: 14	14
3 June 2023: 14	11
22 July 2023: 11	10
23 September 2023:	8
15 October 2023	37
21 October 2023	18
02 December 2023	13
TOTAL	**145**

Table B.46: Total cataracts operated for period 1 April 2023 – 31 March 2024

	Q1	Q2	Q3	Q4	TOTAL
Cataract Saturdays	48	29	68	0	145
Total Cataract Surgeries (Weekdays)	104	159	322	0	585
TOTAL	**152**	**188**	**390**	**0**	**730**

Activation of A&E theatres:

Refurbishment of the two (2) theatres in Accident and Accident (A&E) unit as well as the appointment of additional staff (clinical and non-clinical) had an impact on the delivery of definitive surgical services. The addition of staff resulted in the addition of *one 24/7 emergency list* (all disciplines) and *one (daytime) orthopaedic list*. A total number 1091 had since been performed. See table below for the breakdown as per discipline.

Table B.47: Theatre cases per discipline for the A&E theatres only

	Discipline									
	Ortho	General	Neuro	ENT	Cardiothoracic	Urology	MaxFax	Vasc	Plast	Tot
TOTAL	**1841**	**1256**	**293**	**80**	**44**	**179**	**96**	**7**	**179**	**3975**

Table B.48: Total number of theatre cases per facility

FACILITY	Q1	Q2	Q3	Q4	Total
LTH	1 990	2 141	2 231	4 572	10 943
PEPH	1 085	1 054	1 065	1 912	5 116
TOTAL	**3 075**	**3 195**	**3 296**	**6 484**	**16 050**

Decentralization of services

Some services are decentralised to reduce congestion in the already overburdened tertiary hospital as follows:

- Settler's hospital – ophthalmological surgeries like cataract once every 2 months
- Humansdorp hospital – anaesthetic covers every Friday of the month, 4 theatre cases and few outpatients.
- Uitenhage hospital – general surgery once a month, 2-3 theatre cases per visit and 10 OPD patients
- Dora Nginza hospital – dermatology twice weekly to a total of 80 patients weekly
- Midlands & Port Alfred hospitals in the plan still not started yet.

Interventional cardiology services:

There has also been a steady increase in the total number of patients receiving interventional cardiology services (inter-coronary stents) within the acute phase of clinical presentation (<72hrs) as per international guidelines (previously patients were given an elective date for angiogram and stenting). Inter-disciplinary team established who regularly for the review of standard operating procedures, training, and overall review of governance mechanisms.

Table B.49: Catheterisation laboratory statistics

Month	Interventions	
	Coronary Angiograms	Adults Inter-coronary Stents
Apr	0	8
May	15	6
Jun	25	8
1st Quarter	**40**	**22**
Jul	24	4
Aug	21	3
Sept	28	16
2nd Quarter	**73**	**23**
Oct	34	28
Nov	30	19
Dec	16	3
3rd Quarter	**80**	**50**
Jan	22	7
Feb	23	5
Mar	18	9
4th Quarter	**63**	**21**
Total	**256**	**116**

Mental Health Care Services

Achievements

- Nelson Mandela Bay Health district (NMBHD) Mental Clinical Committee established and draft with implementation plan underway.
- A total of 3 adolescent patients were successfully processed and transferred to Fort England for admission.

FACILITIES AND INFRASTRUCTURE

Achievements

- Material tenders were awarded, and companies received order numbers.
- Painting in progress at Livingstone hospital (LTH) and Port Elizabeth Provincial Hospital (PEPH). 7 out of 10 wards at LTH completed and public areas at PEPH
- Fluorescent tubes are replaced by Light Emitting Diod (LED) tubes at LTH and PEPH.
- Uninterruptible Power Supply (UPS) systems for theatres at PEPH were serviced and repaired.
- A total of 32 maintenance tenders are in place to cover most areas of non-clinical equipment maintenance and building maintenance.
- Most ablution facilities have been repaired in terms of fixing toilets, replacing seats and repairs to taps. This work is on-going.
- The 4 new pots at LTH that were giving problems were all replaced with Vulcan pots by the respective companies and are all in working order.
- Kannegieser laundry machine was repaired.
- Roof leaks at ward 5B were repaired.

- Security gates were installed at LTH nurses' home to prevent occupants from 3rd floor entering the administration area with offices.

SUPPLY CHAIN MANAGEMENT

Achievements

- **Demand Management Unit**: Continuous improvement in flow of documents with one additional resource from soft services.
- **Bids and Contracts**: 46 bids were awarded during the second quarter. Procurement committee sitting regularly weekly. Provincial CT tender was awarded and funding for purchase order provided by Head Office.
- **Procurement:** 866 purchase orders were issued to the suppliers. Facility CCC meetings sitting regularly on weekly basis. 48 deviations were approved for procurement of goods and services.
- **Inventory and Asset Management**: Monthly reports were prepared and submitted to HO.

HUMAN RESOURCES

Achievements

- Appointments and attritions are processed on time.
- Electronic booking system implemented at both hospitals.
- At PEPH records area to be moved to new secure area, renovations currently in progress.
- Leaves captured = 4529

INFORMATION COMMUNICATIONS TECHNOLOGY

Achievements

Upgrading of computer hardware ongoing to enable the use of HMS2 in the following areas:

- Patient administration, revenue, all clinical service areas, casualty, Medical Outpatient Department (MOPD), Physiotherapy, Dieticians, Pharmacy, All wards, X-ray departments, both PEPH and LTH, Theatre LTH
- Installed computers in the above areas at Livingstone Hospital (**163**) and PE Provincial Hospital (**101**).

HMS2 Implementation Progress

- Hospital Systems Implementation Program Committee (HIPCO): Weekly meetings continue to address system administration, resource allocation and business process challenges to streamline service delivery.
- Information & communications Technology (ICT) equipment received from the E-Health Project for the implementation of HMS2, i.e. 24 laptops and 220 computers. Eighteen (18) of the 24 laptops issued.
- Training has been scheduled 3x a week rotating between Livingstone Hospital which took place at the Livingstone computer lab & PE Provincial Hospital computer lab.

OCCUPATIONAL HEALTH & SAFETY

Achievements

- Inspections conducted at different areas/units for both LVH and PEPH.
- Washing bay identified at PEPH for relevant staff to shower and change after work.
- Safety Health and Environment (SHE) Reps and First Aiders Certificates issued.
- Occupational Health and Safety (OHS) Committee: Terms of reference developed, and appointment letters drafted.

Table 4.5.2: Performance against Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 5.2: Tertiary Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.8 Patient experience of care satisfaction rate	80.2%	74%	82%	78%	4%	Target achieved within 5% error margin
		Numerator:	13 807	33 885	14 104	29 384		
		Denominator:	17 200	46 096	17 200	37 685		
	Patient safety improved	6.3.6 Severity assessment code (SAC) 1 incident reported within 24 hours rate	72%	88%	80%	68%	-12%	Target not achieved. The Quality Assurance (QA) manger resigned in 2nd quarter. New QA manager started later in the financial year.
		Numerator:	34	130	37	141		
		Denominator:	47	148	47	208		
		6.3.15 Patient Safety Incident (PSI) case closure rate	New Indicator	93%	80%	98%	18%	Target achieved. Cases were captured within the prescribed times.
		Numerator:			224	556		
		Denominator:			280	568		
	Hospital efficiencies improved	6.7.5 Average length of stay	5.6 days	6.8 days	6 days	6.8 days	-0.8 days	Target not achieved due to orthopaedic patients that stay longer in health
		Numerator:			460 698	476 682.5		
		Denominator:			76 783	70 410		

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								facilities.
		6.7.10 Inpatient (usable) bed utilisation rates	66%	68.8%	75%	74.5%	0.5%	Target achieved within 5% margin of error.
		Numerator:	430 324	447 638	365 906	476 686.5		
		Denominator:	656 038	650 501.3	487 875	639 550.1		
		6.7.15 Expenditure per PDE	R3 522	R4 021	R4,586	R4 433.9	R152.1	Target achieved.
		Numerator:			R3 479 284	R3 070 107 079		
		Denominator:			758 675	692 420		
1. Maternal, Neonatal, Infant and Child Mortality reduced	Maternal mortality reduced	1.1.9 Number of maternal deaths in facility	New Indicator	9	8	22	-14	Target not achieved. **5x medical cause of death** -embolism, HAART, High viral load, -Post-partum cardiomyopathy mitral valve disease, Left intracerebral. -Haematoma causing obstructive hydrocephalus

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		1.3.24 Child under 5 years diarrhoea case fatality rate	New Indicator	2.8%	6%	0%	6%	Target achieved
		Numerator		6	12	0%		
		Denominator		214	201	220		
	Child mortality reduced	1.3.25 Child under 5 years' pneumonia case fatality rate	New Indicator	1.6%	<2%	0.8%	1.2%	Target achieved
		Numerator		6	4	3		
		Denominator		377	219	357		
		1.3.26 Child under 5 years severe acute malnutrition case fatality rate	New Indicator	11.1%	6%	10.5%	-4.5%	Target not achieved. This was due to late referrals for children that come already severely malnourished from home.
		Numerator		2	1	2		
		Denominator		18	17	19		
	Micro and macro nutrient malnutrition reduced	1.3.27 Number of death in facility under 5 years	New Indicator	154	130	172	-42	Target not achieved. Early neonatal death (ENND)- 83 Late neonatal death (LNND) - 31. Majority of these deaths were prematurity deliveries and demised of

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								complications.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED.	PROPOSED STRATEGIES
6.3.6 Severity assessment code (SAC) 1 incident reported within 24 hours rate	Training on the importance of early reporting
1.1.9 Number of maternal deaths in facility	Early Referral and strengthening management of obstetric/medical conditions
1.3.26 Child under 5 years severe acute malnutrition case fatality rate	To strengthen our outreach programmes to health promotion on nutrition and seeking early treatment
1.3.27 Number of death in facility under 5 years	To strengthen our outreach programmes to health promotion on nutrition and seeking early treatment

5.3. SUB- PROGRAMME SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

Sub-programme purpose

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There is one Specialised Tertiary Hospital in the Eastern Cape Province:

Sub-Programmes

Specialised Tertiary Hospitals

- Fort England (specialised psychiatric Hospital)

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

Governance

The hospital board is functional. The new structure was endorsed in November 2023. The induction was done, and its first meeting took place on 20 March 2024.

Outreach activities

The facility is providing a consistent outreach service to PHC clinics and district hospitals with our doctors. These are follow-up services to discharged patients. The forensic psychiatrist visits Komani Psychiatric hospital every Tuesday and Friday for specialist psychiatric services i.e. forensic and general psychiatry.

Table B.50: Outreach services statistics – Doctors (April 2023 to March 2024)

Health Facility	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Annual 2023/24
Port Alfred Adult Clinic	622 (227)	617 (167)	631 (212)	614 (182)	2 484 (788)
Port Alfred Children Clinic	102 (30)	95 (19)	86 (31)	101 (23)	384 (103)
Adelaide & Bedford Hospitals	111 (28)	101 (43, incl1 child)	106 (37)	100 (32, incl 1 child)	418 (140, incl 2 children)
Fort Beaufort Hospital	57 (27)	84 (52, incl 3 children)	101 (33, incl 3 children)	113 (26)	355 (138, incl 6 children)
Nompumelelo Hospital	79 (52, incl 1 child)	64 (31)	67 (33, incl 4 children)	62 (34, incl 1 child)	272 (150, incl 6 children)
Victoria Hospital	104 (32, incl 1child)	97 (41)	104 (22)	87 (41)	392 (136, incl 1 child)

NB: In brackets are patients seen by doctors and for medication review.

Table B.51: OUTREACH SERVICES – PSYCHOLOGISTS (April 2023 to March 2024)

TYPE	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Annual 2023/24
PHC Makhanda adult Clinic	41	112	89	47	289
PHC Makhanda children Clinic	22	48	25	16	111
PHC Port Alfred adult Clinic	60	92	77	65	294
Phc Port Alfred children Clinic	42	43	29	21	135
Adelaide & Bedford Hospitals	0	0	9	6	15
Fort Beaufort Hospital	0	0	16	14	30
Nompumelelo Hospital	0	0	22	21	43
Victoria Hospital	0	0	12	9	21

The increase in Q3 is due to the appointment of two (2) new psychologists.

Child & Adolescent Services:

The new 14-bedded unit was officially opened in February 2023. Out of the 14 beds, 2 beds are seclusion beds. Although the occupancy is still below 50%, there is a marked improvement from Q1. In Q2, the team reviewed the admission criteria and referral pathway to improve access to the services and communication between clinicians.

Figure B.26: Total admissions and discharges for the Child & Adolescent unit:

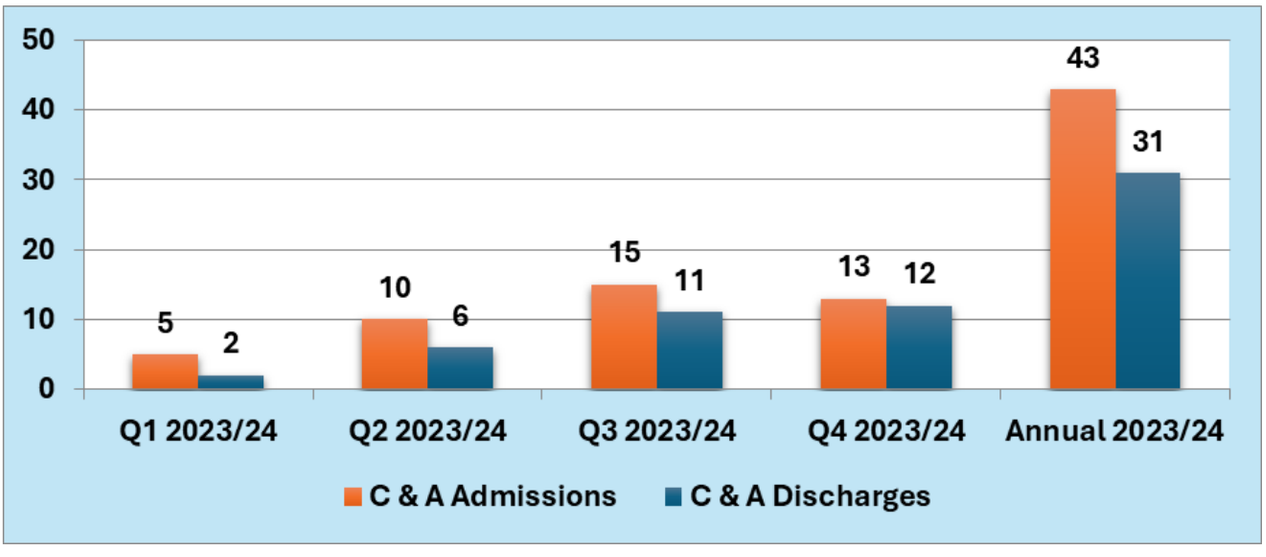
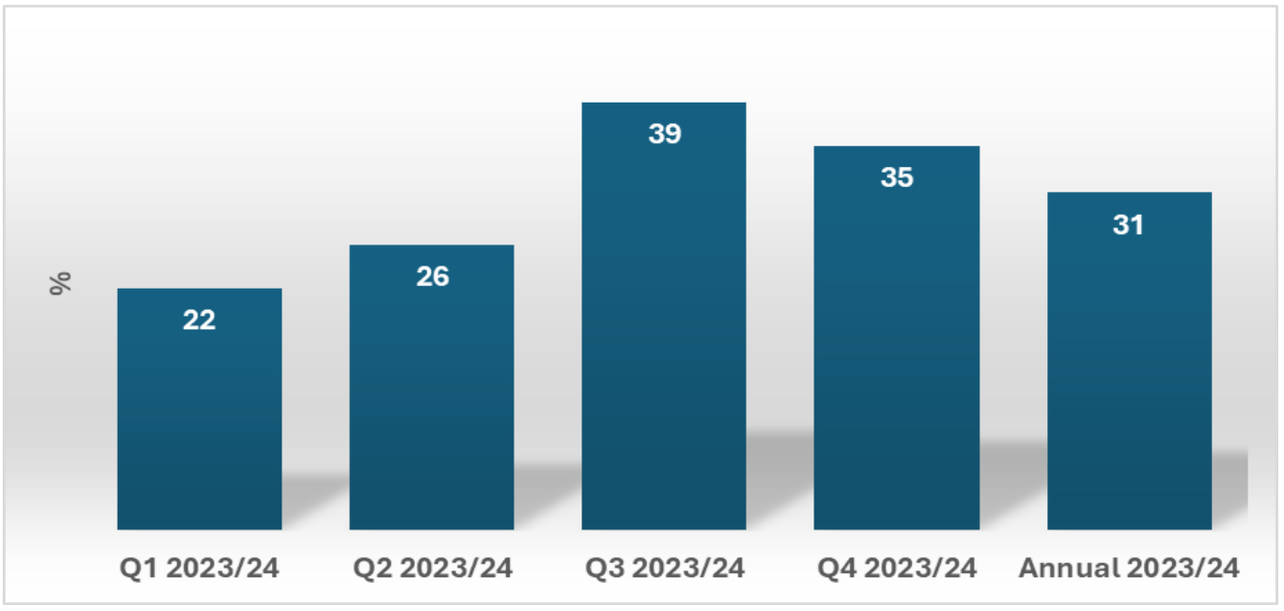


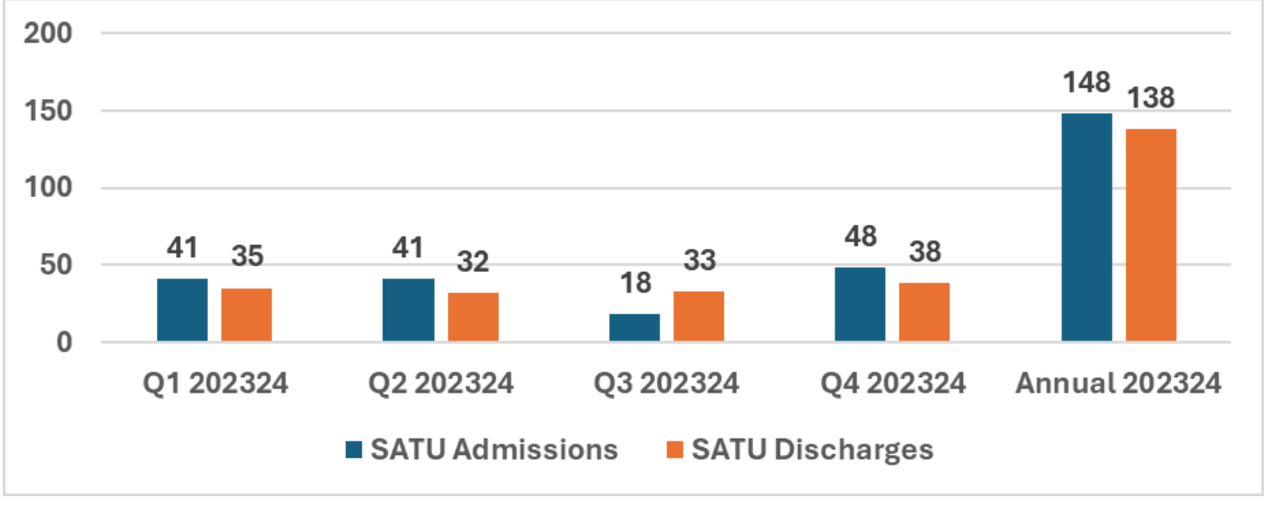
Figure B.27: Child & Adolescent % Bed Utilisation Rate (BUR) Q1-Q4



SUBSTANCE ABUSE & TREATMENT UNIT (SATU):

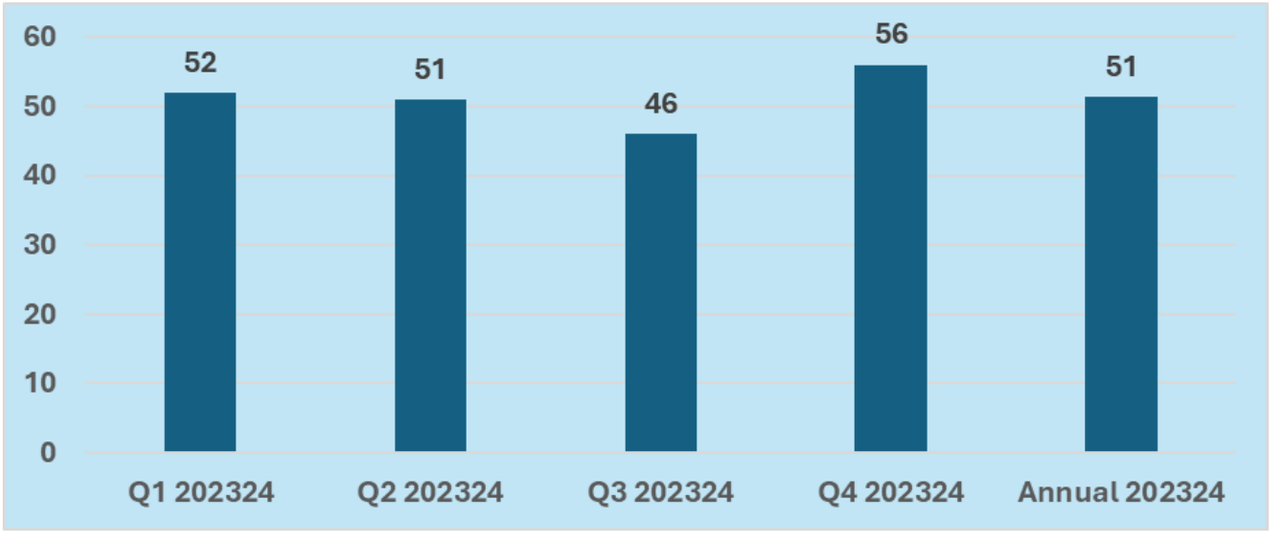
This is a voluntary program that work on a booking system to a 6 weeks program in a 20 bedded unit. There is a high demand for the service as it is aimed at rehabilitation of illicit substance and alcohol abusers. A total of 148 patients partook in the program with 138 discharged. Some patients are reclassified to involuntary due to psychotic symptoms. The groups are scheduled according to language for ease of communication i.e. IsiXhosa and English group.

Figure B.28: SATU admissions versus discharges



The drop in Q3 is due to the December holidays as there is no intake at this time of the year.

Figure B.29: SATU BUR



The stats above are the BUR in % for the SATU. The actual admission vs. bookings is a challenge but the focus is on the service delivery with number of users at exit stage i.e. graduands and those that sustain abstinence from substance abuse. There is formal support group for the users.

- **Registrar Programme:** The registrar program is ongoing through the Walter Sisulu University with Fort England hospital with the Principal Forensic Psychiatrist appointed as the academic head.
  - Two (2) registrars are being trained at Fort England Psychiatric Hospital,
  - Two (2) registrars have been received for their rotation in Forensic Psychiatric.

- **Diploma in Mental Health**
  - Two (2) doctors wrote examination for diploma in mental health.

- **Student Training Programme per quarter**
  - Q1 2023/24: Fourteen (14) medical students rotated at Fort England Psychiatric Hospital
  - Q2 2023/24: Six (6) medical students rotated at Fort England Psychiatric Hospital
  - Q3 2023/24: none
  - Q4 2023/24 = Six (6) medical students rotated at Fort England Psychiatric hospital

Pharmacy

The South African Pharmacy Council (SAPC) inspected the institution on the 6th of September 2023, with an achieved an A grade inspection which is valid for 3 (three) years.

The pharmacy has a full staff complement with no vacant posts. Pharmacist comm- serves started community service in February 2024. Rhodes University is reviewing its training program to address the challenges with placement of their students, with placement earmarked to extend beyond Sarah Baartman health facilities.

Social Worker

- The social workers saw a total of (one thousand three hundred and eighty-one) 1 381 patients on individual therapy.
- Fifty-three (53) groups were created for the patients' therapeutic and mental wellness.
- The number of patients participated in those groups is 217 (two hundred and seventeen) from SATU and A-NURO wards.

A total of 80 (eighty) trips for outreach services was conducted with the following clinics, community health centres and hospital: (Adelaide, Addo, Alexandria, Alice, Bisho, Bathurst, Butterworth, Debeneck, Dimbaza, Dordrecht, Fort Beaufort, East London, Gqeberha, Jansenville, Jeffreys bay, Kieskamahoek, King William's Town, Komga, Makhanda, Mdantsane, Marselle, Needs Camp, Peddie, Port Alfred, Sommerset East, Stutterheim, Uitenhage, Zwelitsha).

A total of 131 families were reached as part of family therapy with 99 (ninety-nine) positive cases i.e. patient's families willing to accept them back home when integrated back to the community. Thirty-two (32) cases were negative i.e. not willing to accept patients back home. The social workers are looking for alternative custodians.

Social workers also attend outpatient cases.

Child & Adolescent Unit Cases seen by social workers:

- Patients contact sessions -102 (Interviews, counselling, and follow up sessions).
- Families educated and counselled – 97.
- Referrals sent to other stakeholders for aftercare services and support when on discharge back to the community - 50.

Training: Six (6) Social Workers attended a Resuscitation Inservice training and Dialectical Behavioural Skills Training.
Three Patient were placed in half-way houses in outside community service i.e. Salem Cross Road Halfway house in Grahamstown.

Occupational Therapy (OT):

This is part of preparing Mental Health patients for re-integration into their communities with readiness to lead meaningful lives.

Patients participate in the following as part of group therapy: Carwash, carpentry, sewing and library project. Rehabilitation services through individual and group therapy including Art are conducted. The OT dept held a successful year-end function for OT attending patients.

Patient library service is operational, and new books received.

The institution has initiated self-care sessions forward patients e.g. foot spa, hair-grooming with a hair salon & barbershop onsite. The OT department held a Valentines' ball activity for attending patients.

A pre-Easter church service was held at Fort England held, was attended by both patients and staff.

Phsycology

The team provides inpatient and outpatient psychotherapeutic sessions on individual and group basis. There is a Mental Health awareness program in place in preparation for patients due for discharge.

With the head of psychology also being an academic head at Rhodes University, there is an Advanced Clinical Training Programme that caters not only for our Psychology interns but includes members of the Multi-Disciplinary Team. This includes research in psychology.

The following groups are in place:

- Sexual Assault offenders' group,
- Insight Orientated and Substance Abuse groups as part of the rehabilitation program and victims support group in - Ward D (Females).
- The Psychology department, as part of patient therapy, is running the Green Project which is an Eco-Therapy project. Patients are taken for therapy walks on the hospital premises with staff accompaniment.
- Psychology department also support and are part of the special task team for Gender and Sexuality diverse patients.

Most of our psychologists are involved in training at Rhodes University in preparation of the next generation of psychologists with teaching and training of medical as well nursing students. The team is also involved in the selection of Master of Psychology students at Rhodes University.

HUMAN RESOURCE

RECRUITMENT & SELECTION

The institution had an approved annual recruitment plan with R17.5m (seventeen million five hundred thousand) to fill thirty-seven (37) posts, however in the 4th Quarter, the department scaled down on recruitment due to austerity measures imposed in the Public Service toward the end of the 2023/24 Financial year. The following appointment:

Table B.52: List of officials appointed

No	Job Title	Number of Appointments
1	Chief Executive Office	1
2	Clinical Manager	1
3	Psychologist	2
4	General Worker	1
5	Professional Nurse General	9
6	Occupational Therapist	1
7	Staff Nurses	3
8	Nursing Assistant	7
9	Medical Officer Community Service	2
10	Occupational Therapist Community Service	1
11	Pharmacist Community Service	1
12	Psychology Interns	6
13	Psychology Community Service	1
14	Operational Manager Specialty	3
15	Food Service Aids	10
16	Admin Clerks – Finance	3
17	Driver	1
	Total	**53**

The institution had an approved Workplace Skills Plan (WSP) which was fully funded to ensure training initiatives are conducted.

Table B.53: Workplace Skills Plan (WSP)

TYPE OF TRAINING ACTIVITY	SECTION/CATEGORIES OF BENEFECIARIES	NO TRAINED	TRAINING DATE
Introduction to Financial Management Delegations of Authority in the Public Service	Managers	11	Own Pace
Horticulture and Gardening	Property Caretaker	1	5 June - August 2023
Hygiene and Cleaning	General Assistants	3	05 June - Dec 2023
Artisan Induction and Registration	Artisans	2	7 - 9 June 2023
Advanced Air-conditioning and Refrigeration Skills	Artisan	1	12 June - 05 July 2023
Emergency Evacuation Procedure (Fire Drill)	HR, Finance, Safety Officer, Quality Assurance & Cleaning Services	20	19 June 2023
Trauma Debriefing	Labour Relations Officer, Professional Nurse, Social Work, Safety Officer	4	21 - 23 June 2023

TYPE OF TRAINING ACTIVITY	SECTION/CATEGORIES OF BENEFECIARIES	NO TRAINED	TRAINING DATE
Leadership and Management for Nursing Managers	Nursing	4	24 - 28 July 2023
Skills Development Committee Induction/Training	Human Resource, Occupational Therapist, Supply Chain Management, Food Service Manager, Housekeeper Manager, Nursing Manager, Maintenance Manager, Union Reps	11	08 Aug 2023
Mental Healthcare Act Training	Nurses, Ward Clerks, Social Workers, Information Manager, Medical Officers	15	15 Aug 2023
Professional Ethics for Health Professionals	Occupational Therapists, Nursing, Medical Officers, Psychologist, Pharmacist	8	22 - 25 August 2023
Labour Relations For Managers in the Public Service	Pharmacy Manager, HR Manager, Acting-CEO, Union Reps, Registry Supervisor, Housekeeping Manager, Acting Finance & SCM Manager, I.T Officer, Patient Admin Manager, Food Service Manager, Labour Relations Officer, Social Work Manager, Nursing Manager, Psychology Manager, Information Manager, O.T Manager, Maintenance Manager, Safety Officer	21	28 August - 01 September 2023
Plumbing Training for Artisans	Trade Labourer	1	01 September - 11 October 2023
Excellent Customer Service for Frontline Staff	Admin Clerks, HR Clerks, Personal Assistant, Finance Clerks, Data Capturer, Switchboard Operator, Messengers, Interns	25	12 - 14 September 2023
Risk Assessment Training	Nursing Manager, Patient Admin Manager, HR Practitioner, Pharmacy Manager, Social Worker, Medical Officer, Psychology Manager, Food Service Manager, General Assistants, Admin Clerks, Maintenance Manager, Housekeeping Manager, Information Manager, HR Manager, Housekeeping Supervisors, Intern	29	18 Sep 2023
Horticulture and Gardening	Property Caretaker	1	16 October - 12 December 2023
Basic Life Support	Medical Officers and Nurses	17	21 - 22 November 2023
Mental Healthcare Training	Nurses	15	22 Nov 2023
Basic Life Support	Nurses and Medical Officers	9	07 Feb 2024
Fire Drill	Nurses, Pharmacist, Clinical Manager, Chief Executive Officer, Security Officer, EMS Worker, Fire Fighter, Housekeeping Supervisor, General Assistants, Maintenance, Laundry, Supply Chain Management, PA CEO, Human Resource, Finance, Social Work, Medical Officers	62	13 Feb 2024
Plumbing Trade Test	Trade Labourer	1	10 March - 12 April 2024
TOTAL		**261**	

Overall, on staff development, meetings were held to strengthen collaborations on training and staff development between Rhodes university and the facility with the support of the Provincial office and Human Resource Development (HRD). The Multi-lateral Agreement between ECDOH and universities is under review on programs that can be provided with Fort England hospital extending to other ECDOH facilities.

Other achievements:

The facility conducted a long service ceremony for those employees that had 20; 30- and 40-year service during the period 2020 to 2022. A separate long service ceremony will be held for those qualifying in 2023. An Employee Wellness Day was conducted for all staff on 29 June 2023.

FOOD SERVICES

The appointment of ten Food service Aids in 2023/24 strengthened the kitchen department to render more efficient service to the patients. The service was previously outsourced. The kitchen received the trailer to deliver food in the wards- previously food trays were loaded unto the back of a bakkie to the wards resulting in delays to reach the wards due to the trips needed to cover all wards.

MAINTANANCE

There's continued maintenance of the facility with the following accomplished:

- Electrical refurbishment of laundry electrics and connected to back up generator, now the laundry electrics are up to a good standard. We can have our own functional laundry in-house. Laundry floor has been changed, the one we had before was very hazardous. Staff had injuries because it was an old wooden floor.
- Painting of laundry department
- Electrical refurbishment of Admin building and connection of Procurement office to backup generator
- Connection of 2 water tanks to the kitchen
- Provision of a 12-month maintenance contract for Hot Water
- Installation of a 24000 BTU Air conditioner for Club House and a 12000 BTU Air conditioner for OPD
- Repairs and maintenance of faulty submissive water pump and collaborating of electric screen at the bore hole
- Repairs and maintenance of electric fence and automated gate at Maximum Security Unit.
- CCTV and Access control up and running at Forensic Unit
- Repaired underground burst pipe.
- New indoor cold storage units installed
- Electrical refurbishment of Procurement building and nurses home as well as fixing the broken electrical connection to the club house
- Fire equipment serviced
- Repairs and maintenance of electrical fence at MSU
- Installed new aircon at Club house and serviced air con at Ward A
- Installed perimeter lights at Transport department
- Repairs and maintenance of bore hole pump and restored water supply
- Fixed and repairs done to sewage drains at Ward C
- Cutting down of trees, and repair and maintenance of underground burst pipe, next to Ward A
- Provision of CAT ladder and drain covers, reservoir area.
- Repairs and maintenance of fire sprinklers, and valves
- Provision of painting services, ward D
- Repairs and maintenance of damaged, faulty main entrance gate
- Provision of new table-top autoclave, ward A
- Repairs and maintenance of perimeter outside lights, Clinical Building and Training School
- Repairs and maintenance of soccer field flood lights
- Service of 7x standby generators
- Service of heat pumps
- Service of main kitchen refrigerators

ICT & INFORMATION MANAGEMENT

HMS2 was rolled out in October 2023 with full implementation as follows:

- Phase 1 implementation of HMS2 for (1) Master registration, (2) OPD and (3) Ward Management (Admissions and Discharges) going well. As previous reports still need the HMS2 team to assist with gaps to accommodate types of admissions and LOA/Back from LOA
- First HIPCO meeting took place on the 5 March 2024 to finalize the Terms of reference and composition of the committee.

The BUR for the hospital for the approved/ gazetted beds of 313 beds sits at 95% and at average BUR of 79% using useable/operating beds (376). Footwork is on-going to verify the usable beds due to the historical background of the facility with some beds not counted in the approved beds.

ICT Cabling upgrades were done from Cat 5 to Cat 6 as part of the Provincial roll-out to improve connectivity in public health facilities to move to broadband connectivity.

Table 4.5.3: Performance against Annual Targets from 2023/24 Annual Performance Plan for Sub-Programme 5.3: Specialized Psychiatry Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Patient satisfaction surveys conducted	6.1.9 Patient experience of care satisfaction rate	84.1%	0%	87%	83%	4%	Target achieved within 5% margin of error.
		Numerator	1 130	0	1 168	1 292		
		Denominator	1 343	0	1 343	1 561		
	Patient safety improved	6.3.7 Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	93.3%	79%	100%	21%	Target achieved.
		Numerator	3	28	46	3		
		Denominator	3	30	58	3		
		6.3.16 Patient Safety Incident (PSI) case closure rate	New Indicator	98.4%	100%	99%	1%	Target achieved within 5% margin of error.
		Numerator			38	84		
		Denominator			38	85		

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

Indicator not achieved	Proposed strategies
N/A	

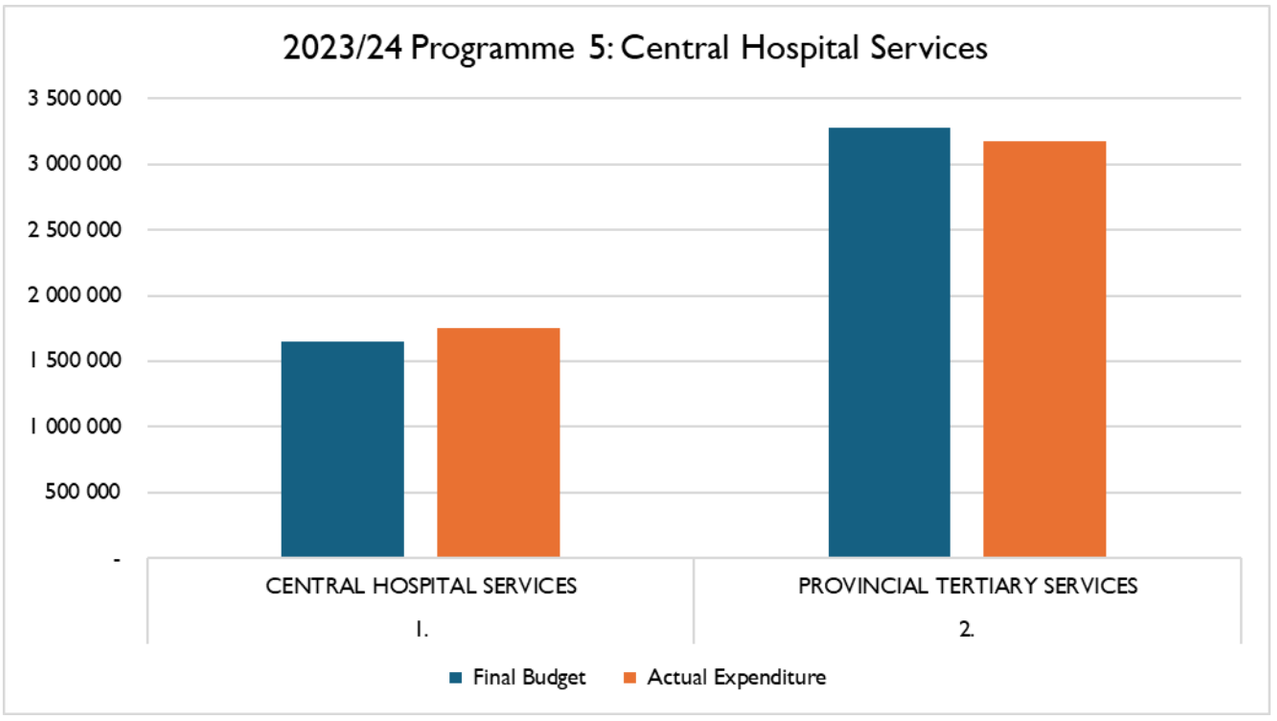
LINKING PERFORMANCE WITH BUDGETS

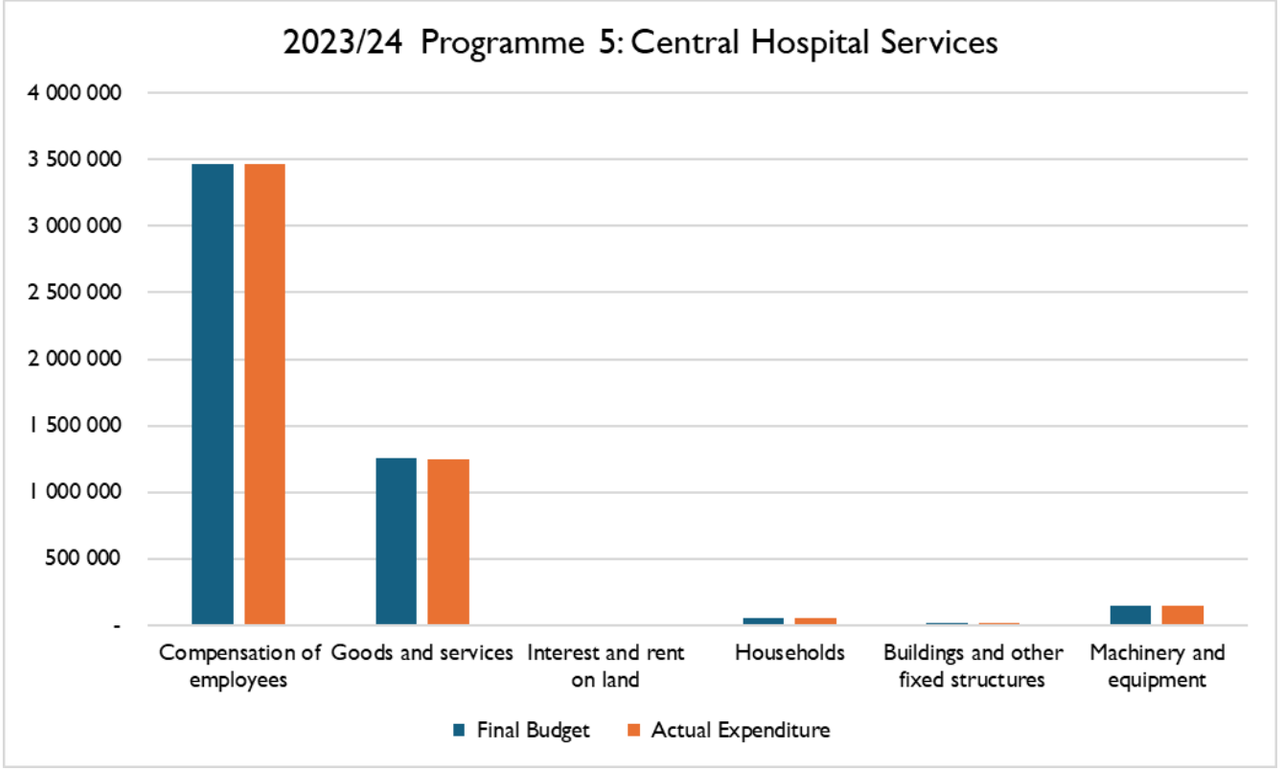
PROGRAMME 5: CENTRAL HOSPITAL SERVICES

Programme 5 spent at 100% (under by R114 thousand) after adjusting for funds shifts and virements of minus R201,589 million post the 2023/24 2 AEPRE. The programme gave up portion of its equitable cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

		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
Sub programme							
1.	Central Hospital Services	1,648,590	1,751,326	(102,736)	1,740,366	1,702,835	37 531
2.	Provincial Tertiary Services	3,280,397	3,177,547	102,850	3,017,031	3,010,739	6 292
		4,928,987	**4,928,873**	**114**	**4,757,397**	**4,713,574**	**43 823**
Economic classification							
Current payments		**4,719,533**	**4,718,032**	**1,501**	**4,437,685**	**4,512,638**	**(74 953)**
	Compensation of employees	3,465,164	3,465,164	-	3,197,409	3,196,308	1 101
	Goods and services	1,254,369	1,249,219	5,150	1,240,276	1,314,174	(73 898)
	Interest and rent on land	-	3,649	(3,649)	-	2,156	(2 156)
Transfers and subsidies		**46,679**	**53,869**	**(7,190)**	**69,606**	**37,772**	**31 834**
	Households	46,679	53,869	(7,190)	69,606	37,772	31 834
Payments for capital assets		**162,775**	**156,972**	**5,803**	**250,106**	**163,164**	**86 942**
	Buildings and other fixed structures	15,959	14,449	1,510	98,000	17,509	80 491
	Machinery and equipment	146,816	142,523	4,293	152,106	145,655	6 451
		4,928,987	**4,928,873**	**114**	**4,757,397**	**4,713,574**	**43 823**


2023/24 Programme 5: Central Hospital Services
3 500 000
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000
500 000
-
CENTRAL HOSPITAL SERVICES
1.
PROVINCIAL TERTIARY SERVICES
2.
Final Budget
Actual Expenditure


2023/24 Programme 5: Central Hospital Services
4 000 000
3 500 000
3 000 000
2 500 000
2 000 000
1 500 000
1 000 000
500 000
-
Compensation of employees
Goods and services
Interest and rent on land
Households
Buildings and other fixed structures
Machinery and equipment
Final Budget
Actual Expenditure

PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)



4.6. PROGRAMME 6: HEALTH SCIENCES AND TRAINING (HST)

6. Programme Purpose

To develop a capable health workforce for the Eastern Cape provincial health system as part of a quality people value stream.

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS AND ACHIEVEMENTS

6.1. LILITHA COLLEGE OF NURSING

Four-year Comprehensive Diploma (R425) and Three-year Diploma Programs

- The college registered 467 fourth year students, and 446 (96%) students passed the final examinations.
- The college in preparation for effective teaching and learning developed and printed 5 742 study materials for R425 and R171.
- The college has implemented R171 qualification second cohort (276) in February 2024 and enrolled.
- The college conducted skills analysis in preparation for the implementation of the postgraduate diplomas (Mental health, Midwifery, Primary Care Nursing and Childcare Nursing) in all 5 main campuses.
- Nine (9) students form the 5 main Campuses were exposed for practical Primary Health Care services provided at the Phelophepha train to enhance their competency and confidence in health systems approach.
- The college in collaboration with partners have capacitated 4th year students in Management and Leadership training in all 5 Campuses.
- A phasing out strategy for the legacy program for the Four-Year Comprehensive Diploma developed and endorsed by Senate.
- The assessment policy for the 4-year Comprehensive Diploma was reviewed to align with the phasing out strategy.
- Prevention of Mother to Child Transmission (PMTCT) / Vertical Transmission Prevention (VTP), Adult Primary Care (APC) & Integrated Management of Childhood Illnesses (IMCI) training for fourth year students done in Lusikisiki Campus facilitated by Regional Training Centre (RTC), Ingquza sub-district, and St Elizabeth Regional hospital.
- IMCI online training to 4th year students in preparation for Community Service program accomplished, and certificates awarded.
- The welcoming and stripping ceremony for the new intake 276 of R171 2024 group done successfully across all 5 main campuses.
- Mthatha campus received 20 computers for the computer laboratory from Nelson Mandela Academic hospital to replace the old ones.
- Queenstown campus conducted monitoring and evaluation session to review teaching and learning performance.
- Diploma in Nursing (R171) first year cohort students' throughput was 163 (57%) out of 287 students.
- Orientation and Induction of 276 new students – 2nd cohort was successfully executed at Campus level.

Curriculum Development: Post Graduate Diploma (PGDp) in Mental health, Midwifery and Primary Care Nursing

- Task teams were formed to facilitate curriculum development process of the three PGDps comprising of College Academics, Universities and Clinicians.
- Two (2) internal and external stakeholders' workshops for Mental Health conducted successfully in November 2023 and March 2024 respectively.
- Mental health nursing curriculum was developed and will be submitted in the beginning of new financial year to South African Nursing Council (SANC).

Student Assessments / Examinations

- Summative evaluation for the four-year diploma was completed successfully in all 5 campuses with throughput of 446 and the graduation ceremony in July 2024.
- Examinations Committee meeting was held, and results were analysed as per policy.
- The Examinations Board meeting was held with success for publication of 2023 results (R425 and R171).

Governance

- The College Council meeting was conducted according to the college year plan.
- The College Council Executive Committee meetings were held according to plan.
- The Senate meeting was held for academic programs review.
- All 5 campuses conducted Student Representative Council elections to succeed the outgoing structures.
- First Institutional forum / Stakeholder committee meeting conducted in Lusikisiki Campus
- Provincial Student Representative Council congress was held and the new PSRC elected.

Finance Management Services

- The college 2024/25 annual procurement plans were developed and submitted.
- Audit improvement plan developed to improve finance management systems.

Student Affairs

- Student stipend paid to all bursary holders.
- Student registration done in all 5 campuses.
- Sporting activities (refresher`s match) for students facilitated in Mthatha Campus.
- Wellness day for the students on mental health, financial wellness, physical health, and risk management performed in East London Campus.
- Farewell function for 2023 finalists (4th Years) was held on March 2024.

6.2 EASTERN CAPE COLLEGE OF EMERGENCY CARE

Rescue Training

- The Rescue Curriculum for the Rescue Technician Program (Advanced Rescue) and the physical selection criterion for both the Rescue Technician and Rescue Practitioner Course (Basic Rescue) was updated and finalised during 2023/2024 financial year.
- During the 2023/2024 financial year the Eastern Cape College of Emergency Care completed the final Rescue Practitioner (RPC) pipeline students, 7 RPC students completed their training. The college also presented Rescue Practitioner Course (RPC) for16 new Emergency Care Providers. One (1) student withdrew from the course to start formal studies, and three (3) students need to repeat modules as they were deemed 'Not Yet Competent' after remedial assessments. Twelve (12) students completed the course successfully.
- During the 4th quarter the College recruited sixteen (16) new students for the Rescue Technician course (Advanced Rescue). The course is scheduled to complete in October 2024.

Short Learning Programs

- The college presented Continuous Professional Development (CPD) sessions to two thousand and thirty-four (2,034) attendees from EMS spreading throughout the province. CPD sessions are accredited by Nelson Mandela University as a requirement by Health Professions Council of South Africa (HPCSA) for all registered providers.
- Emergency Medical Dispatch (EMD) course was presented to 47 EMS Call Takers and Dispatchers consisting of staff from all eight districts. The course focused on Customer Care as well as ethics related to Medical Dispatch and Call Centre Operations. The college trained call centre staff on the Computer Aided Dispatch system which was launched in Nelson Mandela Bay in 2023.

Resuscitation Programs

- The American Heart Association accredited 4 Basic Life Support (BLS) Faculty Instructors allowing the department to train their instructors as needed. A total of four hundred and forty-one (441) healthcare officials were trained in BLS for Health-care Professionals (HCP). BLS Resuscitation programs are accredited by the American Heart Association (AHA). All BLS trainings were presented by AHA accredited instructors throughout the province.

6.3 PROGRAMME PURPOSE : BURSARIES

Health Professionals Students in South African Universities:

- During 2023/2024 financial year, the ECDoH supported a total of one hundred and thirty-five (135) bursary holders in South African universities.
- Fifty (50) students exited the program after they had successfully completed their studies.
- The Department also supported a total of twenty-two (22) medical students under the Nelson Mandela – Fidel Castro Medical Scholarship Programme.
- Seven (7) students exited the program after they had successfully completed their studies.

New Bursary Intake

- The Department awarded bursaries as form of bailout to one hundred and twenty-one (121) deserving students pursuing medical and allied health related qualifications in South African universities.
- The tables below show the breakdown of the funded bursars per field of study and gender.

Table B.54: Local Universities - External Bursary Holders

FIELD	Total	F	M
Bachelor Dentistry	11	7	4
Bachelor of Dietetics	2	1	1
Bachelor of Occupational Therapy	1	1	0
Bachelor of Pharmacy	3	1	2
Bachelor of Radiography	1	1	0
MBChB	117	71	46
TOTAL	**135**	**82**	**53**

Table B.55: Nelson Mandela – Fidel Castro Medical Programme

FIELD	Total	F	M
MBChB	22	5	17

Table B.56: Internal Bursaries for Departmental Employees

FIELD	Total	F	M
Bursaries Employees	177	114	63

Table B.57: New Intake

FIELD	Total	F	M
Bachelor of Medicine & Bachelor of Surgery (MBChB)	18	8	10
Dentistry	9	5	4
Bachelor of Oral Hygiene	3	2	1
Bachelor of Nursing	27	22	5
Bachelor of Pharmacy	11	7	4
Bachelor of Occupational Therapy	6	5	1
BSc in Physiotherapy	7	6	1
Bachelor of Emergency Care	2	0	2
Bachelor of Radiography	11	6	5
BSC in dietetics	9	9	0
Bachelor of Audiology	1	1	0
Bachelor of Optometry	5	2	3
Bachelor of Clinical Medical Practice	10	9	1
BSc in Medical Orthotists & Prosthesis (BMOP)	1	1	0
Master's in clinical psychology	1	1	0
TOTAL	**121**	**84**	**37**

6.4 Skills Development and Youth Programmes

Table on number of work opportunities created in the province to curb youth unemployment through youth development programmes report 2023/24.

Table B.58: Number of work opportunities through youth development programmes

Work Opportunities Created	Commitments	Actual Achieved Breakdown							
		Total	Gender		Race				PWDs
			M	F	B	C	W	I	
4) EPWP	30 x Artisans *(on 1 Year Contract)* 73 x Artisans *(Minor maintenance Project)* 110 x Groundman	213	145	68	187	25	1	0	0
5) Learnerships	40 x Basic Pharmacist Assistants 60 x Post Basic Pharmacist Assist	100	27	73	93	4	3	0	0
6) Internships etc.	560 x Departmental Interns 195 x Medico Legal, HMS2 & MEC Communication Project 110 x Post Basic Pharmacist Assistant Interns 95 x TVET Interns 62 x HWSETA Interns 15 x HWSETA IT Interns	1037	397	640	1029	8	0	0	0
TOTAL		**1350**	**569**	**781**	**1309**	**37**	**4**	**0**	**0**
1 Total Youth Expenditure in 2023/24		R 45 502 895,23							

Work Opportunities Created	Commitments	Actual Achieved Breakdown						
		Total	Gender		Race			PWDs
			M	F	B	C	W	I
2 Expenditure on Youth that are Females		R 27 111 588.34						
3 Expenditure on Youth that are males		R 18 391 306.89						
4 Expenditure on Youth with disabilities		R 6 795 928.59						

Table B.59: Other Trainings

NO.	Name of the course	Training Provider	Total Planned	Total Number trained	Males	Females
1.	Leadership & Management for Nurse Managers	Malaikas Education and Resourcing Consultants	228	228	55	171
2.	Cleaning & Hygiene	Camblish	120	120	44	76
3.	Sign Language	ASLADECO	250	250	71	179
4.	Horticulture	Barrier Free	60	60	23	37
5.	Plumbing Training	Siseko Artisan & Management Institute	15	15	9	6
6.	Electrical Training	Siseko Artisan & Management Institute	15	15	13	2
7.	Carpentry Trade Test	Siseko Artisan & Management Institute	10	10	9	1
8.	Advanced Airconditioning	Siseko Artisan & Management Institute	30	30	25	5
9.	Carpentry	Siseko Artisan & Management Institute	15	15	12	3
13.	Learner Basic Pharmacist Assistants	HAS	40	40	14	26
14.	Learner Post Basic Pharmacist Assistants	HAS	100	60	25	35
15.	Minor Maintenance Artisans Apprentice	WitsHealth	40	49	44	5
16.	Minor Maintenance Artisans Trainee	WitsHealth	40	24	21	3
17.	Groundsman	WitsHealth	200	110	49	61
TOTAL			**1163**	**1026**	**414**	**610**

Table B.60: PMDS CONTRACTING

	LEVELS	PMDS Contracting (1 April 2023 – 31 March 2024)			
		TOTAL NO. OF EMPLOYEES	NO. OF AGREEMENTS SIGNED	OUTSTANDING	% PMDS COMPLIANCE
OVERALL	L 1-8	32702	30613	2089	94%
	L9-12	7761	6939	822	89%
	L13-16	84	68	16	81%
	TOTAL	**40547**	**37620**	**2927**	**93%**

Table B.61: PMDS SEMESTER REVIEWS AS AT 31ST MARCH 2024

	LEVELS	Semester Reviews 01 April 2023 – 31 MARCH 2024			
		TOTAL NO. OF EMPLOYEES	NO. OF REVIEWS SIGNED & SUBMITTED	OUTSTAND-ING	% PMDS COMPLIANCE
OVERALL	L 1-8	32702	30131	2571	92%
	L9-12	7761	6485	1276	84%
	L13-16	84	67	17	80%
	TOTAL	**40547**	**36683**	**3864**	**90%**

Table 4.6.1: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Programme 6-Health Sciences and Training Hospitals

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Qualified and competent staff	6.7.1 Number of students completed the 4 - year comprehensive course	New Indicator	386	380	446	66	Target achieved
		6.7.2 Number of EMS practitioners completed Emergency Care Qualification	New Indicator	17	36	6	-30	Target not achieved. The College anticipated that they would have had their own intake of (30 students) in collaboration with NMU, for the Higher Certificate Program, however the program accreditation process is not yet completed at the level of CHE and SAQA.
		6.7.3 Number of registrars qualified as specialists	24	13	30	23	-7	Target not achieved. Delays in the issuing of Ethical clearance for the students

Outcome (as per SP 2020/21 - 2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Audited Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		6.7.4 Number of bursary students completed training	New Indicator	New Indicator	65	57	-8	Target not achieved. Unsatisfactory academic performance by student.
		6.7.5 Number of youth placed on youth programs	New Indicator	New Indicator	1 250	1 367	117	Target achieved.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.7.2 Number of EMS practitioners completed Emergency Care Qualification	• The College is currently working on their own Higher Certificate in Emergency Medical Care (HCert: EMC) program. This program will be presented by the college as an independent Institution of Higher Learning. A letter of intent to present this program has been submitted to the HPCSA to serve on their Education Committee. Development of the Diploma in Emergency Medical Care (Dip: EMC) will start once the HCert: EMC has been completed.
6.7.3 Number of registrars qualified as specialists	• The research supervision will be strengthened by the University, will result to the early completion of the research component. • The Ethics committee has been re-instated.
6.7.4 Number of bursary students completed training	• Improvement in student performance monitoring in universities, through regular visits and engagements to enhance provision of necessary support

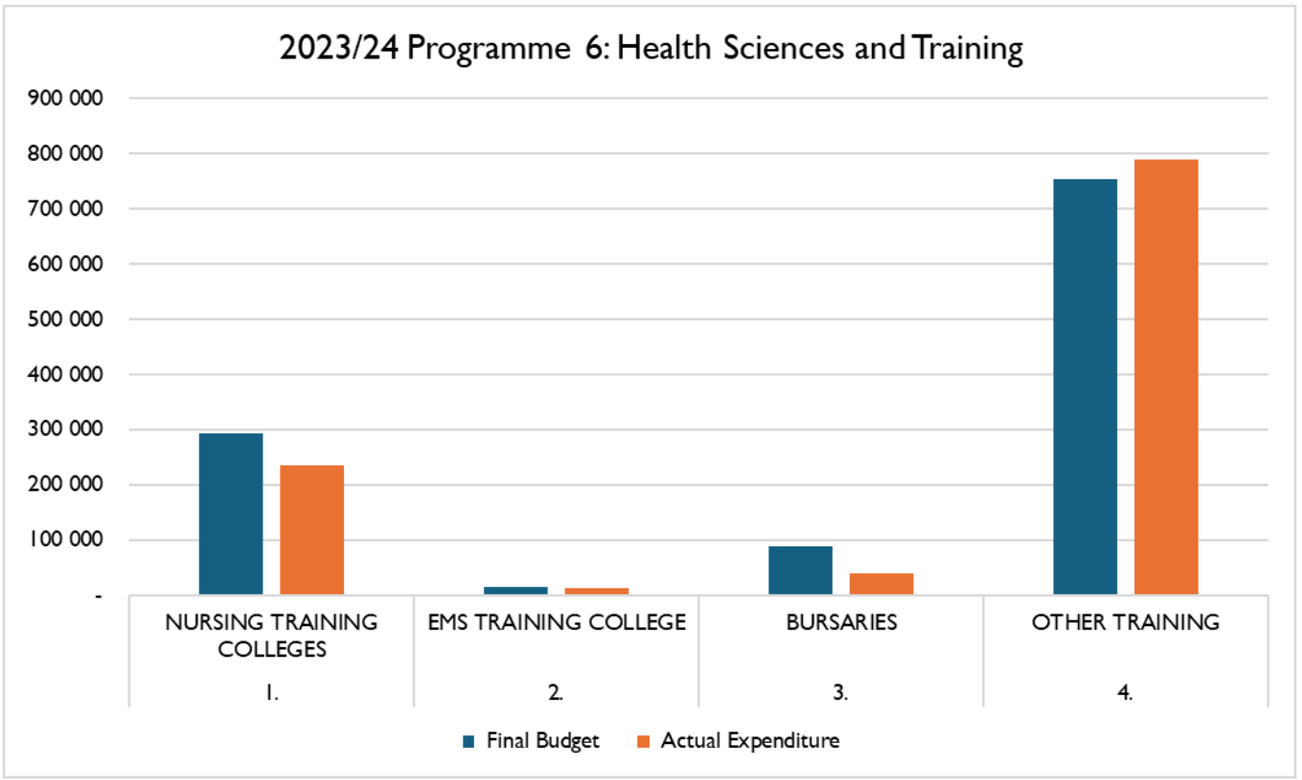
LINKING PERFORMANCE WITH BUDGETS

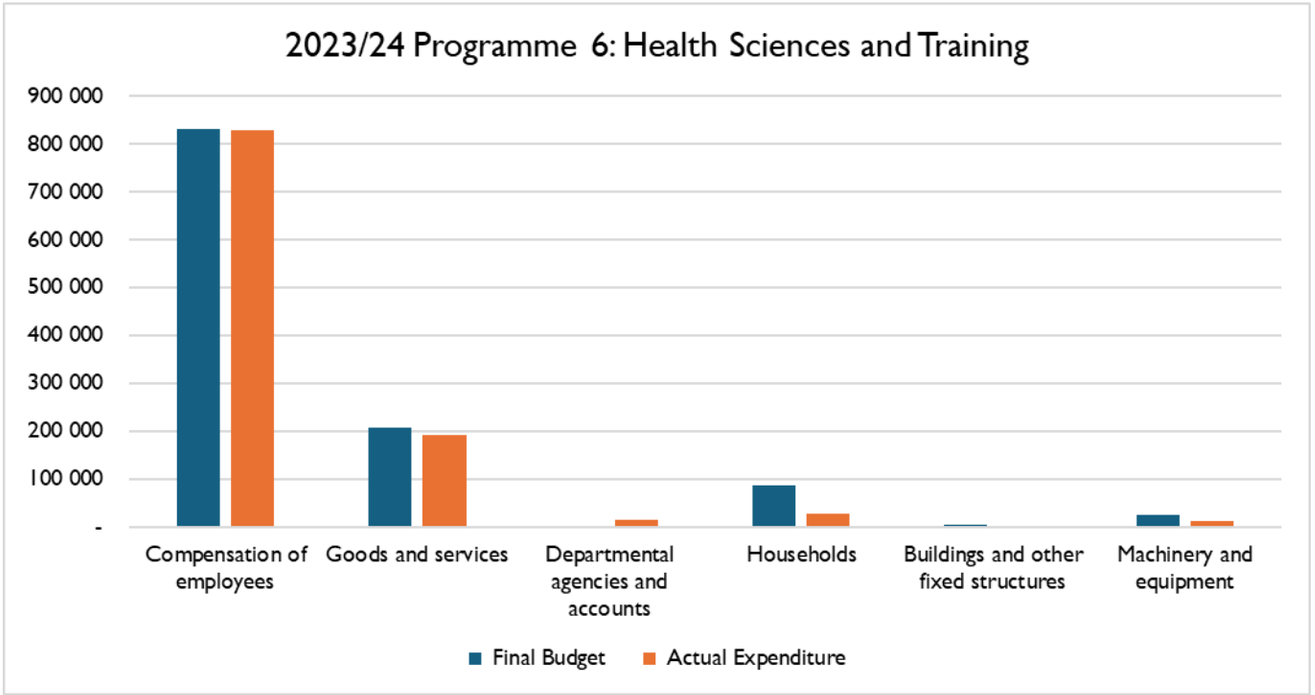
PROGRAMME 6: HEALTH SCIENCES AND TRAINING HOSPITALS

Programme 6 spent at 93.47% (under by R75,150 million) after adjusting for funds shifts and virements of minus R98,000 million post the 2023/24 AEPRE. The programme gave up portion of its equitable cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Programme 6: Health Sciences and Training		2023/24			2022/23		
		Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000
Sub programme							
1.	Nursing Training Colleges	293,144	235,211	57,933	263,469	237,777	25 692
2.	EMS Training College	16,046	13,248	2,798	15,254	10,522	4 732
3.	Bursaries	89,008	38,549	50,459	68,379	49,152	19 227
4.	Other Training	753,523	789,563	(36,040)	701,261	688,255	13 006
		1,151,721	**1,076,571**	**75,150**	**1,048,363**	**985,706**	**62 657**
Economic classification							
Current payments		**1,037,486**	**1,022,218**	**15,268**	**955,166**	**917,579**	**37 587**
	Compensation of employees	830,988	829,418	1,570	826,179	809,225	16 954
	Goods and services	206,498	192,800	13,698	128,987	108,354	20 633
Transfers and subsidies		**85,130**	**41,812**	**43,318**	**71,584**	**57,589**	**13 995**
	Departmental agencies and accounts	14,970	14,721	249	16,867	16,866	1
	Households	70,160	27,091	43,069	54,717	40,723	13 994
Payments for capital assets		**29,105**	**12,541**	**16,564**	**21,613**	**10,538**	**11 075**
	Buildings and other fixed structures		-		-	-	-
	Machinery and equipment	29, 105	12,541	16,564	21,613	10,538	11 075
		1,151,721	**1,076,571**	**75,150**	**1,048,363**	**985,706**	**62 657**


2023/24 Programme 6: Health Sciences and Training
900 000
800 000
700 000
600 000
500 000
400 000
300 000
200 000
100 000
-
NURSING TRAINING COLLEGES
1.
EMS TRAINING COLLEGE
2.
BURSARIES
3.
OTHER TRAINING
4.
Final Budget
Actual Expenditure


2023/24 Programme 6: Health Sciences and Training
900 000
800 000
700 000
600 000
500 000
400 000
300 000
200 000
100 000
-
Compensation of employees
Goods and services
Departmental agencies and accounts
Households
Buildings and other fixed structures
Machinery and equipment
Final Budget
Actual Expenditure

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)



4.7. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

7.1 Programme Purpose

To render quality, effective and efficient transversal health (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiological services) and pharmaceutical services to the communities of the Eastern Cape. Health Care Support Services consist of two sub-programmes: Transversal Health Services and Pharmaceutical Services.

Transversal Health Services consists of:

- The orthotic & prosthetic (O&P) services sub-programme, which has three existing O&P centres. The centres are based within the three hospitals namely the PE Provincial hospital, in East London at Frere hospital, and in Mthatha at Bedford Orthopaedic hospital. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work and radiological services are rendered at all Hospitals and/or community health centres.

Pharmaceutical Services is responsible for:

- Coordination of the full spectrum of the Pharmaceutical Management Framework including drug selection, supply, distribution, and utilization.
- Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme.
- Promote rational use of essential medicines and medical products

Institutional outcomes

- 6. Quality of health services improved.

PROGRESS REPORT AND ACHIEVEMENTS

TRANSVERSAL HEALTH SERVICES

Orthotics and Prosthetics Services

In the 2023/24 financial year, a total of 11 572 patients were seen at the 3 Orthotic and Prosthetic centres. The target set for each quarter is 10 000. We have therefore exceeded the target by 1 572 (15,7%) with regards to the number of patients seen due to the fact that people are more aware of the orthotic and prosthetics made by the awareness done during outreach visits.

Out of the 11 572 patients seen, 331 patients were fitted with Prostheses. The target set 600 for the 2023/24 financial year. We have underperformed in this quarter by 269 (45%) the reason for the underperformance is due to the unavailability of prosthetic consumables to manufacture prostheses. This is a result of the Department not paying supplier invoices, and suppliers deciding to stop rendering their services until their invoices have been paid. There was also no tender for O&P consumables in the first three quarters of financial year, this forced the centres to procure using the three-quote system that limited the number of supplies as the average cost for prosthetic componentry is R 7000.00 per patient.

A total number of 7431 patients were fitted with orthoses, against the target of 6000. We have therefore exceeded the target by 1 431 (23,9%), this is due to the fact that some services were not available, and more time was focused on the rendering of orthotic services.

The Department also maintains and repair devices that have been issued to patients. During this reporting period, a total number of 1 666 patients received accessories for their prostheses while 246 received repairs to their prostheses and 1 276 received repairs to their orthoses.

The 3 centres also received a total of 1 276 applicants for a prosthesis that were placed on the waiting list in this reporting period.

The PE & Mthatha O&P centres were also providing wheelchair repair services. 233 wheelchairs were repaired in this reporting period. The Mthatha centre has stopped providing wheelchair repair services as the employee who used to do wheelchair repairs went on retirement and the post was never approved for replacement.

Table B.62: Summary of overall performance O&P per centre

ITEM	Gqeberha	East London	Mthatha	Total
Total Patients Seen	6 127	2 609	2 836	11 572
Prostheses Fitted	118	189	24	331
Orthoses Fitted	2 323	2 144	2 964	7431
Orthotic Repairs	359	411	506	1 276
Prosthetic Repairs	136	56	54	246
Prosthetic Accessories	1 194	203	269	1 666
New Prosthesis Applicants	173	370	162	705
Wheelchairs Repaired	225	0	8	233

Table B.63: Summary of overall performance of the Orthotic and Prosthetic programme per quarter

ITEM	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Total patients seen	3 727	3 154	2 417	2 274	11 572
Prostheses fitted	48	92	102	89	331
Orthoses fitted	1 846	2 008	1 667	1910	7431
Orthotic repairs	718	188	163	207	1 276
Prosthetic repairs	53	82	49	62	246
Prosthetic accessories	353	474	358	481	1 666
New Prosthesis applicants	0	181	286	238	705
Wheelchairs repaired	99	65	49	20	233

The programme conducted a total of 194 outreach visits in the 2023/24 against the set target of 120 outreach visits. A total of 1 260 patients were seen against the set target of 552 according to the booking system. More patients were seen than targeted, this is because unscheduled patients were not turned away. There was also a demand for O&P services from other facilities hence the high number of outreach visits. During these outreach visits, 174 patients were measured for custom made orthoses, 71 were referred to their nearest O&P Centres for casting or measurements, and 786 were fitted with Prefabricated Orthoses.

226 patients received conning of residual limbs to ensure readiness for prosthetic impression taking in preparation for a prosthesis fitting. Some were issued with walking aids and others were followed up patients to monitor fitting and functionality of their devices.

Table B.64: Summary of overall performance O&P per centre

ITEM	Gqeberha	East London	Mthatha	Total
Total outreach visits	147	0	47	194
Outreach patients measured for prostheses	0	0	0	0
Outreach patients measured for orthoses	113	0	61	174
Referred the centre for casting	56	0	15	71
Outreach patients fitted with prefabricated orthoses	598	0	188	786
Outreach patients fitted with custom-made orthoses	0	0	3	3
Outreach patients fitted with prostheses	0	0	0	0
Consulted/conned	51	0	175	226
Total number of patients seen at outreach	818	0	442	1 260

Table B.65: Summary of overall performance of the O&P programme per quarter

ITEM	Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Total outreach visits	42	67	31	54	194
Outreach patients measured for prostheses	0	0	0	0	0
Outreach patients measured for orthoses	8	74	33	59	174
Referred the centre for casting	17	29	8	17	71
Outreach patients fitted with prefabricated orthoses	209	266	103	208	786
Outreach patients fitted with custom-made orthoses	0	3	0	0	3
Outreach patients fitted with prostheses	0	0	0	0	0
Consulted/conned	28	95	20	83	226
Total number of patients seen at outreach	262	467	164	367	1 260

REHABILITATION SERVICES

Wheelchairs

The programme has achieved 53,5% for wheelchairs issued to adults older than 19 years of age, against a planned target of 60%. The programme closed the tear with stock of 525 wheelchairs on the floor in 25 facilities. These wheelchairs will be issued to eligible patients in the next quarter during a scheduled seating clinic. There were also 392 wheelchairs received from the Latter-Day Saints (LDS) charities, waiting for distribution to the facilities around the province. the department received an additional donation of wheelchairs from LDS to the value of R5 400 000.

For children younger than 18 years of age, the program achieved 74% at the end of this financial year. This is missing a planned target of 100% by 26%. The program had 255 chairs on the floor in 22 facilities waiting for seating of patients. The department procured sufficient stock of wheelchairs but due to logistical challenges, not all patients could be seated before the end of the financial year.

Wheelchair seating refresher courses and peer to peer trainings were conducted through sponsorship from LDS charities. This is part of ensuring that there is adequate skills and expertise in the technical area of wheelchair seating. There are 61 health facilities (tertiary, regional, districts hospitals, CHCs and clinics) that are conducting wheelchair seating clinics on a weekly basis around the province.

At the beginning of the financial year, the department embarked on a project to fast track the issuing of wheelchairs to many patients that had been assessed and found eligible for wheelchairs. All three regions in the province

conducted monthly wheelchair seating clinics starting from July 2023. Therapists from different hospitals were scheduled to support each other so that there's continued services in the respective hospitals while the other therapists participated in the monthly clinics. This is one of the initiatives aimed at improving access to rehabilitation services hence contributing to a better quality of life for persons with disabilities in the province. The awarding of a new transversal tender RT 233/2023 (supply and delivery of wheelchairs, seating systems, Positioners and commodes to the state for the period of Sixty (60) months) in August 2023 assisted in ensuring that there is timely procurement of wheelchair seating systems which were in short supply in the first quarter. The unavailability of such seating systems as cushions contributed to the under-performance in the first quarter.

Hearing Aids

The department has issued 1 456 hearing aids to adults older than 19 years of age and 441 to children younger than 18 years. The department had stock of hearing aids, readily available.

LDS charities donated audiology equipment valued at R2 400 000 million to support the programme. The department the established a state-of-the-art audiology service at All Saints Hospital in Engcobo. An audiology booth costing R195 000 was installed and 25 audiometers costing R1 870 000 million were procured for distribution to various health facilities. In addition, 85 hearing aids and batteries amounting to R300 000 were also procured.

This is part of the department's efforts of decentralising specialized services which are often accessible at tertiary hospitals in urban areas. Availability of this service assist the community of Engcobo to have access without severe direct costs to them. The availability of audiology services in Engcobo will address a fundamental aspect of hearing problems that are often overlooked in rural communities. The service will improve patient's quality of life through early diagnosis and management of hearing problems, moreover, preventing further complications due to hearing loss.

The province also participated in a national meeting for hearing screening and was selected as one of the provinces that will benefit from a project for early identification and screening that will be implemented by Clinton Health Access Initiative (CHAI). The project was launched in the province on the 07 September 2023 in collaboration with the Department of Education in East London. Nine Clinicians participated in conducting screening of primary school children from 6 schools in Buffalo City Metro (four from rural communities and two from low socioeconomic townships). Service providers for the audiology assistive devices and technology (Hear Tronix and Southern ENT) were present to demonstrate their products. A child from College Street special school who is a cochlear implant user was issued with a new external device as the one she was using was no longer functioning and was struggling academically. This is another demonstration of the contributions that the audiology service of the department is making in the general population, prioritizing the children and elderly.

Wheelchair Seating Outreach Clinics

Thirteen outreach clinics for wheelchair seating were conducted and one the cleanup campaign in Kouga subdistrict in August 2023. A total of 32 communities were visited by 21 therapists from various facilities for the provision of comprehensive rehabilitation services (occupational therapy, physiotherapy, speech therapy, audiology and orthotic & prosthetic services). A total of 433 clients were seen in the Kouga subdistrict, 70 were assessed and measured for wheelchairs and 16 were issued with wheelchairs on the spot.

Cecilia Makiwane hospital has initiated Outreach at Ekhaya old age home in Unit 10 – Mdantsane. This outreach clinic will continue every month for the benefit of the elderly residents of Ekhaya.

Outreach clinics have become a mainstay strategy to reach certain priority communities and populations around the province. additional resources in terms of transport are required to ensure the success of these outreach clinics.

Below are some of the pictures taken during the outreach clinics in Kouga sub-district.



Figure B.30: Therapists preparing the cushions for the wheelchair seating clinic in the



Figure B.31: Therapists from the Sarah Baartman District and Nelson Mandela Metro conducting a home visit in Kouga

The program partnered with Ingqanga group (NGO) to provide outreach services to the Nophoyi community in Alfred Nzo. 30 patients were screened by audiologist (8 with occluding wax referred to clinic,12 with ear infection referred to hospital. 80 people were issued with walking aids, 3 seated in wheelchairs and 1 buggy, 7 people living with disabilities were assessed and put on a wheelchair database for waiting patients. Two people were referred to Bedford Orthotic & Prosthetic Centre for change of calipers and boots, 10 hearing aid evaluation patients were referred to Madzikane Ka Zulu hospital for diagnostic audiometry. This yielded good results, and the department continued with the follow-up of the patients in the area.

Table B.66: Statistics on outreach service

Hospital	Date	Number of Therapists	Patients booked	Patients seated	Notes
EASTERN DISTRICTS					
St. Elizabeth Regional	24 - 27 July 2023	5	46	22	3 deaths and 5 didn't show up, 10 requested to collect before the scheduled outreach date
Holy Cross District Hospital	21 - 24 August 2023	5	33	33	
Isilimela District Hospital	18 - 21 September 2023	5	22	22	Three therapists from Mthatha had to leave on the 2nd day as the program struggled to get accommodation approved.
Nophoyi Village (Mt. Frere)	26 August 2023	3		AUDIOLOGY 30 screened by audiologist (8 with Occluding wax referred to clinic,12 with ear infection referred to hospital.	The outreach was facilitated by Ingqanga NGO in support of ECDOH in Alfred Nzo.
				OCCUPATIONAL THERAPY 80 people issued with walking aids, 3 seated in	Alfred Nzo rehabilitation team will conduct a follow-up outreach at Mkhemane and Mpoza clinic to all

Hospital	Date	Number of Therapists	Patients booked	Patients seated	Notes
				wheelchairs and 1 buggy, 7 people were assessed and put on a wheelchair data base for waiting patients.	patients referred.
				REFERRALS Two people referred to Bedford O&P centre for change of callipers and boots ,10 hearing aid evaluation patients were referred to Madzikane Ka Zulu hospital for diagnostic audiometry.	
CENTRAL DISTRICTS					
Frontier Regional Hospital	18-19 July 23	7	20	13	7 patients didn't show up. Follow-up visit was planned for Cofimvaba
Victoria Hospital	17 August 2023	3	14	4	10 patients didn't show up
Cofimvaba Hospital	19 - 20 September 2023		29	16	13 patients didn't show up
Butterworth Hospital	26 June – 4 July 2023	MDT		31	Outreach facilitated by Malamulele onward an NGO specializing in CP management.
WESTERN DISTRICTS					
Port Alfred Hospital	07 July 2023	3	3 advanced seating patients issued wheelchair	3 home visits	Rehab Team with advance wheelchair seating training skills was required for three patients with complex deformities and was dispatched from NMBM district
Midlands	26 - 27 July 2023	5	26	17 in total *(13 seated in w/c)* 3 new assessments, 1 review, 5 deceased	
Dora Nginza *(seeing Algoa Frail care centre patients)*	04 August 2023	2	7	8	All 7 were issued wheelchairs,1 new assessment
Frere Tertiary Hosp, Frontier Regional, Port Alfred Hosp, Midlands	14 -18 August 2023 LDS outreach	4	47	42	4 patients didn't show up, 1 deceased, 1 already received

Hospital	Date	Number of Therapists	Patients booked	Patients seated	Notes
					elsewhere
Clean-up campaign in Kouga subdistrict	28 August - 01 September 2023	21 therapists with 5 teams providing comprehensive rehabilitation services	**Day1**- 92 seen, 10 wheelchair assessments, 2 wheelchairs issued **Day 2** - 94 seen, 25 wheelchair assessment, 9 wheelchair issued **Day 3** - 148 seen, 26 wheelchair assessments, 5 wheelchairs issued **Day 4** - 99 seen, 9 wheelchair assessments	Thirty 2 areas were visited during the cleanup campaign in Kouga subdistrict	

Table B.67: Summary of devices issued

Devices		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
Wheelchairs	19+ years	472	725	508	535	2240
	0-18 years	123	238	127	106	594
	Total	**595**	**963**	**635**	**641**	**2 834**
Hearing aids	19+ years	189	460	511	296	1456
	0-18 years	65	163	141	72	441
	Total	**254**	**623**	**652**	**368**	**1 897**

Cerebral Palsy Clinics

Dedicated Cerebral Palsy clinics are available at 60 hospitals around the province. The clinics are placed in the district, regional and tertiary hospitals. They are operated by skilled therapists who dedicated and committed to the care of the child with cerebral palsy and the support of the caregivers.

The minimum equipment requirement is available in most facilities and there are plans to continue procuring additional equipment as necessary. A lot of support had been received from the department financially hence the markable progress. Besides the therapeutic equipment, the clinics are supplied with office furniture and other essential consumables.

Malamulele Onward, an NGO specialising in CP management visited Butterworth Hospital over a week period. Therapists were afforded an opportunity to be trained and equipped with skills to assist them to improve the quality of treatment offered to children with Cerebral Palsy and be able to trace patients who defaulted treatment. Multidisciplinary team approach was used with the involvement of doctors and dentists. A total number of 31 patients benefitted and13 prescription for the wheelchairs were done.

High Tech Augmentative and alternative communication (AAC) devices issued to 14 (Adults & Children). These devices have been tablet based with communication software installed as appropriate voices installed for the user. The devices are programmed to work with the 3 commonly used languages in the province, isiXhosa, English, and Afrikaans. This has contributed to improving their quality of life and engagement skills in the society.

Collaborations

The programme continues to identify partners to collaborate with towards ensuring improved access to assistive devices and technologies. During this reporting period, the programme partnered with the following organizations:

- **Ingqanga group (NPO)** in conducting outreach services in Nophoyi community of Alfred Nzo district.
- **Malamulele Onward**, an NGO specializing in Cerebral Palsy (CP) management and care.
- **The Church of Jesus of Christ of Latter-Day Saints (LDS) charities** has been supporting the department's rehabilitation programme with donation of devices and equipment, and training of therapists.

Radiological Services

The department is continuing with its programme to modernise the radiological services around the province. this is also in line with plans to make the service accessible to communities and having the equipment strategically located around the province. the modernisation involves the upgrade of equipment to the latest digital X-ray machines and introduction of the Picture Archiving Communication System (PACS) and the Radiology Information Systems (RIS). The modernisation is a move from the old equipment which was bulky and requiring X-ray films. The PACS & RIS assist the department in safe recording of Xray results, making them digitally archived and can be viewed by clinicians throughout the province who have access to the system, without a need to take the patient through the X-ray imaging again. the table below shows the health facilities that received digitalised, state of the art equipment in this financial year:

Table B.68: Health facilities that received digitalised state of the art equipment

HEALTH FACILITY	TYPE OF EQUIPMENT
ALFRED NZO DISTRICT	
Khotsong TB Hospital	• X-Ray Services being done with a newly installed State of the Art Ceiling Suspended Digital X-Ray machine Picture Archiving Communicating System (PACS) and Radiology Information System (RIS) was installed for the electronic communication and storage of X-Ray Images and is currently active.
Isiphethu Hospital	• X-Ray Services being done with a newly installed State of the Art Ceiling Suspended Digital X-Ray machine. • Picture Archiving Communicating System (PACS) and Radiology Information System (RIS) was installed for the electronic communication and storage of X-Ray Images and is currently active. • An additional new Mobile Digital X-Ray machine was installed and this assists in ensuring that the neonates and critical patients are able to be X-Rayed in the wards or OPD.
Meje CHC	• State of the Art Floor Mounted Digital X-Ray machine was procured.
Madzikane ka Zulu Hospital	• Picture Archiving Communicating System (PACS) and Radiological Image System (RIS)was installed. • C-Arm was received from Mthatha Forensic Pathology Services and assists with limited Orthopaedic Examination.
AMATHOLE DISTRICT	
S.S. Gida Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed.
Nompumelelo Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
Butterworth Hospital	• Picture Archiving Communicating System (PACS) and Radiology Information System (RIS) was installed for the electronic communication and storage of X-Ray Images and is currently active.
BUFFALO CITY DISTRICT	
Bisho Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional,
Empilweni Gompo Day CHC	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.

HEALTH FACILITY	TYPE OF EQUIPMENT
CHRIS HANI DISTRICT	
Frontier Regional Hospital	• Picture Archiving Communicating System (PACS) and Radiology Information System (RIS) was installed for the electronic communication and storage of X-Ray Images and is currently active.
Cofimvaba Hospital	• An additional State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
All Saints Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional. • New Digital Mobile X-Ray Unit was installed.
Dordrecht Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
Molteno Hospital	• X-Ray Room Renovations are completed. • State of the Art Floor Mounted Digital X-Ray machine was procured and will be installed by end of March 2024.
Cradock Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
Wilhelm Stahl Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
JOE GQABI DISTRICT	
Jamestown Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
Burgersdorp Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed.
Taylor Bequest Hospital, *(Mount Fletcher)*	• Modernized new X-Ray Department being built currently. • State of the Art Floor Mounted Digital X-Ray machine was procured and will be installed soon.
OR TAMBO DISTRICT	
Flagstaff CHC	• X-Ray Services being done with a newly installed State of the Art Floor Mounted Digital. X-Ray machine.
St Elizabeth Hospital	• An additional State of the Art Floor Mounted Digital X-Ray machine was installed • An additional new Mobile Digital X-Ray machine was installed and this assists in ensuring that the neonates and critical patients are able to be X-Rayed in the wards or OPD
Canzibe Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
Nessie Knight Hospital	• Modernized new X-Ray Department being built currently • State of the Art Floor Mounted Digital X-Ray machine was procured and will be installed soon
Mbekweni CHC	• State of the Art Floor Mounted Digital X-Ray machine was installed
Ngangelizwe CHC	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional
Baziya CHC	• State of the Art Floor Mounted Digital X-Ray machine was installed
Mhlakulo CHC	• State of the Art Floor Mounted Digital X-Ray machine was installed
Qumbu CHC	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional.
NELSON MANDELA BAY DISTRICT	
Empilweni TB Hospital	• New Digital Mobile X-Ray Unit was installed.
West End CHC	• Picture Archiving Communicating System (PACS) and Radiology Information System (RIS) was installed for the electronic communication and storage of X-Ray Images and is currently active
Motherwell CHC	• Picture Archiving Communicating System (PACS) and Radiology Information System (RIS) was installed for the electronic communication and storage of X-Ray Images and is currently active

HEALTH FACILITY	TYPE OF EQUIPMENT
SARAH BAARTMAN DISTRICT	
Willowmore Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional
Marjorie Parrish TB Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional
Andries Vosloo Hospital	• State of the Art Floor Mounted Digital X-Ray machine was installed and is fully functional
Humansdorp Hospital	• New Digital Mobile X-Ray Unit was installed.

PHARMACEUTICAL SERVICES

Central chronic medicine dispensing and distribution (CCMDD)

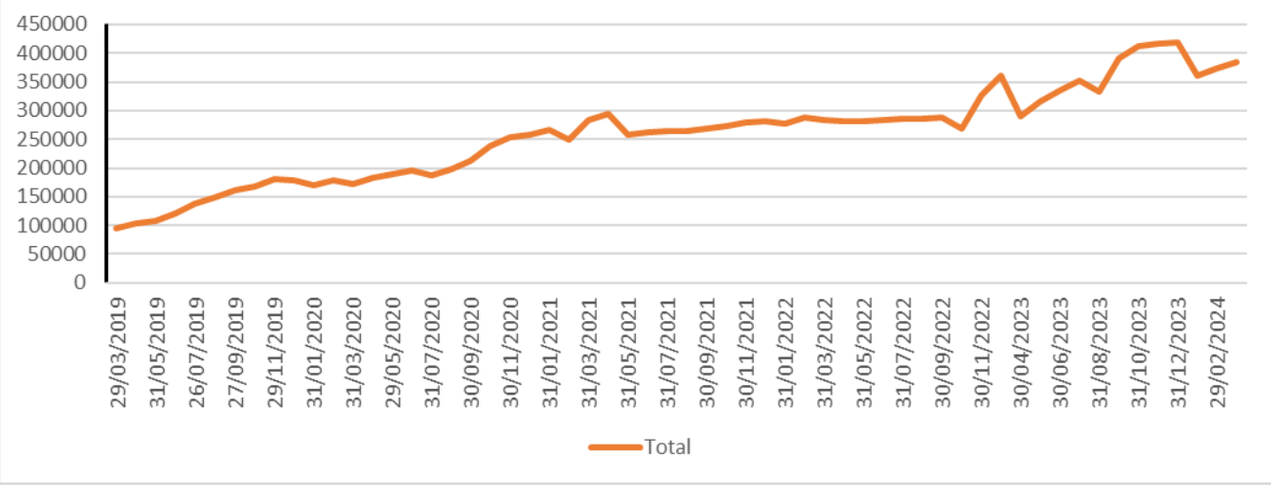
The CCMDD is a National Health Insurance (NHI) initiative programme that started in 2014. It was established to provide an alternative modality to facilitate access to medicine for patient with selected chronic conditions that have achieved clinical stability in their medication and therefore chronic conditions.

The CCMDD initiative sought to increase accessibility of medicine by providing medicine parcels to registered patients from outlets that are convenient for them, often closer to where they lived or worked. This was a departure from traditional approach where patients travelled long distances and wait in long queues to collect their chronic medicine. In this initiative, the medicine 'travelled' to patients through medicines being delivered directly or closer to the patients. In the province, the CCMDD programme was launched in 2014 in the NHI pilot district, OR Tambo. The delivery of medicines was given to an external service provider which dispensed and distributed medicines.
Pick-up points (PuP) were later established across O.R Tambo district as part of expanding the programme in that district. These PuP included independently owned community pharmacies, doctors' consulting rooms, other business sites, as well as community-based sites, e.g. churches[2].

The programme began with registration of patients who were on antiretroviral medicines (ARVs), and patients on ARVs and other medication for chronic diseases. The CCMDD programme was used as the vehicle to support uninterrupted access to medication.

The programme continued to grow in OR Tambo district and was subsequently rolled out to all the 8 districts within the province. Progress was noted by growth in number of facilities participating in the programme as well growth in number of patients actively collecting their medicine as part of the programme. Below are graphs indicating programme growth in the last 5 years.

Figure B.32: Growth in the total number of active patients on CCMDD, 2019/20 to 2023/24



[2]The CCMDD story, Health Systems Trust, 2019
https://www.hst.org.za/projects/Projects%20Details/The%20CCMDD%20Story%20Jan%202019_HC23Jan19_JK23Jan19%20(1).docx

Figure B.32 above depicts that in 2019, approximately 95 000 patients were active on CCMDD. This number grew 4 times in the last 5 years with CCMDD currently servicing 383 761 patients.

Figure B.33: Growth in the number of clients collecting their medicine in PuP, 2019/20 to 2023/24

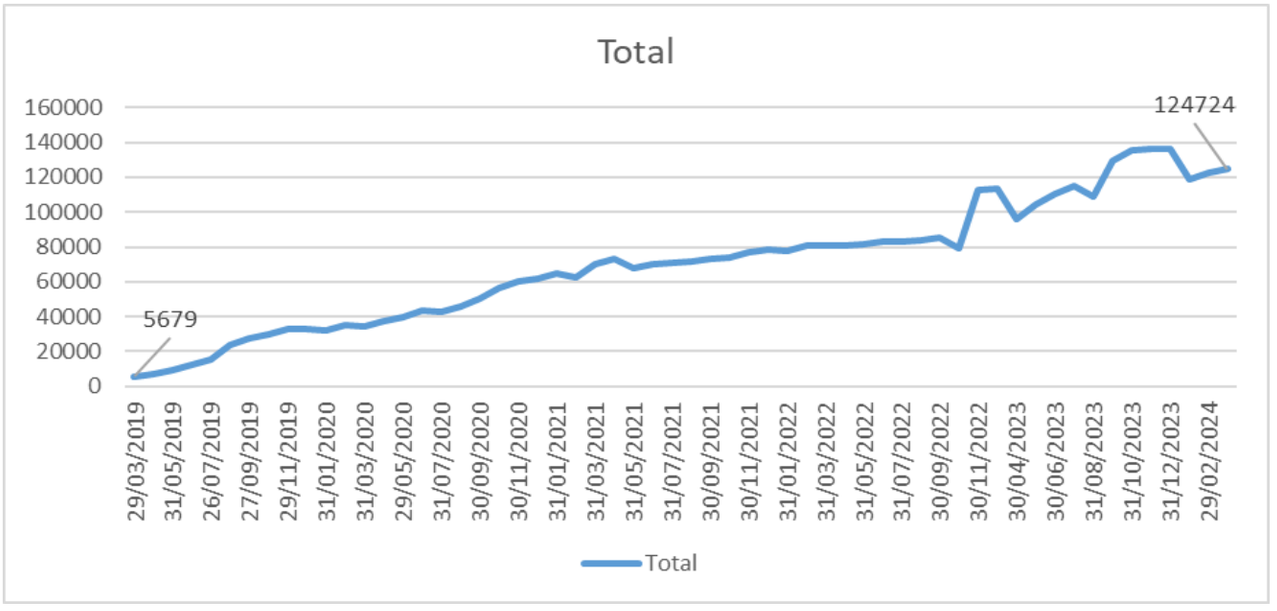
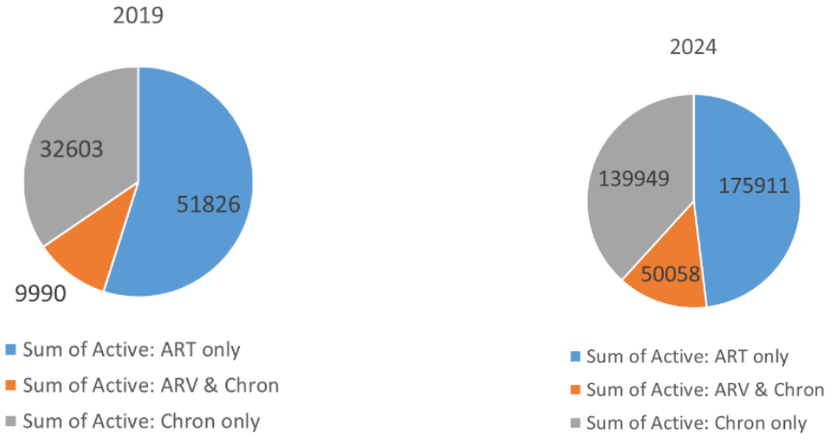


Figure B.33 above indicates the number of people collecting their medicines in PuP which increased from 5 679 in 2019 to 124 724 in 2024.

The charts below provide a profile of clients over the 5-year period which shows an increased number of clients with other chronic conditions registered in the programme. This assisted the programme in mitigating against stigmatisation which was associated with the HIV. The programme therefore became known for servicing patients with chronic conditions including non-communicable diseases (NCD), no longer prioritizing HIV patients.

Figure B.34: Comparison of patient conditions in 2019 and 2024.



In line with the changes in the programme, CCMDD was rebranded to be "**Dablapmeds**", a friendly name to continue marketing the programme.

***Dablapmeds* programme milestones 2019 to 2024**

- Implementation of the Synchronized National Communication in Health (SyNCH). This is a real-time web-based system that allows for electronic prescribing in accordance with approved CCMDD medicines list and includes the electronic management of patients (Health Systems Trust, 2023)[3]
- A model of delivering medicines to clients using Bicycles was launched at the provincial World AIDS Day in December 2019, in Sarah Baartman District (Addo)
- In December 2020, the Bicycle model was introduced in Chris Hani District
- A Helpdesk for the SyNCH programme was established in the department's shared call centre,
- A web-based tracking application was developed to monitor the renewal of prescriptions.
- A new service provider was appointed at the end of September 2022 at the expiry of the previous contract
- The Methodist Church of South Africa is registered as a PuP to improve access to chronic medicines for the local rural communities of OR Tambo District.
- In line with programme innovative approach, 2 pick-up points in the form of two custom built structures were erected in Xhora Community Health Centre and Willowvale Community Health Centre. These structures are established to help with decanting of patients from the 2 overcrowded facilities. There are 3 945 patients collecting their medicines from the two facilities.
- Furthermore, the programme continues to engage traditional leaders in rural areas to establish pickup points in their homesteads. One external pick-up point was approved at the traditional leader's homestead in Butterworth. That pick-up point is now operational.

The programme continues to be one of the provincial government's initiatives to improve access to life saving medicines in the rural communities of the province. The programme is also based on a premise to reduce waiting times and minimize the cost incurred by patients when travelling to health facilities to collect their medicines.

A patient survey was conducted in March 2023, which assessed the duration of time patients spent waiting for their medication packs across different pick-up points in the province. There were 67 patients that responded to the survey.

Table B.69: Results of patient waiting time survey in selected CCMDD Pick up Points

	PuP Responses	Less than 10 min	More than 10 min	% Less than 10 min
Bothomed	2	2	0	100%
Business Premise	6	6	0	100%
CBO	1	1	0	100%
Clicks	14	14	0	100%
Dischem	1	1	0	100%
ICP	4	4	0	100%
Medical Practice	5	5	0	100%
Medi-Rite	6	6	0	100%
NGO	4	4	0	100%
Nurse Practice	3	3	0	100%
Place of Worship	2	2	0	100%
Private Pharmacy	19	19	0	100%
Grand Total	**67**	**67**	**0**	**100%**

The results show that all the surveyed patients in the selected PuPs waited less than 10 minutes for their medicines. Thus, the CCMDD is delivering on one of its commitments to reduce patient waiting times.

[3] Synchronised National Communication in Health (SyNCH), Health Systems Trust,2023, https://www.hst.org.za/Documents/SyNCH%20A5%20Flyer%202023.pdf

During 2023/24 financial year the programme had 383 761 active patients which had a growth of 48 280 from the previous financial year. While the growth could have been higher a change in service providers in quarter 4 contributed to less than expected growth rates. However, the annual target of 351 500 was still exceeded.

Table B.70: Number of active patients on CCMDD per District in 2023/24

District	Active Patients Quarter 1	Active Patients Quarter 2	Active Patients Quarter 3	Active Patients Quarter 4
Alfred Nzo	50 259	57 359	61 875	56 296
Amathole	53 617	62 222	66 580	61 352
Buffalo City Metro	52 594	60 637	64 749	59 443
Chris Hani	48 673	55 830	58 132	52 945
Joe Gqabi	10 273	12 034	13 774	12 349
Nelson Mandela Bay Metro	10 491	13 120	15 196	14 189
Oliver Tambo	97 246	113 786	122 017	111 875
Sarah Baartman	12 328	15 210	16 947	15 312
PROVINCE	**335 481**	**390 198**	**419 270**	**383 761**

In quarter 1 the programme received funding support through the United States Centres for Disease Control and Prevention (CDC) to offer fixed- term contracts for 47 Post Basic Pharmacist assistants (PBPA). The PBPA were in 6 districts namely Alfred Nzo (8), Amathole (11), Chris Hani (8), OR Tambo (13), Nelson Mandela Metro (3), and Sarah Baartman district (4). These PBPA were assigned to be roving between high-volume facilities and were assisting in the promotion of the programme, also helping facilities in retention of patients and decanting patients to external Pick-up points.

In quarter 2 the programme had a radio slot on the national radio station "Umhlobo Wenene FM" raising awareness to the public about the benefits of the CCMDD programme, emphasizing on the convenience of collecting medicines at a place chosen by the patient. The programme was also presented during the Public Health Association of South Africa (PHASA) Conference in September 2023, an opportunity to continue promoting the programme as well as establish networks to advance the public health significance of the programme. Quarter 3 saw the end of the fixed term contracts of the roving PBPA who were funded through CDC. Additionally, to sustain the programme performance, the programme was re-launched during the Cancer Awareness and CCMDD Launch in Nelson Mandela Bay Metro.

During the World AIDS Day (WAD) 2023 in Alfred Nzo district, the programme acknowledged the four best performing facilities on CCMDD in the district namely: Maluti Community Health Centre, Tabankulu Community Health Centre, St Patricks Gateway Clinic, and Matatiele Clinic.

In quarter 4, the new service provider conducted a clean-up of all data that was received from the previous service provider. This resulted in a drastic decline in active patient numbers to 383 761 at the end of the financial year. The province continues to monitor the active patient numbers and working closely with the National Department of Health as all provinces that are supported by the current service provider saw a decline in active patients in quarter 4.

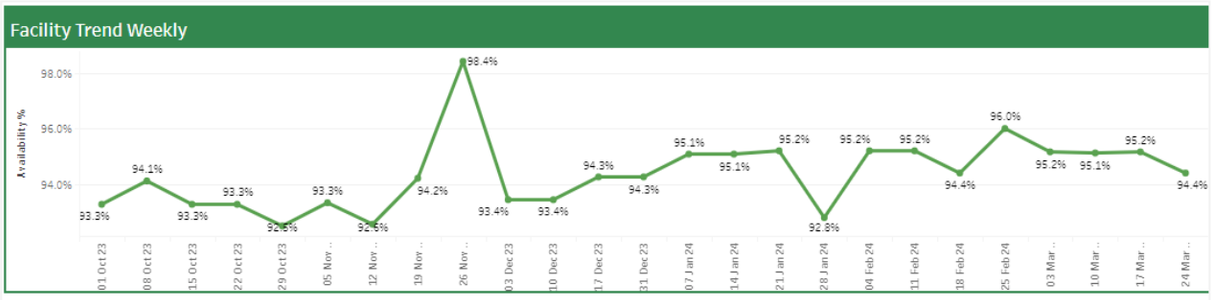
Table B.71 CCMD External Pick-Up points 2023-2024

District	Pick Up Points Q1 23/24	Pick Up Points Q4 23/24
Alfred Nzo District Municipality	11	16
District	**Pick Up Points Q1 23/24**	**Pick Up Points Q4 23/24**
Amathole District Municipality	19	21
Buffalo City Metropolitan Municipality	36	39
Chris Hani District Municipality	13	12
Joe Gqabi District Municipality	6	7
Nelson Mandela Bay Municipality	58	66
Oliver Tambo District Municipality	37	42
Sarah Baartman District Municipality	13	13
Province	**193**	**216**

In table B.71 above it is observed that during this reporting period, the number of external pick-up points increased from 193 in quarter 1 to 216 in quarter 4. The slower increase is attributed to the new processes introduced by the national PuP contracting department, which resulted in the slow uptake of new external pick-up points in the province.

The number of patients that collected their medicine parcels from external pick-up points at the end of the financial year was 119 837. This implies that the majority of CCMDD patients still collect their medicine parcels through facility pick up points and this presents an opportunity for further marketing in the programme.

Figure B.35 Medicine availability trends within CCMDD, 2023/24



On average, stock on hand with the CCMDD service provider has been adequate to cover for a period of 4 months, with availability averaging above 90% and exceeding the 85% provincial target. The programme continues to issue 3 months' supply to eligible clients, and this is in line with the 2023 ART Clinical Guidelines. The 3 months' supply of medicines is to increase continued compliance with treatment. CCMDD has once again delivered on its commitment to ensure uninterrupted medicine supply to registered clients.

Furthermore, a survey was done in Alfred Nzo, Buffalo City Metro, OR Tambo and Nelson Mandela Bay Metro on the differentiated model of care (DMOC) which the CCMDD programme forms part of. The aim of the survey was to get a better understating as to why patients are not decanted to the different modalities (Facility Pick up points, Adherence Clubs and External PUP) despite being stable. This was done to help facilities gain a better understanding of their clients and develop a revised criteria of identifying patients for decanting.

The programme continues to engage with the contracted service provider to address the challenges experienced by the service provider. These are expected challenges with a new service provider, they often get resolved within the first year of operation.

Implementation of electronic inventory management systems

National Department of Health (NDOH) developed and implemented various health information exchange interventions like Stock Visibility System (SVS)[4]. This solution was aimed at tracking medicine availability and allow managers to make decision that would reduce the rate of stock out and the impact on patient outcomes.

In a bid to reduce the rate of stock outs of medicines, the National Department of Health launched the SVS to contain this problem. This is a web-based application that is used in various health facilities, the majority of them being primary health care facilities. The system is used to capture stock level and monitor availability of essential medicines at various facilities. SVS supports improved access to medicines and contributes to ensuring that the supply of medicines in public health facilities is uninterrupted.

The provincial Department of Health adopted the use of this web-based management tool, as a replacement of the paper-based system that was widely used. The NDoH and the United States Agency for International Development (USAID)-funded Global Health Supply Chain Program – Technical Assistance (GHSC-TA) worked together to introduce SVS system in the Eastern Cape and developed processes to support the availability of medicines throughout the province using this monitoring system. SVS is currently implemented in 769 clinics in Eastern Cape. The system enhanced stock visibility and the information shared enabled data-driven decision making to end-users i.e. clinicians in primary healthcare facilities.

The implementation of SVS had a positive impact in the use of RxSolution that was introduced in hospitals prior the introduction of SVS in clinics. RxSolution is an electronic transaction inventory management system that is used to record medicine transactions such as stock movement into and from a dispensary. While clinics were using SVS the larger facilities (CHC and Hospitals) were using RxSolution.

Since the introduction of reporting to the National Surveillance Centre (NSC) via SVS and RxSolution, the province has managed to report medicine availability consistently with Sarah Baartman having the highest reporting compliance in the Eastern Cape Province. The NSC has helped the provincial hospitals and clinics understand stock-on-hand reporting and facilitate re-distribution of stock between health establishments based on need.

Summarily the benefits of using SVS and RxSolution were*:*

- Access to the relevant medicine availability data to inform decision-making,
- Rapid turnaround time in the data analytics and planning process,
- Ease of reporting,
- Ensure optimized and equitable distribution of medicines,
- Integrated stock management,
- Monitoring the quantities of stock requested, ordered, received, and distributed.

[4] Analysing The Implementation of Momconnect and Stock Visibility System (SVS) Health Information Exchange in South Africa: Implication for sharing information and Knowledge Management (IKM), Molala M, Ajpsdg|Vol 6 (1) 2023

Figure B.36: Medicine availability trend from May 2022 - March 2024



District Matrix

	Grand Total	May 22	Jun 22	Jul 22	Aug22	Sept 22	Oct 22	Nov 22	Dec 22	Jan23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug23	Sept 23	Oct 23	Nov 23	Dec 23	Jan24	Feb 24	Mar 24	Apr 24
Alfred Nzo District Municipality	71.0%	79.6%	81.4%	82.9%	82.8%	79.5%	73.7%	60.6%	68.9%	64.8%	70.6%	71.6%	72.5%	74.0%	74.1%	63.2%	57.6%	77.1%	67.2%	64.7%	76.9%	72.4%	73.1%	79.4%	81.0%
Amathole District Municipality	81.9%	86.9%	86.7%	87.9%	87.4%	88.3%	88.3%	68.5%	76.6%	79.0%	78.6%	77.9%	77.0%	79.7%	77.8%	78.0%	79.1%	82.7%	83.6%	83.6%	85.1%	86.0%	85.4%	87.2%	88.1%
Buffalo City Metropolitan Municipality	89.8%	93.5%	93.6%	94.2%	93.8%	93.6%	93.2%	81.9%	89.1%	90.5%	87.7%	89.3%	87.0%	85.4%	88.0%	85.2%	87.6%	89.8%	89.5%	91.1%	90.9%	89.9%	91.1%	93.1%	92.3%
Chris Hani District Municipality	78.3%	83.5%	83.4%	84.3%	84.2%	85.2%	86.0%	69.5%	71.5%	73.1%	76.4%	71.4%	70.9%	75.5%	75.6%	76.9%	74.5%	77.1%	79.6%	79.4%	79.5%	81.7%	82.3%	83.7%	83.3%
Joe Gqabi District Municipality	82.4%	84.0%	88.2%	89.9%	90.4%	90.3%	89.8%	68.0%	75.4%	80.2%	82.7%	73.6%	83.4%	80.3%	85.0%	80.0%	77.4%	82.1%	79.2%	82.3%	85.1%	85.5%	87.7%	87.3%	87.6%
Nelson Mandela Bay Municipality	92.1%	91.7%	93.3%	94.4%	94.5%	95.9%	94.6%	88.5%	93.3%	93.2%	91.2%	87.5%	84.9%	89.5%	87.9%	90.0%	92.8%	92.5%	91.0%	94.4%	94.8%	94.0%	95.2%	92.5%	93.6%
Oliver Tambo District Municipality	78.9%	84.3%	84.2%	85.0%	86.5%	86.6%	86.5%	70.3%	70.1%	73.1%	75.0%	76.2%	74.9%	73.5%	73.1%	73.7%	77.5%	80.7%	80.5%	83.1%	83.8%	80.1%	80.5%	82.7%	83.0%
Sarah Baartman District Municipality	85.3%	88.9%	89.7%	89.4%	87.9%	88.9%	87.6%	85.9%	85.1%	84.1%	84.6%	80.0%	76.7%	76.5%	79.0%	79.7%	83.6%	87.3%	87.2%	87.1%	86.5%	86.7%	88.2%	89.3%	87.3%

Figure B.36 above shows an increase in medicine availability at PHC facility level. As can be seen in November 2022, medicine availability had dropped to 73.2% which was far below the 80% target for that financial year. In March 2024 the overall medicine availability was reported at 86.1%, thus exceeding the 85% target for the 2023/24 financial year.

The benefits of these two systems are confirmed by end-users. Mrs. Lesley Welman (Sub-district Pharmacy Manager, Camdeboo/Dr Beyers Naude, Sarah Baartman District) said "*As the Covid-19 pandemic hit the world, I was forced to stay behind my desk. The NSC dashboard brought information to our fingertips. We could see how our clinics were doing in terms of medicines availability, and having all this information helped…*"

However, systems are only as good as the people who use them. For the NSC to be useful, health care workers at facility level must input data regularly to ensure that the system has accurate data and information. In some instances, districts have struggled to implement this successfully. The data inputs constitute a reporting trend over the period.

Figure B.37: Provincial reporting trend across all districts



As shown in figure B.37 above the reporting trend has consistently been below the 80% reporting target. There have been serious dips in reporting compliance as can be seen in Figure 4 above, on the 30th November 2022 (10,74%) and 03 January 2024 (40,06%). These declines in reporting compliance were due to changeover of reporting devices as it is done frequently as part of ensuring that the application is operating efficiently using the latest version of the application.

Reporting Compliance is negatively affected by electricity load-shedding, cell phone network unavailability and more significantly, by the lack of human resources to input the data into the system. Only 30% of PHC facilities have permanently employed Post Basic Pharmacist's assistants. This is the cadre that should be responsible for pharmaceutical inventory management. In the absence of this cadre in 70% of PHC facilities the task of reporting is shifted to other officials, usually nurses and in certain cases this task is handled by auxiliary workers. Given the nurses busy schedule, reporting is not usually a priority. This has resulted in below par reporting and there is still a need for improvement.

The department considers employment of at least 1 Post Basic Pharmacist Assistant per clinic as well as the roll out the RxSolution to the remaining facilities over the medium term.

Medicine availability in 2023/24 financial year

Stock status reports are submitted weekly from the SVS and RxSolution into the NSC. During this reporting period the average availability of medicines at facility level was 80.0%. An upward trend was noted throughout the year.

In April 2023 medicine availability was reported to be 76.0% with an upward trajectory reaching 82.6% in March 2024, and an annual average of 80%. Upon achieving the 80% medicine availability the province targeted to achieve an overall medicine availability of 85% across all facilities in 2023/24. That newly established target was missed by 5%.

Table B.73: Overall annual reporting compliance and medicine availability

Item	Target	Achievement	Reasons
Medicine Reporting compliance	80%	68.3% *(Average of the year)*	Hospital reporting compliance is low, and clinics are slightly under the target on SVS
Medicine Availability	85%	80.0% *(Average of the year)*	Medicine availability did not reach the target on average but can see the trend is upwards ending the year on 82.6%

Figure B.38: Overall annual medicine availability trend on the NSC, 2023/24

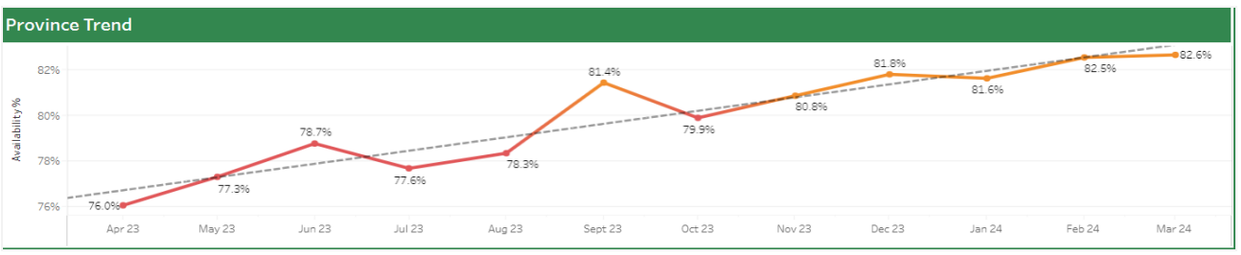
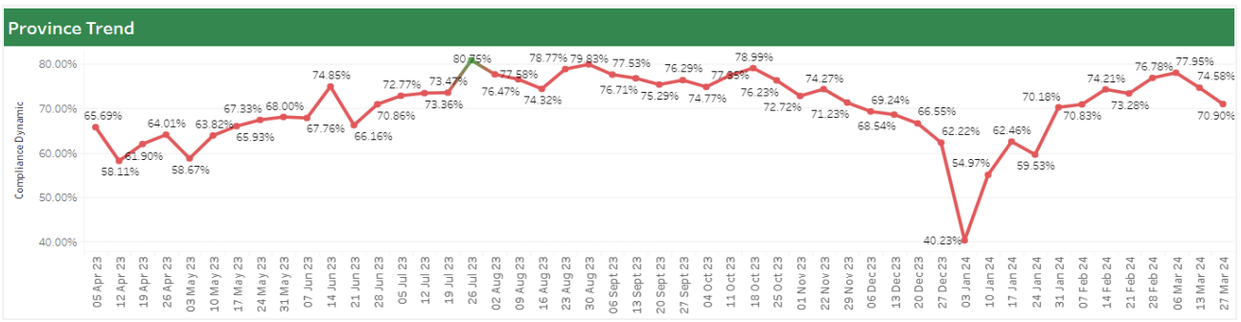


Figure B.39: Overall annual reporting trend on NSC, 2023/24



While the department acknowledges that overall medicine availability target was not attained, there were some positives provided by the system. We were able to see what items were out of stock and reasons for stock out and as a result enabled identification of alternative products e.g. another product or different pack size.

Table B.73: Overall medicine availability per category of medicines per district, 2023/24

District	Essential Medicines	ARV	TB	Vaccines
Alfred Nzo	71%	87%	72%	88%
Amathole	82%	86%	78%	88%
Buffalo City Metro	81%	90%	86%	88%
Chris Hani	82%	87%	75%	87%
Joe Gqabi	83%	90%	80%	89%
Nelson Mandela Bay Metro	78%	87%	84%	86%
OR Tambo	78%	88%	73%	87%
Sarah Baartman	83%	91%	90%	91%
Province	**80%**	**88%**	**80%**	**88%**

It is worth noting that all districts maintained more than 85% average availability of ARV and Vaccines. During the same reporting period the average availability of Anti-Tuberculosis and Essential Medicines across all districts was 80%. While there are no set performance targets for district medicine availability, this performance is satisfactory.

The table below indicates the availability of various medicine categories per types of facilities.

Table B.74: Overall medicine availability per category of medicines per level of care, 2023/24

District	Essential Medicines	ARV	TB	Vaccines
Depot	64%	86%	74%	75%
Clinics	80%	89%	78%	89%
CHCs	83%	91%	87%	90%
District Hospitals	80%	88%	81%	87%
Regional Hospitals	79%	86%	83%	88%
Tertiary	78%	80%	86%	71%
Central Hospital	80%	89%	70%	72%
CCMDD	95%	97%	100%	N/A

This table provides a further breakdown of medicine availability in facilities per levels of care and category of medicines. This table shows that all levels of care had high rate of medicine availability which contributed to the overall district medicine availability.

The facilities were able to maintain healthy levels of essential medicine availability despite low levels at the depot, which were affected by supplier payments in the fourth quarter.
The average availability of medicines at facility level was 80.0%, while the target for medicine availability at facilities was not achieved during 1st half of the reporting period however it was achieved throughout the 2nd half. This period saw a cyclical end of supplier contracts e.g. Tablets which led to gaps in the supply of certain essential medicines as depicted in table below.

Table B.75: Selected supplier contracts end dates and number of items affected

Contract	Description	Expired Date	Number of items affected
HP09-2023	Solid dosage forms	April 2023	46 items
HP07-2023	drops, aerosols and inhaled medicine	June 2023	26 items
HP08-2023	Semi solids dosage and powders	June 2023	40 items

The province experienced a delay in the payment of contacted medicine suppliers which led to a reduced ability for depots to fulfil orders, which in turn led to decreased medicine availability at facility level.

When compared to the previous quarters, the quarter 2 showed an overall improvement in reporting compliance and medicine availability. This is due to the trainings conducted in the three districts, namely Alfred Nzo, Buffalo City Metro and Nelson Mandela Bay Metro in May 2023 and July 2023.

Compliance with South African Pharmacy Council

The South Africa Pharmacy Council (SAPC) which is a statutory council requires that health facilities are compliant with Good Pharmacy Practice (GPP) standards to ensure that the public and patients are offered quality pharmaceutical services from health facilities. The table below presents a tabulation of the ECDOH pharmacies' compliance status: -

Table B.76: Facilities registered by National Department of health and Licensed with SAPC

DISTRICT	No. Hospitals	Community Health Centres	Pharmacy Grading				Registered Responsible Pharmacist (RP)	No. without RP
			Grade A	Grade B	Grade C	Grade D		
Alfred Nzo	7	2	7	1	1	0	9	0
Amathole	13	1	14	0	0	0	12	2
Buffalo City Metro	5	5	10	0	0	0	10	0
Chris Hani	14	0	13	0	1	0	14	0
Joe Gqabi	8	0	8	0	0	0	8	0
Nelson Mandela Bay Metro	8	10	16	0	1	1	18	0
OR Tambo	13	1	12	0	2	0	14	0
Sarah Baartman	12	2	12	0	1	0	14	0
TOTAL	**80**	**21**	**92**	**1**	**6**	**1**	**99**	**2**

There are 103 public health facility pharmacies (including two medical depots) that are licensed and recorded with the SAPC. 92 of these health facility pharmacies have attained Grade A status (90%) at the end of the financial year. This is an increase from 84 facilities in the previous financial year. Grade A means that upon inspection by the SAPC, the pharmacy premises were found to comply with majority of the GPP standards and have obtained an overall score of between 90% - 100%,

The Orsmond TB Hospital in Nelson Mandela Bay Metro is the only Grade D at the end of 2023/24 remaining, as compared to 2 pharmacy premises that were reported as Grade D in the 2022/23 financial year. Grade D is given when a pharmacy is found to be not in operation, has closed or has relocated without reporting to SAPC. Orsmond TB Hospital is still not in operation.

There are 2 pharmacy premises without registered Responsible Pharmacist (RP), as compared to 4 at the end of the last report. There has been a continuous monitoring with regards to facilities with/without registered RPs. A few RPs resigned throughout the year and have since been replaced by registering new RPs.

Aberdeen Hospital and Joubertina CHC pharmacy premises were successfully licensed by the NDoH and recorded with SAPC within the 2023/2024 financial year. Meje CHC pharmacy successfully licensed by NDoH and is waiting for a license certificate to apply for recording with SAPC. Temba TB Hospital pharmacy– has been removed from the register after the facility was moved to be a wing in Settlers hospital, and all pharmaceutical services are provided at the Settlers Hospital pharmacy.

Flagstaff CHC pharmacy – license application was not approved due to a few shortcomings that were identified on the floor plans that were submitted, however the pharmacist is working on the shortcomings to re-submit the licence applications.

58/103 (56%) pharmacies are accredited as training facilities i.e. where pharmacist's assistants and pharmacist interns can be trained.

The department continues to ensure the availability of adequately skilled pharmacy personnel in all our health facilities. Pharmacists and pharmacy support personnel contribute significantly in the provincial efforts to achieve positive health outcomes by ensuring availability and safe use of quality assured medicines.

During the 2023/24 financial year, 100 learners enrolled towards Basic & Post Basic Pharmacist's Assistants program in our health facilities, whilst 98 that were enrolled in the previous cohort graduated as qualified Post Basic Pharmacist's Assistants.

One hundred and ten (110) qualified Post Basic Pharmacist's assistants were allocated on a 12-month contract ending in June 2024, to the Primary Health Care facilities and pharmaceutical depots to gain experiential skills through the internship program, funded from the skills levy.

The department benefits from the national allocation of community service pharmacists as part of bringing pharmacy services to underserved communities. Seventy (70) Pharmacists joined the department from January 2024 for purposes of performing their 12 months' community service.

Pharmaceutical Depots

The 2 pharmaceutical depots are responsible for procurement, warehousing and distribution of medicines and surgical sundries in the province. ECDOH pharmaceutical depots facilitate medicine availability within the province for all health programmes.

The depot in Gqeberha services the public sector healthcare facilities in the Western region of the Eastern Cape Province, stretching along the coast from Tsitsikamma on the Garden Route to East London and inland up to Aliwal North. This area serviced is made up of 4 Districts and further subdivided into 9 sub-districts namely; Kouga, Makana, Camdeboo, Amahlathi, Raymond Mhlaba, Enoch Mgijima, Emalahleni, Inxuba Yethemba and Walter Sisulu. It is worth noting the 2 metropolitan districts Nelson Mandela Metro and Buffalo City Metro are serviced by this depot.

Mthatha depot services public healthcare facilities across the following districts: Alfred Nzo, OR Tambo, Chris Hani, Joe Gabi and the eastern portion of Amathole.

Both depots service the facilities to the last mile, based on a fixed ordering and delivery schedule.

Depot operations include:

- Handling over 1 200 medicine items bought from over100 suppliers on and off contract.
- A third-party logistics service provider executes all outbound shipments to facilities.
- All orders for medicines are placed through the depots.
- Direct Deliveries to hospitals are supported by the depots but deliveries are made by the suppliers.
- The depot in Gqeberha supplies all CCMDD medicines for the programme.
- Facilities place their orders, either on Remote Demander Module (RDM) (20%) or manually (80%), to get monthly deliveries or according to delivery schedule from the depot.
- All payment related documents are consolidated at depot (i.e. invoices) while State Information Technology Agency (SITA) manages importing the information into Basic Accounting System (BAS) and executing the payments.
- Depot inventory is managed on a minimum/maximum system driven by MEDSAS, a national warehouse inventory system: the depot aims to cover minimum of 6 weeks and maximum of 12 weeks' worth of stock.
- Depot is partaking in centralizing management of provincial programmes like CCMDD procurement, campaigns e.g. vaccination programmes, male circumcision programmes.

The implementation of direct deliveries by suppliers to healthcare facilities has resulted in more items directly delivered to facilities and thus relieved the depot of the picking, packing and distribution responsibilities. This process assisted as the depots are experiencing human resource constraints.

The depots play a major role in supporting health programmes:

- A crucial role in the procurement, management and distribution of Covid-19 vaccines and consumables.
- The depot played a major role in assisting in the implementation of new MDR-TB Guidelines as well as the implementation of ART Treatment Guidelines, including management of stock during the changes of treatment regimens.
- Facilitating the distribution of donation stock for priority health programmes.

Activities towards accreditation of Pharmaceutical Depots by the South African Health Products Regulatory Authority (SAHPRA) with respect to premises, warehousing and storage are ongoing. The process to accredit the depots began with major construction work in Mthatha depot in 2018. These major refurbishments were part of improving the depot infrastructure so that it complies with SAHPRA requirements. The accreditation process continued with SAHPRA assessing both depots in June 2023.

The assessment included a site visit and checking of appropriate documents e.g. Standard Operating Procedures, Policies etc. Depots developed quality improvement plans to any shortcomings that were identified. Progress reports were submitted to SAHPRA. The regulator is currently reviewing the application and updates submitted by the depots. The final decision on the accreditation is expected in the next financial year.

During this reporting period one of the department's challenges is the tight fiscal constraints that made it increasingly difficult to pay pharmaceutical suppliers. Certain suppliers of essential medicines suspended the department's account and would not supply any medicines until payments were made.

The pharmaceutical services directorate started a process of implementing various strategies that seek to contribute to the overall plan of cost containment in the department. The aim was to contribute to the financial sustainability initiative of the department's turnaround strategy.

The major focus is to achieve cost efficiency in the expenditure on medicines and surgical sundries through the following actions:

- Introducing efficiencies in the ordering and procurement methods.
- Reducing turnaround times on payment of suppliers.
- Improve medicine supply management.

These strategies are still at planning stages and will be implemented in 2024/25 financial year.

The depots continue to face many challenges in operations, and these have an impact on the ability to deliver on its mandate effectively. Communication network challenges have been a constant challenge which affects the functionality of the management information systems used at the depot. General shortage of staff for picking of stock and other administrative functions in the supply chain system remains another challenge.

Infrastructure challenges at the depot have been the major reasons for the non-compliance with the SAHPRA licensing requirements. The refurbishment work at the Mthatha Depot is almost complete, with a few tasks remaining. Since the termination of the previous contractor that began the project in Mthatha, the department is in the process of engaging a new contractor to finishing up the project. The Gqeberha medical depot is also in need of infrastructure improvements. The most urgent infrastructure improvement is on temperature mapping and control. The department has begun the initial scoping of the work, conducting the conditional and functional assessment of the depot. The refurbishment work of the Gqeberha depot is expected to cost R60 million.

Table 4.7.1: Performance against the Annual Targets from 2023/24 Annual Performance Plan for Programme 7: Health Care Support Services

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Availability of assistive devices in primary health care	6.4.9 Wheelchair issued adult 19 years and older rate	59.3%	34.2%	60%	24.3%	-35.7%	Target not achieved. Though we had procured sufficient stock of wheelchairs, the programme couldn't reach all the targeted patients for seating through the scheduled outreach service. This was due to government-wide austerity measures that were introduced in the 3rd quarter. The programme had to suspend the outreach seating clinics from the 3rd Quarter and only rely on patients coming to the facilities. Only a few clients could attend due to transport challenges they face in reaching the health facilities.
		Numerator	1 483	1 483	2 520	2 240		
		Denominator	2 500	4 340	4 200	9 389		
		6.4.10 Wheelchair issued child 0-18 years rate	165.6%	41.6%	100%	27.5%	-72.5%	
		Numerator	497	373	800	594		
		Denominator	300	897	800	2 158		
		6.4.11 Hearing aid	85.3%	67.6%	60%	50.7%	-9.3%	Target not

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		issued adult 19 years and older rate						achieved. The programme increased its assessment for clients with eligibility for hearing aids. Outreach programmes were conducted in various districts as part of primary health care outreach which included audiology screening. The tender for the procurement of hearing aids expired in May 2023 and therefore further procurement of stock was delayed pending extension or approval of the new tender. The department is unable to procure additional stock due to the absence of a tender after the extension and the 5-day bid process couldn't be implemented due to cashflow
		Numerator	1 030	1 362	900	1 456		
		Denominator	1 200	2 016	1 500	2 872		
		6.4.12 Hearing aid issued child 0-18 years rate	68.4%	54.6%	100%	58.9%	-41.1%	
		Numerator	342	459	300	441		
		Denominator	500	840	300	749		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								challenges of the department in the quarter 3&4.
6. Quality of health services improved	Availability of medicine in depos and facilities	6.4.13 Percentage Order fulfilment for essential drugs at depot	76.15%	70%	80%	62.8%	-17.2%	Target not achieved. The province experienced a delay in the payment of contacted medicine supplier which led to a reduced ability for depots to fulfil orders, which in turn led to decreased medicine availability at facility level.
		Numerator	438 502	367 893	619 452	379 893	239 559	
		Denominator	575 736	522 210	774 315	604 696	169 619	
		6.4.14 Percentage of availability of essential medicine at facilities.	86.1%	82.9%	85%	80%	-5%	Target not achieved. Due to suppliers suspending the department's account due to delayed payment.
		Numerator	68.9	63.3	68	64	4	
		Denominator	80	80	80	80	-	
		6.4.15 Number of active patients on CCMDD	283 525	304 424	351 500	383 761	79 337	Target achieved. The Implementation of the Synchronized National Communication in Health (SyNCH). A system that allows for

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								electronic prescribing and includes the electronic management of patient contributed to improved programme management and enrolment of patients on the programme.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.4.9 Wheelchair issued adult 19 years 6.4.10 Wheelchair issued child 0-18 years rate	• Implement outreach programmes quarterly to reach many patients. The budget to be committed early in the year for the financial year. to reduce costs of the outreach, the programme will partner with other organizations involved in rehabilitation programmes. • Budget for procurement of wheelchairs to be committed and spent in the first quarter to procure wheelchair that will be delivered before the 3rd quarter. • Mobilize for additional resources through establishing partnerships with other businesses and NGOs involved in rehabilitation services
6.4.11 Hearing aid issued adult 19 years and older rate 6.4.12 Hearing aid issued child 0-18 years rate	• Procure bulk stock of hearing aids in the first quarter. • Improve data collection and recording of audiology assessments conducted in the outreach clinics. • Conduct audiology clinics where hearing aids supply is done to groups of eligible clients as necessary.
6.4.13 Percentage Order fulfilment for essential drugs at depot	• Need to explore and implement a new model of supplier payment to ensure continuous availability of medicines. • True ring-fencing of the medicines budget so that it is not used for other non-negotiable activities
6.4.14 Percentage of availability of essential medicine at facilities	• Employment of at least 1 Post Basic Pharmacist Assistant per clinic over the medium-term expenditure framework • Roll out the RxSolution and SVS to the remaining facilities by end of new financial year • Roll out the Rx Solution to Application Programming Interface (API) to the remaining 50% of hospitals for automated reporting

LINKING PERFORMANCE WITH BUDGETS

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

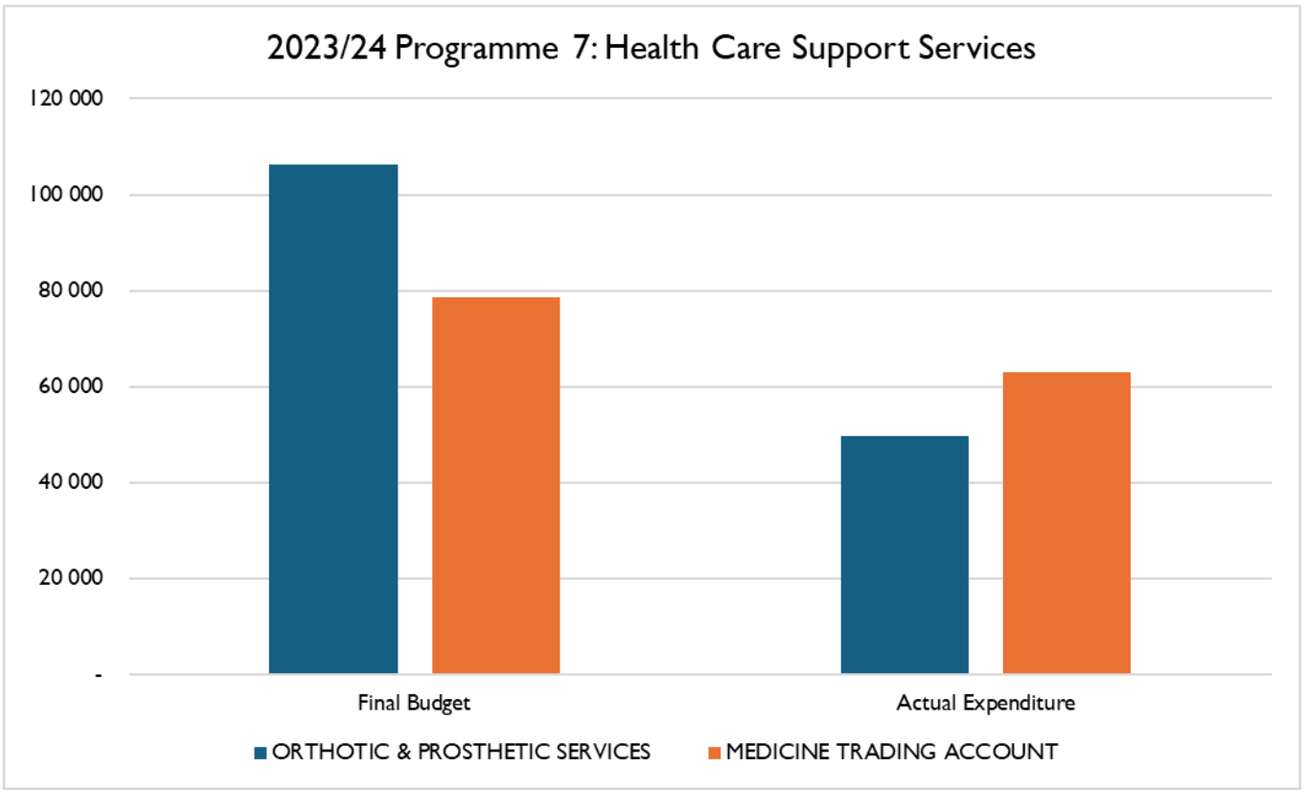
Programme 7 spent at 60.9% (under by R72,204 million) after adjusting for funds shifts and virements of minus R15,000 million post the 2023/24 AEPRE.

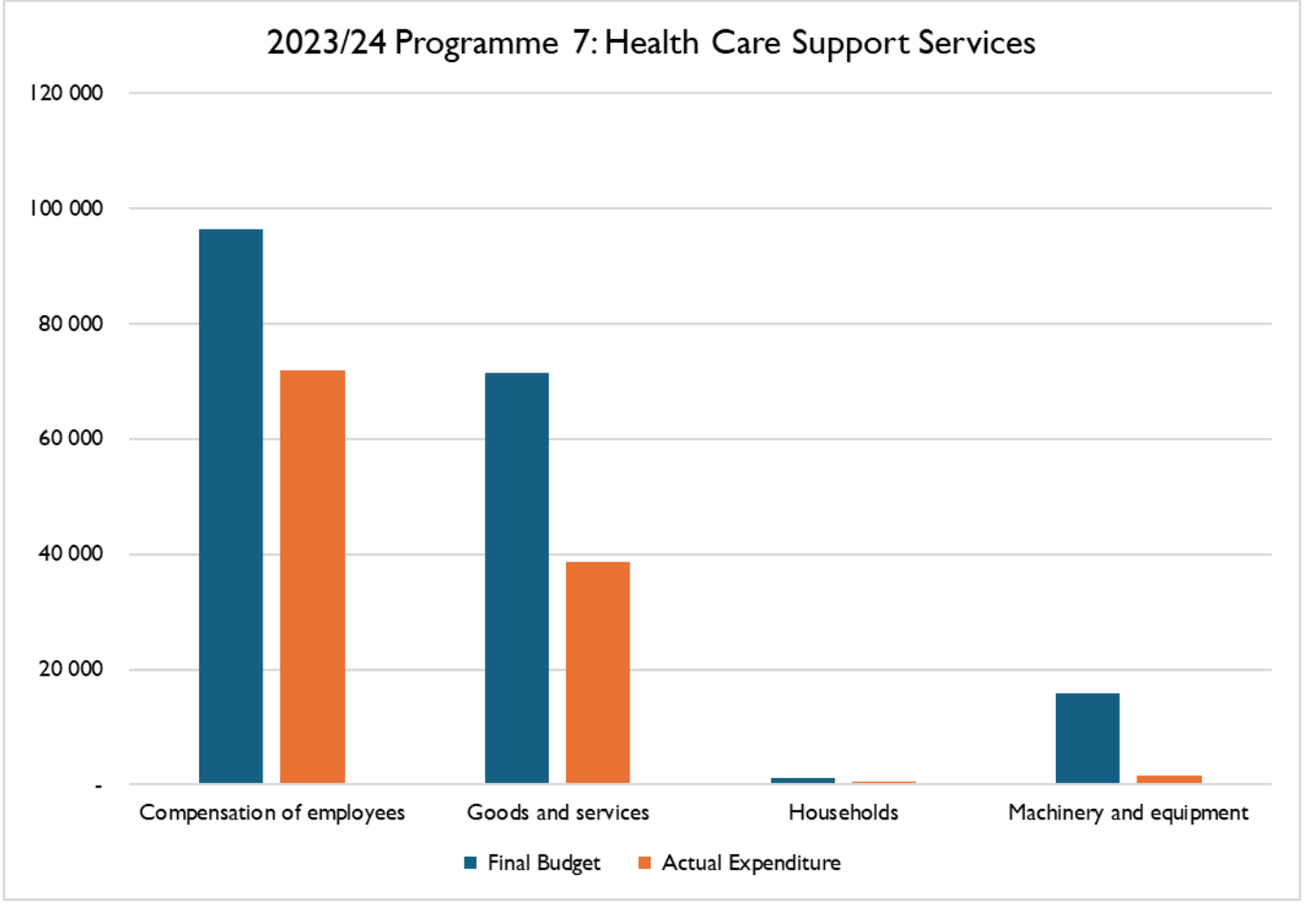
The underspend is primarily attributable inter alia to the department ringfencing and budgeting for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector rather than lump sum settlements for future medical care in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state.

This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front settlements of estimated future medical and other expenses this will, in time, overwhelm the Department's capacity to meet its constitutionally mandated health service delivery obligations. The judgement was handed down on 7 February 2023, indicating clearly how the common law is to accommodate the public health defence; and affirming the goods and services that the State will provide to the plaintiff during their lifetime.

Although the landmark judgement is on appeal, agreement was reached that the order is to be implemented whilst the appeal process is underway. This means that Department started with the process of implementing the Court order in the current financial year.

	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
Sub programme						
1. Orthotic & Prosthetic Services	106,334	49,762	56,572	87,710	53,386	34 324
2. Medicine Trading Account	78,566	62,934	15,632	71,310	61,667	9 643
	184,900	**112,696**	**72,204**	**159,020**	**115,053**	**43 967**
Economic classification						
Current payments	**167,898**	**110,619**	**57,279**	**143,832**	**109,355**	**34 477**
Compensation of employees	96,338	71,912	24,426	79,305	70,240	9 065
Goods and services	71,560	38,707	32,853	64,527	39,115	25 412
Transfers and subsidies	**1,121**	**431**	**690**	**100**	**31**	**69**
Households	1,121	431	690	100	31	69
Payments for capital assets	**15,881**	**1,646**	**14,235**	**15,088**	**5,667**	**9 421**
Machinery and equipment	15,881	1,646	14,235	15,088	5,667	9 421
	184,900	**112,696**	**72,204**	**159,020**	**115,053**	**43 967**


2023/24 Programme 7: Health Care Support Services
120 000
100 000
80 000
60 000
40 000
20 000
-
Final Budget
Actual Expenditure
ORTHOTIC & PROSTHETIC SERVICES
MEDICINE TRADING ACCOUNT


2023/24 Programme 7: Health Care Support Services
120 000
100 000
80 000
60 000
40 000
20 000
-
Compensation of employees
Goods and services
Households
Machinery and equipment
Final Budget
Actual Expenditure

PROGRAMME 8:
HEALTH FACILITIES MANAGEMENT (HFM



4.8. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

8.1 Programme Purpose

To improve access to health care services through provision of new health facilities, upgrading and revitalization, as well as maintenance of existing facilities, including the provision of appropriate health care equipment.

The programme has 5 sub-programmes, which supports namely:

- Community Health Facilities
- Emergency Medical Services
- District Hospital Services
- Provincial Hospital Services
- Other facilities

The programme comprises of four (4) directorates to ensure that it delivers to its mandate effectively and efficiently.

These directorates are:

- Infrastructure Planning
- Infrastructure Programme Delivery
- Health Technology
- Engineering & Technical Support Services

Institutional outcomes

- 6. Quality of health services improved

PROGRESS REPORT AND ACHIEVEMENTS

Health Facilities Management has a mandate of improving access to health care services through the provision of new health facilities, upgrading and revitalisation as well as maintenance of existing facilities. The programme is also responsible for the provision and maintenance of machinery and health equipment. The programme is composed of four (4) directorates, which are -

1. Planning Directorate – responsible for providing infrastructure planning services.
2. Delivery Directorate – responsible for managing the delivery of infrastructure programmes.
3. Engineering Technical Services – responsible for providing guidance, manage & oversee implementation of maintenance and related engineering and technical support services.
4. Health Technology - responsible for providing and maintaining health technology equipment.

In 2023/24 financial year, Programme 8 has compiled and submitted the following documents as required by Division of Revenue Act (DORA):

- The Annual Implementation Plan (AIP) for 2023/24 financial year was submitted to Provincial Treasury in line with Division of Revenue Act (DORA) requirements.
- The End of the Year Evaluation report for 2022/23 was submitted to the Provincial Treasury, National Treasury- and National Department of Health as required by DORA on the 31 May 2023.
- The User Asset Management Plan (UAMP) for 2023/24 – 2032/33 MTEF period was submitted to Provincial Treasury on 30 June 2023 in line with the Government Immovable Asset Management Act (GIAMA).
- The Infrastructure Implementing Management Plan (IPMP) 2024/25 was submitted to Provincial Treasury, National Treasury, National Department of Health on 31st August 2023.

PROJECTS INITIATED IN 2023/24 (PLANNING)

In efforts of ensuring that Health Facilities Management implements health facility projects, the programme has initiated a total of seven (7) projects in Nelson Mandela Bay (NMB), OR Tambo and Amathole through the pre-feasibility study that was conducted for these projects. These projects have been initiated with Initiation Reports that are available and they have advanced to other planning stages of the Framework for Infrastructure Delivery and

Procurement Management (FIDPM) stages.

1. Upgrading of Kwazakhele community health care (CHC) - (NMB).
2. Upgrading of Motherwell CHC - (NMB).
3. PE Central clinic - minor repairs to building items, internal & external painting (NMB).
4. Ntshele clinic - modification, extension and additions to comply with ideal clinic requirements - (OR Tambo).
5. Goodhope CHC - replacement of temporary structures for clinic and health professional accommodation. (OR Tambo).
6. Upgrading of security at Amathole (Amathole).
7. 72-hour psychiatric observation unit Sarah Baartman District Upgrades & additions to Port Alfred, Settlers, Midlands & Andries Vosloo Hospitals to improve 72-hour observation in Sarah Baartman.

The programme has a total of 184 projects that are in different stages of planning in line with FIDPM (stage 1 to stage 4). These projects include some of the projects that have a high value of infrastructure investment to address health infrastructure's critical needs in different districts such as: -

Amathole

- Repairs and renovations to forensic pathology facilities, Lilitha Colleges in Amathole district at a value of R48mil.
- Butterworth hospital - repairs and renovations at a value of R77mil.
- Refurbishment of bathrooms, consulting rooms, waiting rooms, mortuaries, stores and prefabricated structures at Bedford hospital and Adelaide hospital at value of R46,3mil.
- Construction of a new clinic in Cebe village at a value of R46mil.

Buffalo City Metro

- Construction of a new CHC in Unit P Mdantsane at a value of R43mil.
- Newlands clinic- construction of a new clinic in Newlands at a value of R43mil.
- Bhisho hospital repairs and renovations at a value of R50mil.

Chris Hani

- Cofimvaba hospital infrastructure improvements - phase 1 at a value of R85mil.
- All Saints hospital kitchen and laundry refurbishments at a value of R80mil.
- Major refurbishment at Ilinge clinic in Chris Hani at a value of R51mil.

Joe Gqabi

- Ndofela clinic phase 2: additions and upgrades. at a value of R60mil.
- Empilisweni hospital: staff accommodation for doctors and health professionals at the value of R10mil.

OR Tambo

- Bedford orthopaedics hospital – repairs, renovation, and refurbishment at the value of R170mil.
- Canzibe hospital upgrade phase 2: renovations and additions to health professional accommodation at the value of R250mil.
- Mthatha forensic pathology -upgrade of the facility at the value of R119mil.
- St Lucys hospital - revitalisation of existing hospital (phase 2) at the value of R40mil.

Alfred Nzo

- Greenville hospital: construction of a new 100 bedded- district facility at the value of R441mil.

Sarah Baartman

- Infrastructure improvements to health care facilities in Sarah Baartman district for different health care facilities at a value of R78mil.

- 72-hour psychiatric observation unit Sarah Baartman at a value of R19mil.
- Infrastructure improvements to health care facilities Sarah Baartman district at a value of R18mil.
- Repairs and renovations to forensic pathology facilities, Lilitha College of Nursing in NMB and SB district at a value of R29mil.
- Rehabilitation, renovations & refurbishment of existing roofs at Andries Vosloo hospital with the value of R41mil.
- Upgrading & additions to NG Dlukulu, Middle Terrace, Virginia Shumane and Raglan Road clinics at a value of R42mil.

Nelson Mandela Metro

- Infrastructure improvements to health care facilities Nelson Mandela district upgrades & additions to 5 clinics including Alternative Building Technology (ABT) in sub-district A at value of R20mil.
- Infrastructure improvements to health care facilities Nelson Mandela district upgrades & additions to 5 clinics in sub district B at value of R20mil.
- Infrastructure improvements to health care facilities Nelson Mandela district upgrades & additions to 5 clinics in sub district C with a value of R20mil.
- Infrastructure Improvements to health care facilities Nelson Mandela district upgrades & additions to Port Elizabeth (PE) pharmacy depot at value of R20mil.

PROJECTS AWARDED IN 2023/24 (DELIVERY)

A total of ten (10) projects were awarded and handed over to the contractors for construction to commence on site.

1. Upgrading of Mathubeni Clinic - R8 411 822.
2. Upgrade of Nessie Knight Hospital - R 103 943 431.
3. Fencing and guardhouses for Amatole and BCM Clinics - R21 54 158.
4. Maclear Hospital fencing - R5 829 914.
5. All Saints Hospital staff accommodation - R43 011 722.
6. Building maintenance clean - up for Amathole - R3 429 789.
7. Butterworth hospital -upgrading of hospital (new fencing) in Amathole - R77mil.
8. Taylor Bequest Hospital Mount Fletcher: provision of doctor and health professional accommodation in Joe Gqabi - R7mil.
9. Thembisa Clinic - Provision of temporary clinical Parkhome structures in Joe Gqabi - R7mil.
10. Security upgrades in the Joe Gqabi District - R13mil.

PROJECTS UNDER CONSTRUCTION 2023/24

Table B.77: Projects Under Construction 2023/24

DISTRICT	PROJECT NAME
Amathole	• Construction of Balfour clinic- construction of a replacement clinic at Balfour clinic, including the installation of temporary structures - R50mil. • General repairs and renovations as SS Gida hospital, project is at 69% at a value of R39mil.
Buffalo City Metro	• Completion of the balance of works for construction of fencing and guardhouses at various facilities in Buffalo City Metro, the project is at 67% at a value of R2mil.
Chris Hani	• Health professional accommodation repairs, renovations & reconfiguration of existing health professional accommodation, at Frontier hospital, project is at 28% at a value of R8mil. • All Saints hospital phase 1 & 2- health professional & student accommodation upgrade & gateway clinic project is at 11% at a value of R43mil. • Construction of new wastewater treatment plant at All Saints hospital, the value of the project is R57mil.
Joe Gqabi	• Taylor Bequest hospital: new 30 bed isolation facility & new radiology department and urgent refurbishment to the existing hospital, project is at 92% at a value of R37mil.

DISTRICT	PROJECT NAME
	• Maclear hospital phase 2 - reconfiguration & upgrade of the hospital, project is at 90% at a value of R6mil. • Thembisa clinic phase 1 - provision of temporary clinical (parkhome structures), project is at 65% at a value of R7mil.
OR Tambo	• Sir Henry Elliot hospital – repairs and renovations work, project is at 95% at a value of R26mil. • Repairs, renovations, and maintenance works at Nelson Mandela Academic hospital, project is at 80% at a value of R40mil. • New oncology unit at Nelson Mandela Central Academic hospital, the value of the project is R416mil. • Nessie Knight hospital upgrade phase 4 – renovations, upgrading and minor additions, project is at 30% at a value of R104mil. • Flagstaff CHC phase 1 – construction of new health professional residential accommodation, project is at 50% at a value of R387 354.55. • Construction of 100 beds COVID-19 wards including associated external works and services, project is at 95% at a value of R48mil. • Bedford orthopaedic centre repairs and maintenance of building, electrical, and mechanical works), project is at 20% at a value of R7mil.
Alfred Nzo	• Provision of a new Clinical ABT installation and refurbishment of existing clinic facility at Mathubeni CHC, project is at 95% at a value of R8mil.

COMPLETED PROJECTS 2023/24

Table B.78: Completed Projects 2023/24

DISTRICT	PROJECT NAME
Amathole/BCM	1. Refurbishments in Fort Beaufort hospital. 2. Refurbishment of Winterberg TB hospital. 3. Upgrading of security at Tower hospital.
Chris Hani	4. Molteno Hospital (Completion of X-Ray Room)
Joe Gqabi	5. Mqokolweni clinic - Rehabilitation of the existing clinic. 6. Taylor Bequest clinic - minor repairs and renovations to the existing clinic.
OR Tambo	7. St Lucy's hospital COVID Project -construction of COVID-19 ward of 45 beds including associated external works and services.
Alfred Nzo	8. Repairs, renovations, and additions in Ntabankulu CHC

Health Facilities Management has invested R33mil on a clean-up campaign as an intervention to bring health facilities into habitable state across the province for the Medium-Term Expenditure Framework (MTEF). Eighty (80) facilities have been identified from all the districts and the project are in different stages of procurement and construction. In addition, other projects have been completed.

The clean-up programme is one of many packaged programmes that Health Facilities Management is implementing as a measure to fast-track implementation of infrastructure projects. R82.9mil has been invested in the upgrading of security, where perimeter fencing is erected, guardhouse and staff parking is constructed in all health facilities over MTEF period. In the period that is reviewed, a total of 29 facilities have been completed, 28 are close to completion while the rest of facilities are at early stages of construction with few that have not started.

In as far as the provision and maintenance of Health Technology equipment is concerned, Programme 8 - Health Technology has been assisting health facilities with appropriate healthcare technologies in line with the facility needs as well as maintaining existing health technology equipment.

New health facilities were provided with appropriate health technologies for all the clinical service and support areas including staff accommodation. The facilities that were commissioned and had equipment installed are Sipetu

hospital (R20mil), Khotsong TB hospital (R1,1mil), Meje CHC (R10mil). A further R21mil was invested in oral health for upgrading of dental suites in 21 facilities across the province.

Programme 8 has spent a total of R67 314 041,84 for various medical equipment that addresses maternal and child related interventions throughout the province which covered:

- Theatre equipment, maternity and neonatal equipment, monitoring, and resuscitation equipment.
- In addition, a fluoroscopy machine was procured and installed in Livingstone hospital at a value of R9.9mil. Two (2) linac machines and two (2) Computed Tomography (CT) scanners were procured and installed at Livingston and Frere hospital.

Table B.79: Machines procured and installed

HOSPITAL NAME	HT EQUIPMENT VALUE	VALUE
Frere hospital	Linac Machine	R59 863 569.11
	CT Scanner	R36 494 853.30
Livingston hospital	Linac Machine	R36 494 853
	CT Scanner	R59 863 569.11

In the period that is reviewed, under Engineering Technical Services (ETS), Programme 8 has installed one (1) generator in each of the facilities to strengthen backup for electricity in the following facilities: -

1. Emergency Management Services (EMS) at BCM.
2. Nontyantyambo CHC.
3. Bisho Hospital.
4. Dr Malizo Mpehle Memorial Hospital.
5. Nkqubela TB Hospital.
6. Motherwell CHC.

Furthermore, contracts for replacement of generators and scheduled maintenance for generators are at different stages of procurement. The contract for supply, delivery, and installation of prime generators for cluster 3 (Amathole and Buffalo City) & cluster 4 (Nelson Mandela Bay and Sarah Baartman) have been awarded.

For laundry services, equipment for Frere hospital, Cecilia Makiwane hospital has been installed and commissioned. In Nelson Mandela Academic hospital, the laundry equipment has been procured, stored by the contractor, and not installed yet due to construction work that is currently undertaken in the facility which involves interim decanting of laundry staff to an identified building at Sir Henry Elliot hospital. The installation of the machines/equipment will be done after the construction works. In addition, the procurement of transversal laundry equipment replacement is at Bid Award Committee (BAC) stage.

Scheduled maintenance of laundry & associated equipment at cluster four (4) – Nelson Mandela and Sarah Baartman districts were advertised in quarter 4.

Schedule maintenance of laundry & associated equipment for cluster Three (3) – Buffalo City and Amathole districts were advertised in quarter 4.

Schedule maintenance of laundry & associated equipment at cluster two (2) – Chris Hani and Joe Gqabi districts were advertised in quarter 4.

WATER AND SANITATION UPGRADES

Table B.80: Water and Sanitation Upgrades

CONTRACT	SCMU NO.	STATUS	Percentage Complete
All Saints Hospital	SCMU5-21/22-0019	Construction	35%
St. Barnabas Hospital	SCMU5-23-24-0027	Awarded	0%
Bedford Orthopedic Hospital	SCMU5-23/24-0085	In evaluation	-
HolyCross Hospital	N/A	Planning	-
Tafalofefe Hospital	SCMU5-23/24-0074	In evaluation	-
Glen Grey Hospital	N/A	Planning	-
Taylor Bequest Hospital - Mount Fletcher	SCMU5-23-24-0073	In evaluation	-
Bhisho Hospital	N/A	Concept	-

Table 4.8.1 Performance against the Annual Targets from 2023/24 Annual Performance Plan for Programme 8-Health Facilities Management

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
6. Quality of health services improved	Planning and provision of Health facilities	6.6.1 Number of planned health facilities with initiation reports	New Indicator	111	7	7	0	Target achieved.
	Health care facilities maintained	6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	New Indicator	1	30	0	-30	Target not achieved. The process of developing tender documents for scheduled maintenance contracts was delayed due to late appointment Professional Service Providers. The PSPs were appointed late because the BID was cancelled due to omission of fixed quantities and pricing schedule in the tender document.
	Health facilities with major refurbishment or rebuild	6.6.7 Percentage of Health facilities with completed capital infrastructure project	New Indicator	75%	100	67%	-34%	Target not achieved. 1.SS Gida Hospital - was not completed on time due to expiry of the
		Numerator			12	8		

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
		Denominator			12	12		responsible 2. Taylor Bequest hospital - New 30 Bed Isolation Facility & New Radiology Department and Urgent Refurbishment to the existing hospital. Tewo Building & Civil Contractors project on time. This is owed to late payments by the Implementing Agent (IA). 3. Maclear Hospital: Guardhouse and security fencing Manong construction and project experienced financial constraints which led to delays in completing the project on time. This is owed to late payments by the Implementing Agent (IA).

Outcome (as per SP 2020/21-2024/25)	Outputs	Output Indicator	Audited Actual Performance 2021/22	Actual Achievement 2022/2023	Planned Annual Target 2023/24	Actual Achievement 2023/2024	Deviation from planned target to Actual Achievement 2023/2024	Reasons for deviations
								4.Sir Henry Elliot Hospital The project experienced setbacks due to delays from suppliers of concrete and steel manufacturers.

STRATEGY TO OVERCOME AREAS OF UNDER PERFORMANCE

INDICATOR NOT ACHIEVED	PROPOSED STRATEGIES
6.6.2 Number of health care facilities with active scheduled maintenance contracts concluded	• The Mechanical PSPs were appointed toward the end of the quarter 1, and this had a ripple effect on the timeframes for delivery of services, tender documents have been developed to recover the lost time. Electrical PSPs have been awarded and are finalising the process of developing tender documents for electrical scheduled maintenance. • Kitchen, boilers and autoclave documents were advertised in quarter 4 and are in evaluation stage. • Scheduled maintenance for generators in cluster 2, 3 and 4 have been advertised in quarter 4 and are in evaluation stage. • Scheduled maintenance for laundry and associated equipment in cluster 2, 3 and 4 have been advertised in quarter 4 and are in evaluation stage.
6.6.7 Percentage of Health facilities with completed capital infrastructure project	• Department of Public Works & Infrastructure has allocated the project manager for SS Gida hospital, which took longer than anticipated, the project is currently progressing well. • The contractor for Taylor Bequest hospital was requested to submit a recovery plan to address the delays on site. The recovery plan has been submitted to expedite progress on site. The Department of Public Works and Infrastructure is in the process of resolving outstanding payments and variation orders. • The implementing agent, DPW&I, are in the process of resolving outstanding payments and variation orders and ECDOH will execute close monitoring of progress for Mc Clear hospital. • In Sir Henry Hospital, the implementing agent, Department of Public Works & Infrastructure, has confirmed that these issues have been resolved and the project is proceeding well.

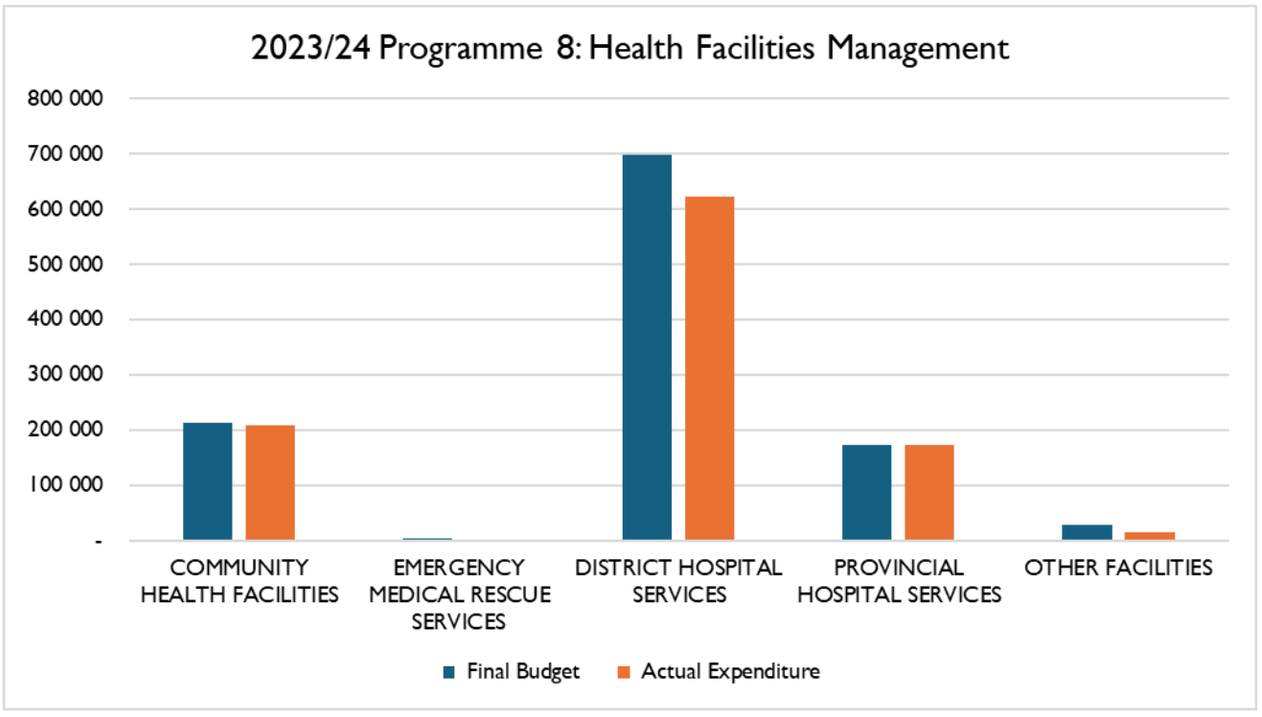
LINKING PERFORMANCE WITH BUDGETS

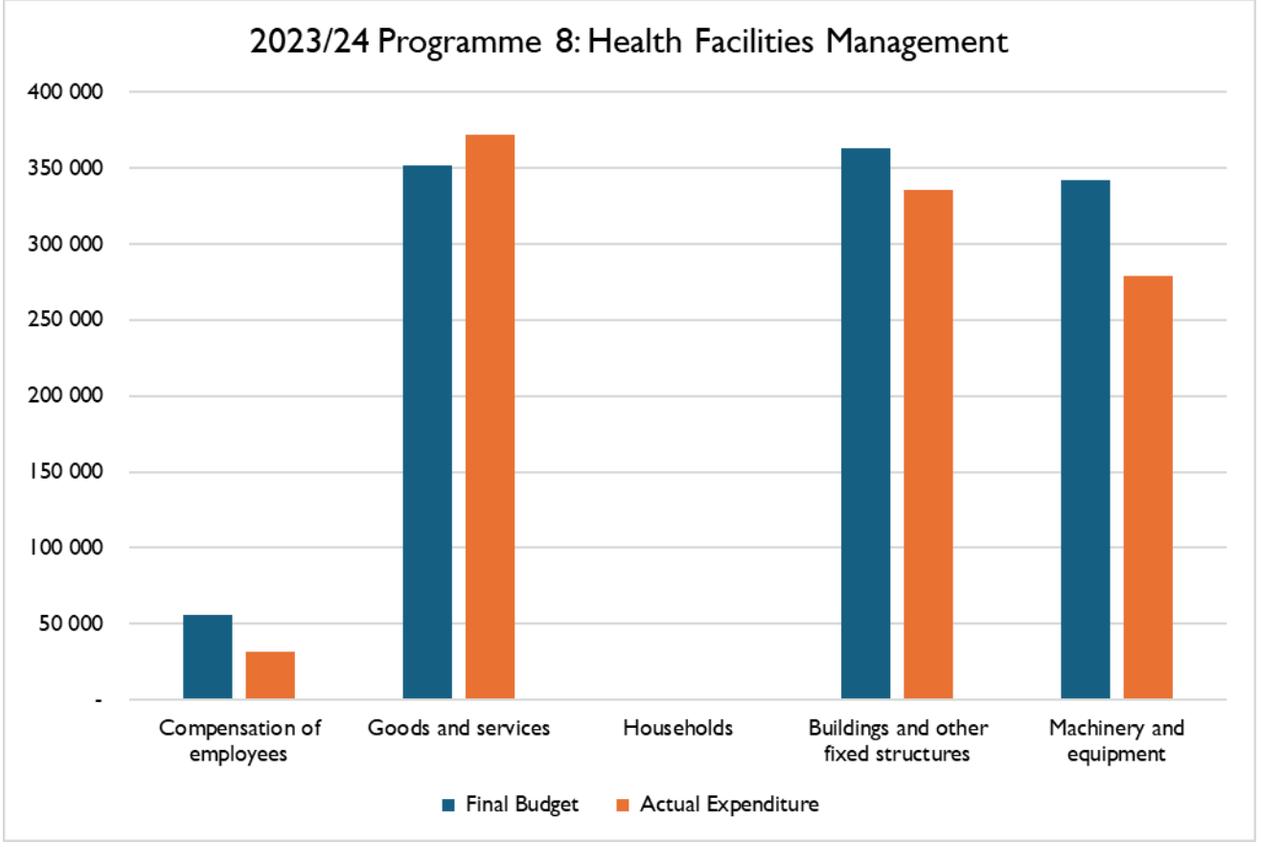
PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Programme 8 spent at 91.44% (under by R95,251 million) after adjusting for funds shifts and virements of minus R90,000 million post the 2023/24 AEPRE. The programme gave up portion of its equitable share cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

		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
Sub programme							
1.	Community Health Facilities	212,191	207,593	4,598	280,402	215,004	65 398
2.	Emergency Medical Rescue Services	3,000	-	3,000	-	-	-
3.	District Hospital Services	697,922	621,985	75,937	620,578	567,534	53 044
4.	Provincial Hospital Services	171,874	173,426	(1,552)	265,435	287,279	(21 844)
5.	Other Facilities	28,352	15,084	13,268	9,076	1,758	7 318
		1,113,339	**1,018,088**	**95,251**	**1,175,491**	**1,071,575**	**103 916**
Economic classification							
Current payments		**407,887**	**403,392**	**4,495**	**422,884**	**371,209**	**51 675**
	Compensation of employees	56,150	31,243	24,907	32,324	24,157	8 167
	Goods and services	351,737	372,149	(20,412)	390,560	347,052	43 508
Transfers and subsidies		**-**	**2**	**(2)**	**-**	**53**	**(53)**
	Households	-	2	(2)	-	53	(53)
Payments for capital assets		**705,452**	**614,694**	**90,758**	**752,607**	**700,313**	**52 294**
	Buildings and other fixed structures	363,278	335,882	27,396	494,363	443,605	50 758
	Machinery and equipment	342,174	278,812	63,362	258,244	256,708	1 536
		1,113,339	**1,018,088**	**95,251**	**1,175,491**	**1,071,575**	**103 916**


2023/24 Programme 8: Health Facilities Management
800 000
700 000
600 000
500 000
400 000
300 000
200 000
100 000
-
COMMUNITY HEALTH FACILITIES
EMERGENCY MEDICAL RESCUE SERVICES
DISTRICT HOSPITAL SERVICES
PROVINCIAL HOSPITAL SERVICES
OTHER FACILITIES
Final Budget
Actual Expenditure


2023/24 Programme 8: Health Facilities Management
400 000
350 000
300 000
250 000
200 000
150 000
100 000
50 000
-
Compensation of employees
Goods and services
Households
Buildings and other fixed structures
Machinery and equipment
Final Budget
Actual Expenditure

5. TRANSFER PAYMENTS

5.1. Transfer payments to public entities

Not applicable

5.2. Transfer payments to all organisations other than public entities

Table B.81: Transfer payments to all organisations other than public entities

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Did the dept comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
Berlin Advice Centre	CBO	HIV/AIDS	Yes	752	752	N/A
Bulungula Incubator	CBO	HIV/AIDS	Yes	615	615	N/A
Camdeboo Hospice	CBO	HIV/AIDS	Yes	468	468	N/A
Care Ministry	CBO	HIV/AIDS	Yes	663	663	N/A
Ekuphumleni Joe Slovo Comm	CBO	HIV/AIDS	Yes	615	615	N/A
Empilisweni HIV AIDS Organisation	CBO	HIV/AIDS	Yes	615	615	N/A
Faith and Hope Integrated Aids Program	CBO	HIV/AIDS	Yes	752	752	N/A
Grahamstown Hospice	CBO	HIV/AIDS	Yes	615	615	N/A
Gwebindlala HIV/AIDS Org	CBO	HIV/AIDS	Yes	663	663	N/A
Harepheleng HCBC	CBO	HIV/AIDS	Yes	615	615	N/A
Hlumani HIV/AIDS	CBO	HIV/AIDS	Yes	663	663	N/A
Hospice Assoc of Transkei (HAT)	CBO	HIV/AIDS	Yes	1 189	858	N/A
Humana People to People in SA	CBO	HIV/AIDS	Yes	663	663	N/A
Ikaheng Community Association	CBO	HIV/AIDS	Yes	615	615	N/A
Ilitha Community Psychology Serv	CBO	HIV/AIDS	Yes	468	468	N/A
Ithubalethu Dev Agency	CBO	HIV/AIDS	Yes	648	648	N/A
Ixabiso Lomntu Aids Aware Home C	CBO	HIV/AIDS	Yes	663	663	N/A
Jabez Aids Health Centre	CBO	HIV/AIDS	Yes	615	615	N/A
Keiskamma Trust	CBO	HIV/AIDS	Yes	316	316	N/A
Kusile Women Empowerment	CBO	HIV/AIDS	Yes	663	663	N/A
Kwa Nomzamo Home Based Comm	CBO	HIV/AIDS	Yes	894	894	N/A
Lesedi Hospice	CBO	HIV/AIDS	Yes	518	518	N/A
Light of Hope	CBO	HIV/AIDS	Yes	615	615	N/A
Lisakhanya Health Care Centre	CBO	HIV/AIDS	Yes	518	518	N/A
Lisebanzi Foundation	CBO	HIV/AIDS	Yes	601	601	N/A
Lithemba Support Group	CBO	HIV/AIDS	Yes	615	615	N/A
Living in Peace Multipurpose Centre	CBO	HIV/AIDS	Yes	615	615	N/A
Living Waters Hospice Association	CBO	HIV/AIDS	Yes	1 011	752	N/A
Masabelane Education4 Life Grow	CBO	HIV/AIDS	Yes	663	663	N/A
Masangane HIV/AIDS Program	CBO	HIV/AIDS	Yes	615	615	N/A
Masiphilisane Home Based Care	CBO	HIV/AIDS	Yes	518	518	N/A

Name of Transferee	Type of Organisation	Purpose for which the funds were used	Did the dept comply with s38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity	Reasons for the funds unspent by the entity
Missionvale Care Centre	CBO	HIV/AIDS	Yes	663	332	N/A
Mt Frere Paralegal Advice Centre	CBO	HIV/AIDS	Yes	908	615	N/A
MPINDWENI CLINIC	CBO	HIV/AIDS	Yes	-	293	
Mzamomhle BCBC Projects	CBO	HIV/AIDS	Yes	615	615	N/A
Nazareth Haven Hospice	CBO	HIV/AIDS	Yes	894	894	N/A
Never Give-up Supp Group Dimbaza	CBO	HIV/AIDS	Yes	764	764	N/A
Noncedo Comm Home Based Care	CBO	HIV/AIDS	Yes	979	979	N/A
Nywara Home Based Care	CBO	HIV/AIDS	Yes	615	615	N/A
Retired HLTH Care Personal Org	CBO	HIV/AIDS	Yes	764	505	N/A
Sakhimpilo Home Based Care	CBO	HIV/AIDS	Yes	663	663	N/A
Sinako Wellness & Development Org	CBO	HIV/AIDS	Yes	663	663	N/A
SiyakhanyisaHIV/AIDS Support Group	CBO	HIV/AIDS	Yes	615	615	N/A
Siyaphambili Orphan Village	CBO	HIV/AIDS	Yes	532	260	N/A
Sizanenguqu Home Comm Based Care	CBO	HIV/AIDS	Yes	615	617	N/A
Social Change	CBO	HIV/AIDS	Yes	687	686	N/A
Social Health and Empowerment	CBO	HIV/AIDS	Yes	615	616	N/A
Sophakama Comm Based Development	CBO	HIV/AIDS	Yes	648	648	N/A
Sophumelela Clinic Incorporated	CBO	HIV/AIDS	Yes	518	518	N/A
St Bernards Hospice	CBO	HIV/AIDS	Yes	664	663	N/A
St Francis Hospice	CBO	HIV/AIDS	Yes	664	663	N/A
Steve Vukile Multipurpose	CBO	HIV/AIDS	Yes	615	308	N/A
Ubuhle Bethu 1203 Organ NPO	CBO	HIV/AIDS	Yes	1 023	1 023	N/A
Ukhamba Projects	CBO	HIV/AIDS	Yes	410	410	N/A
We care	CBO	HIV/AIDS	Yes	1 311	979	N/A
We Care Project Initiative	CBO	HIV/AIDS	Yes	518	518	N/A
Yizani Home Based Care	CBO	HIV/AIDS	Yes	518	511	N/A
Health & Welfare SETA	SETA	Training	Yes	14 721	14 721	n/a
Leave Gratuity	Natural Persons	Leave Gratuity	Yes	105 854	104 880	n/a
Bursaries (non-employee)	Natural Persons	Bursary no non-employees	Yes	28 889	24 889	n/a
NPI: Home Based Care: HIV / AIDS	NPI	HIV/AIDS	Yes	35 450	35 450	n/a
Post: Retirement Benefits	Natural Persons	Retirement Benefits	Yes		975	n/a
Claims Against State (Cash)	Natural Persons	Medico-Legal claims	Yes	359 930	339 928	n/a

6. CONDITIONAL GRANTS

6.1. Conditional grants and earmarked funds paid

Not applicable to the department.

6.2. Conditional grants and earmarked funds received.

The table below detail the conditional grants and ear marked funds paid for the period 1 April 2023 to 31 March 2024.

Table B.82: National Tertiary Services Conditional Grant

<table>
<tr><th colspan="3">NATIONAL TERTIARY SERVICES CONDITIONAL GRANT</th></tr>
<tr><td>Department who transferred the grant</td><td colspan="2">Health (Vote 16)</td></tr>
<tr><td>Purpose of the grant</td><td colspan="2">• Ensure provision of tertiary health services in South Africa and to compensate tertiary facilities for the additional costs associated with provision of these services.</td></tr>
<tr><td>Expected outputs of the grant</td><td colspan="2">• Provision of designated central and national tertiary services in 4 facilities as per Service Level Agreement between the Province (ECDoH) and the National Department of Health (NDoH)
• Focusing on the following targeted health information indicators:
• Number of inpatient separations
• Number of day patient separations
• Number of outpatients first attendances
• Number of outpatient follow-up attendances
• Number of inpatient days
• Average length of stay by facility (tertiary)
• Average length of stay by facility (psychiatry)
• Bed utilisation rate by facility (tertiary)
• Bed utilisation rate by facility (psychiatry)</td></tr>
<tr><td>Actual outputs achieved</td><td colspan="2">• The grant was utilised to maintain and develop 44 tertiary services across the province:
• 36 Services at Nelson Mandela Academic Hospital
• 40 Tertiary Services at Livingstone Hospital
• 40 Tertiary Services at Frere Hospital
• 1 Tertiary Service at Fort England Specialised Psychiatric Hospital
• Notable outputs would also include:
• Procured Health Technology - Medical and Allied Equipment including fluoroscopy, CT and Linear Accelerators
• Average length of stay by facility (tertiary): 7.8 days
• Bed utilisation rate by facility (tertiary): 74.9%

<table><tr><td></td><td>Annual Target</td><td>Target Achieved</td></tr><tr><td>Day patient separations - Total</td><td>36 235</td><td>33,845</td></tr><tr><td>Inpatient days - Total</td><td>568 312</td><td>594,276</td></tr><tr><td>Inpatient separations - Total</td><td>72 676</td><td>75,622</td></tr><tr><td>Outpatient first attendances - Total</td><td>109 971</td><td>119,519</td></tr><tr><td>Outpatient follow up attendances - Total</td><td>257 583</td><td>268,695</td></tr></table></td></tr>
<tr><td>Amount per amended DORA (R'000)</td><td colspan="2">R1 127 765 million</td></tr>
<tr><td>Rollovers (R'000)</td><td colspan="2">R25 224 million</td></tr>
<tr><td>Other Adjustments (R'000)</td><td colspan="2">Nil</td></tr>
<tr><td>Amount received (R'000)</td><td colspan="2">R1 152 989 million</td></tr>
<tr><td>Reasons if amount as per DORA was not received</td><td colspan="2">Full amount received</td></tr>
<tr><td>Amount spent by the department (R'000)</td><td colspan="2">R1,153,056</td></tr>
<tr><td>Reasons for the funds unspent by the entity</td><td colspan="2">Spent 100%</td></tr>
</table>

NATIONAL TERTIARY SERVICES CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Reasons for deviations on performance	Target fully achieved
Measures taken to improve performance	• The current measures have been employed to improve performance: • Ongoing planning with NDOH coordinators for guidance and strategic direction. • Improved procurement planning formulation of specifications and formation of the Provincial HTEC Committee. • Ongoing implementation of opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients.
Monitoring mechanism by the receiving department	• The service load is more than the available resources resulting in more patients being serviced, with an impact on the equitable share budget. • The tertiary services platform has been developing over the past +5 years, whilst the NTSG fund has not grown to cater for this development. • The current measures have been employed to improve performance: • Meetings with NDOH coordinators for guidance and strategic direction. • Technical Support from Provincial Treasury. • Contribute towards the Supply Chain Management reform within the province. • Improved procurement planning formulation of specifications and formation of the Provincial HTEC Committee. • The grants present opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients.

Table B.83: Human Resources, Training and Development Conditional Grant

HUMAN RESOURCES, TRAINING AND DEVELOPMENT CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	• To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance. • Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.
Expected outputs of the grant	• Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources; • Number and percentage of registrar's posts funded from this grant (per discipline) and other funding sources; • Number and percentage of specialist's posts funded from this grant (per discipline) and other funding sources;
Actual outputs achieved	• 23 Registrars have successfully completed their training and are now qualified Medical Specialists; • Reviewal and Signing of the Memorandum of Agreement with Walter Sisulu University; • Retention of some Doctor of Pharmacy candidates for training purposes in our facilities. • 144 instead of 179 registrars appointed under the Grant as at the end of Fourth Quarter. • 7 instead of 10 Medical Officers paid in the Fourth Quarter, 3 facilities did not have available posts • 5 Doctor of Pharmacy graduates who were paid in the year 2023/2024 • 2 Chief Speech Therapist, 1 Pharmacist Coordinator • 5 instead of 6 Personnel for administration of the Grant both at Head Office and Tertiary hospitals. • 92 Medical Comm Serves • 300 Interns appointed
Amount per amended DORA (R'000)	R576,485 million

HUMAN RESOURCES, TRAINING AND DEVELOPMENT CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Other adjustments	
Rollovers (R'000)	Nil
Other Adjustments (R'000)	Nil
Amount received (R'000)	R576,485 million
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R576,510 million
Reasons for the funds unspent by the entity	100% Spent
Reasons for deviations on performance	• No new appointments of registrars were done due to delays in the appointment process. • No appointments of were done in disciplines that are non- aligned with Council of Higher Education. • 1 Admin Officer Officer at Nelson Mandela Academic hospital not yet appointed due to non-availability of the post.
Measures taken to improve performance	• Conducting of monthly and quarterly performance reviews with benefiting facilities • The University has submitted required documents to the Council on Higher Education for accreditation and alignment of disciplines that are not able to appoint registrars. Still awaiting feedback
Monitoring mechanism by the receiving department	• The Office drafts monthly In-Year-Monitoring (IYM) reports, conducts monthly and quarterly performance reviews on both finance and non-financial performance • Underperforming facilities are identified and constantly communicated with as well as supported to implement corrective measures

Table B.84: District Health Programme Grant

DISTRICT HEALTH PROGRAMME GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	• To enable the health sector to develop and implement an effective response to HIV and AIDS and Tuberculosis • To ensure provision of quality community outreach services through ward based primary health care outreach teams. • To improve efficiencies of the ward based primary health care outreach teams programme by harmonising and standardising services and strengthening performance monitoring. • To enable the health sector to develop and implement an effective response to support the effective implementation of the national strategic plan on malaria elimination. • To enable the health sector to prevent cervical cancer by making available Human Papillomavirus (HPV) vaccinations to all eligible girls aged 9-14 years with a single dose of HPV vaccine in all settings. • To ensure provision of quality community outreach services through ward based primary health care outreach teams by ensuring community health workers receive remuneration, tools of trade and training in line with scope of work
Expected outputs of the grant	• Number of new patients started on antiretroviral therapy • Total number of patients on antiretroviral therapy remaining in care • Number of male condoms distributed • Number of female condoms distributed

DISTRICT HEALTH PROGRAMME GRANT	
Department who transferred the grant	**Health (Vote 16)**
	• Number of infants tested through the polymerase chain reaction test at 10 weeks • Number of clients tested for HIV (including antenatal) • Number of medical male circumcisions performed • Number of clients started on pre-exposure prophylaxis • Number of HIV positive clients initiated on TB preventative therapy • Number of TB contacts initiated on TB preventive treatment (under five years and five years and older combined) • Number of patients tested for TB using TB nucleic acid amplification test • Number of eligible HIV positive patients tested for TB using urine lipoarabinomannan assay • Drug sensitive TB treatment start rate (under five years and five years and older combined) • Rifampicin resistant confirmed treatment start rate and in all settings (in-and- out of schools) • Number of community health workers receiving a stipend. • Number of HIV and TB defaulters traced. • Number of community health workers trained. • Number of households 1st and follow-up visits conducted. • Percentage Grade 5 learners vaccinated with the first dose of HPV. • Percentage of schools with Grade 5 reached for the first dose of HPV. • Percentage Grade 5 learners vaccinated with the second dose of HPV. • Percentage of schools with Grade 5 reached for the second dose of HPV
Actual outputs achieved	• Number of new patients started on antiretroviral therapy – 47 076. • Total number of patients on antiretroviral therapy remaining in care - 618 710 • Number of male condoms distributed – 54 528 760. • Number of female condoms distributed – 1 115 600. • Number of infants tested through the polymerase chain reaction test at 10 weeks – 17 501. • Number of clients tested for HIV (including antenatal) – 2 104 467. • Number of medical male circumcisions performed – 7 788. • Number of clients started on pre-exposure prophylaxis – 48 653. • Number of HIV positive clients initiated on TB preventative therapy – 35 127. • Number of TB contacts initiated on TB preventive treatment (under five years and five years and older • combined) – 9 444. • Number of patients tested for TB using TB nucleic acid amplification test - 340 732. • Drug sensitive TB treatment start rate (under five years and five years and older combined) – 78.6%. • Rifampicin resistant confirmed treatment start rate – 100%.
Actual outputs achieved: COS	• Number of community health workers receiving a stipend – 4012.

DISTRICT HEALTH PROGRAMME GRANT	
Department who transferred the grant	**Health (Vote 16)**
	• Number of HIV and TB defaulters traced – 60 000 and 15 000. • Number of community health workers trained – 150. • Number of households 1st and follow-up visits conducted – 1 213 368.
Actual outputs achieved: HPV	• Percentage Grade 5 learners vaccinated with the first dose of HPV – 93%. • Percentage of schools with Grade 5 reached for the first dose of HPV – 99%. • Percentage Grade 5 learners vaccinated with the second dose of HPV – N/A. • Percentage of schools with Grade 5 reached for the second dose of HPV – N/A.
Amount per amended DORA (R'000)	R2 963 416 billion
Rollovers (R'000)	R6 188 million
Other Adjustments (R'000)	-R84 611 million
Amount transferred (R'000)	R2 884 993 billion
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R2,884,993 billion
Reasons for the funds unspent by the entity	N/A
Monitoring mechanism by the receiving department	• Bi-Annual Departmental performance reviews • Monthly IYM financial variance report (DORA) • Quarterly non-financial performance report (DORA)

Table B.85: Health Facility Revitalisation Conditional Grant

<table>
<tr><th colspan="6">HEALTH FACILITY REVITALISATION CONDITIONAL GRANT</th></tr>
<tr><th>Department who transferred the grant</th><th colspan="5">Health (Vote 16)</th></tr>
<tr><td>Purpose of the grant</td><td colspan="5">• To help accelerate maintenance, renovations, upgrades, additions, and construction of infrastructure in health.
• To help on replacement and commissioning of health technology in existing and revitalized health facilities
• To enhance capacity to deliver health infrastructure.
• To accelerate the fulfilment of the requirements of occupational health and safety</td></tr>
<tr><td>Expected outputs of the grant</td><td colspan="5">• Number of primary health care facilities constructed or revitalized.
• Number of hospitals constructed or revitalized.
• Number of facilities maintained or refurbished
<table>
<tr><th>Output Indicator</th><th>Planned Annual Target 2023/24</th><th>Actual Achievement 2023/2024</th><th>Deviation from planned target to Actual Achievement 2023/2024</th><th>Reasons for deviations</th></tr>
<tr><td>6.6.1 Number of planned health facilities with initiation reports</td><td>7</td><td>7</td><td>0</td><td>Target achieved.</td></tr>
<tr><td>6.6.2 Number of health care facilities with active scheduled maintenance contracts conclude</td><td>30</td><td>0</td><td>-30</td><td>Target not achieved.

The process of developing tender documents for scheduled maintenance contracts was delayed due to delays in appointing Professional Service Providers.</td></tr>
</table>
</td></tr>
</table>

HEALTH FACILITY REVITALISATION CONDITIONAL GRANT					
Department who transferred the grant	**Health (Vote 16)**				
	6.6.7 Percentage of Health facilities with completed capital infrastructure project	100%	67%	-34%	**Target not achieved.** 1.SS Gida Hospital - was not completed on time due to expiry of the responsible project manager's employment contract which led to delays in administering of the project. 2. Taylor Bequest Hospital - New 30 Bed Isolation Facility & New Radiology Department and Urgent Refurbishment to the existing hospital. The project is delayed due to SMME strike because of outstanding payment by the Contractor. Financial constraints by the contractor to complete the project. Outstanding payment certificates to contractor by the IA exacerbate service delivery and completion of the project. 3.Maclear Hospital: Guardhouse and security fencing Inclement weather conditions Financial constraints by the contractor to complete the project. Delayed payment certificates to contractor by the IA. 4.Sir Henry Elliot Hospital The project experienced

<table>
<tr><th colspan="2">HEALTH FACILITY REVITALISATION CONDITIONAL GRANT</th></tr>
<tr><th>Department who transferred the grant</th><th>Health (Vote 16)</th></tr>
<tr><td>Amount per Dora(R'000)</td><td>R773 491 million</td></tr>
<tr><td>Rollovers (R'000)</td><td>Nil</td></tr>
<tr><td>Other Adjustments</td><td>-R47 801 million</td></tr>
<tr><td>Amount received (R'000)</td><td>R725 690 million</td></tr>
<tr><td>Reasons if amount as per DORA was not received</td><td>N/A</td></tr>
<tr><td>Amount spent by the department (R'000)</td><td>R725 692 million</td></tr>
<tr><td>Reasons for deviations on performance</td><td>

The department spent 100% of the revised HFRG allocation.
The Programme experience delays in the procurement of new scheduled maintenance contracts and that posed a risk of under expenditure at year end Drastic measures were taken to mitigate risk of not spending the full allocation at year end and the scheduled maintenance budget was reduced by 54 % for the Procurement of Radiology Equipment (Machinery & Equipment)
The deviation on performance of Coe was caused by the rigorous recruitment process of Directors that took longer than expected and other technical personnel. Directors were appointed in the 3rd quarter of the 2023/24 fy. The underperformance is also due to the delays in the recruitment for 17 additional vacant posts

Machinery and Equipment

This economic classification was targeted as part of recovery plan on the approved revised AIP.
The department managed to procure the much-needed radiology equipment to the value of R162m.

<table>
<tr><th>DESCRIPTION</th><th>AMOUNT</th><th>FUND SOURCE</th></tr>
<tr><td>Linac: Frere</td><td>59 863 569,11</td><td>HFRG</td></tr>
<tr><td>CT - Scan Livingstone</td><td>36 494 833,30</td><td>HFRG</td></tr>
<tr><td>CT- Scan Frere Hospital</td><td>36 494 833,30</td><td>HFRG</td></tr>
<tr><td>Commissioning of Linac: Livingstone</td><td>29 969 553,58</td><td>HFRG</td></tr>
</table>
</td></tr>
</table>

HEALTH FACILITY REVITALISATION CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
	TOTAL 162 822 789,29
Measures taken to improve performance	• In the 2023/24 FY, The Delivery directorate filled three key positions, Director Delivery, Director Planning & Director Engineering & Technical Services. In addition, 17 posts were advertised in the 3rd quarter of the 2023/24. Shortlisting and the interviews for some of the posts have been concluded and are in the final stages. • The entire recruitment process is anticipated to be completed in the first quarter of the 2024/25 financial year with all the vacant post being filled. • Furthermore, the department has taken over the chairmanship of the monthly monitoring meetings to ensure that monitoring of projects is enhanced. The department have concluded the appointment of a PMU to assist with the monitoring of projects and implementing agents thereby complementing the capacity of the Infrastructure Directorate.
Monitoring mechanism by the receiving department	• Monthly monitoring meetings in which Implementing Agents (IA) report on financial and non-financial performance including challenges faced on site. • The Department is reviewing the SLA'S with IA to ensure compliance and accountability by all parties to the SLA. • The Department uses Project Management Information System (PMIS) to report and monitor progress on projects and reports monthly on the expenditure of the grant to the CFO, HOD and MEC through the IYM and monthly to Provincial and National Treasury through Infrastructure Reporting Model (IRM). IRM is updated through a PMIS integration to ensure that the two systems are aligned. • The Department also accounts to the Provincial Infrastructure Coordinating Committee (PICC)chaired by the Director General of the Province

Table B.86: Expanded Public Works Programme Incentive Grant

NAME OF GRANT EPWP INTEGRATED GRANT	
Department who transferred the grant	**EPWP INTEGRATED GRANT**
Purpose of the grant	• The EPWP Integrated Grant serves as a vital funding mechanism for various Infrastructure Projects, particularly focused on skills development and creating employment opportunities for unemployed youth within the Health Sector. The Grant supports initiatives such as training Artisans, Clinical Engineering Technicians, Admin Support Staff, and providing contract employment for job creation.
Expected outputs of the grant	• 38 Artisans and Clinical Engineering Technicians were trained at various Health Facilities across the Province.
Actual outputs achieved	• 3 Artisans and Clinical Engineering Technicians were trained, and this resulted in many of them being absorbed within the facilities.
Amount per amended DORA (R'000)	R2 1533 million
Rollover (R'000)	R0
Other Adjustments (R'000)	-R210 thousand
Amount received (R'000)	R1,943 million
Reasons if amount as per DORA was not received	Not Applicable
Amount spent by the Department (R'000)	100%
Reasons for the funds unspent by the entity	Not Applicable
Reasons for deviations on performance	• There were no deviations as the Department spent 100% of its allocated budget.
Measures taken to improve performance	• Enhancing reporting mechanisms, optimizing resource utilization, and maintaining transparency.
Monitoring mechanism by the receiving Department	• The Department of Health submits IYM Report on the 15th of each month as well as Quarterly Reports at the end of each quarter.

Table B.87: EPW Incentive Social Sector Conditional Grant

SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To incentivize provincial Departments to expand work creation efforts through the use of labor-intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme guidelines: • road maintenance and the maintenance of buildings. • low traffic volume roads and rural roads. • other economic and social infrastructure. • tourism and cultural industries. • sustainable land-based livelihoods. • waste management
Expected outputs of the grant	• Number of EPWP participants employed. • Number of FTEs created. • Beneficiaries receiving community-based services. • Communities receiving community-based services. • Households receiving HCBC services. • Households visited.
Actual outputs achieved	• Number of EPWP participants employed – 287. • Number of FTEs created – 287. • Beneficiaries receiving community-based services – 2500.

SOCIAL SECTOR EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE GRANT	
Department who transferred the grant	**Health (Vote 16)**
	• Communities receiving community-based services – 250. • Households receiving HCBC services – 250. • Households visited – 250.
Amount per amended DORA (R'000)	R14 184 million
Rollovers (R'000)	Nil
Other Adjustments (R'000)	-R1 017 million
Amount received (R'000)	R13 167 million
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R13 167 million
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	• Bi-Annual Departmental performance reviews • Monthly IYM financial variance report (DORA) via DPW • Quarterly non-financial performance report (DORA) via DPW

Table B.88: National Health Insurance Conditional Grant

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Purpose of the grant	To expand the health care service benefits through the strategic purchasing of services from health care providers
Expected outputs of the grant	• Number of health professionals contracted. • Number of sessions covered by contracted health professionals. • Number of mental health care providers contracted (per category: psychiatrists, psychologists, registered • counsellors, occupational therapists and social workers) • Number of users seen by the contracted mental health care providers • Number of forensic mental observations conducted by the contracted mental health care providers.
Actual outputs achieved	• health professionals contracted. • sessions covered by contracted health professionals. • mental health care providers contracted (per category: psychiatrists, psychologists, registered counsellors, occupational therapists and social workers) • users seen by the contracted mental health care providers • mental observations conducted by the contracted mental health care providers.
Amount per amended DORA (R'000)	R106,065
Rollovers (R'000)	Nill
Other Adjustments (R'000)	Nil
Amount received (R'000)	R106 065 million
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the Department (R'000)	R105,561
Reasons for the funds unspent by the entity	Spent 100%
Reasons for deviations on performance	

NATIONAL HEALTH INSURANCE CONDITIONAL GRANT	
Department who transferred the grant	**Health (Vote 16)**
Measures taken to improve performance	The current measures have been employed to improve performance: ✓ Ongoing planning with NDOH coordinators for guidance and strategic direction. ✓ Improved procurement planning formulation of specifications and formation of the Provincial HTEC Committee. ✓ Ongoing implementation of opportunities to strengthen sustainable outreach.

7. DONOR FUNDS

7.1 Donor Funds Received

Table B.89. below details the donor funds received during for the period 1 April 2023 to 31 March 2024

Name of donors (Donations received in kind)	National Department of Health Anglo American/Tshikululu Trust Mercy Ships
Full amount of the funding	R8,482,663,00 (in kind)
Period of the commitment	2023-2024
Purpose of the funding	The assets were donated for the following purposes: National Department of Health – Rx Solution System to provide end-to-end visibility of the medicines supply chain with the aim of reducing stock outs. Anglo American/Tshikululu Trust – Mobile Clinic for Integrated School Health Programs (Dental Care, Eye Care, Audio and Primary Health Care). Mercy Ships – for provision of healthcare services at Frere Hospital.
Expected outputs	This donation is aimed at provision of Primary Health Care Services especially for the learners. This will lead to early detection and management of ailments that, if not attended to might affect teaching and learning of the learners.
Actual outputs achieved	As of the 11th March, the following services have been performed in Alfred Nzo and Chris Hani: -1810 people seen, -501 dental care with 37 Tooth extraction, -328 done ophthalmic examination, -23 done pep smears, -504 screened for TB, -470 screened for diabetes, -459 screened for hypertension.
Amount received (R'000)	
Amount spent by the department (R'000)	
Reasons for the funds unspent	
Monitoring mechanism by the donor	Section 4 of the agreement between the donor and the done stipulates the following: REPORTING AND ACCOUNTABILITY: - On request by the Donor, the beneficiary shall furnish the Donor with such information, documentation and in such form as the Donor may request -In order to be satisfied that the Donation has been and is being used for the purpose and in accordance with the terms and conditions of the agreement, the Donor shall, at any time during the Term be entitled to:

	Have reasonable access to and shall be entitled to inspect the premises and the bus. Interview any person at the premises who has used/uses the donated bus or is involved in the provision of the routine primary health care services

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

Progress made on implementing the capital, investment, and asset management plan.

Programme 8 had planned to complete 12 capital Infrastructure in the period that is reviewed, however eight (8) projects were completed instead of 12. The shortfall of four projects was experienced in the following projects: -

- General repairs and renovations at SS Gida Hospital
- Taylor Bequest Hospital - new 30 bed isolation facility & new radiology
- Maclear Hospital -reconfiguration & upgrade of the hospital - security upgrades
- Sir Henry Elliot Hospital - repairs and renovations works.

Major factor that has contributed to the reported under achievement on completion of projects on time was. mainly financial constraints that were experienced by contractors on site. In addition, the expiry of employment contract for the project leader of SS Gida had a bearing on completion of the project on time.

- Plans to close or down-grade any current facilities.

  None

- Progress made on the maintenance of infrastructure.
  The Programme, in its strides to improve quality of health services and to support Eastern Cape Department of Health in providing Primary Health Care (PHC), has recorded an annual performance of 67%. See list of completed projects above.

- Developments relating to the above that are expected to impact on the department's current expenditure.
  All projects that are currently at planning FIDPM Stage 1-4 and projects currently at delivery i.e. FIDPM Stage 5-7.

- Details as to how asset holdings have changed over the period under review, including information on disposals, scrapping and loss due to theft.

  The Programme did well in ensuring completion of hospitals and clinics in the province as planned in the Annual Performance Plan 2023/24. As far as Programme Management challenges is concerned, several issues were encountered, and corrective action measures to be taken. There has been a surging number of criminal activities happening on health facilities wherein vandalism of infrastructure occurred. Security features are being prioritized to mitigate such cases.

- Measures taken to ensure that the department's asset register remained up to date during the period under review.
  Mr Magalela, who is the property coordinator within Infrastructure has started engagements with Department of Public Works and Infrastructure to develop the asset register for the Department. The process is at verification stage and updates are continuously carried out.

- The current state of the department's capital assets, for example what percentage is in good, fair or bad condition.

  The department has appointed built environment professional service providers to conduct condition assessment surveys to all health facilities and completed reports are expected by end of the current financial year.

- Major maintenance projects that have been undertaken during the period under review.

  Infrastructure projects which have been completed in the current year and the progress in comparison to what was planned at the beginning of the year.

Table B.90: COMPLETED PROJECTS 2023-24

District	Facility Name	Scope of Works	Contract Value R'000
Amathole/BCM	1. Fort Beaufort Hospital	Refurbishment	R 28 705 587,00
Amathole/BCM	2. Winterberg TB Hospital	Refurbishment	
Amathole/BCM	3. Tower Hospital	Security Upgrades of security	R13,9 mil
Chris Hani	4. Molteno Hospital	Completion of X-Ray Room	R823 888,00
Joe Gqabi	5.Mqokolweni Clinic	Rehabilitation of the existing clinic	R3 370 187,00
Joe Gqabi	6.Taylor Bequest Clinic	Minor repairs and renovations to the existing clinic	
OR Tambo	7. St Lucy's Hospital COVID Project	Construction of COVID-19 Ward of 45 beds including associated external works and services.	R39 553 059
Alfred Nzo	8. Ntabankulu CHC	Repairs, renovations, and additions in	R9 mil

Progress made in addressing the maintenance backlog during the period under review and measures taken to keep on track

In the last financial year programme 8 has encountered challenges attributing from an over allocation of budget for projects in Planning and Planning projects not moving swiftly/timeous enough to Delivery (implementation). It has been observed that the key attributors to this was HR capacity issues which have since been resolved through the appointment of Project/Programme Management Unit (PMU) to augment key personnel and the appointment of a panel of Alternative Building Technology (ABT) consortiums for Design & Build procurement approach. Delays in building plan approval processes were also a key attributor, which we ought to resolve through Intergovernmental Relations (IGR) with assistance from Provincial Infrastructure Steering Committee (PISC).

Table B.91: Infrastructure expenditure

	2023/2024			2022/2023		
Infrastructure projects	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
New and replacement assets	85,073	76,435	8,638	206,112	222,398	(16,286)
Existing infrastructure assets						
- Upgrades and additions	76,440	69,957	6,483	193,637	58,928	134,708
- Rehabilitation, renovations and refurbishments	182,271	192,235	-9,964	234,672	179,786	54,886
- Maintenance and repairs	525,161	367,354	157,806	510,781	356,243	154,538
Non-Infrastructure	553,319	396,057	157,262	471,924	320,059	151,865
Infrastructure transfer						
- Current	1 078,479	763,412	315,068	982,705	676,303	306,403
- Capital	343,784	338,627	5,157	634,421	461,112	173,309
TOTAL	1 422,263	1 102,039	320,225	1 617,127	1 137,415	479,712

On the Health Infrastructure budget, R1,102billion (77%) of the total annual budget of R1.422 billion has been spent. The programme achieved 100% expenditure on both the HFRG fund source (R725,690m) and the NTSG (EPWP) fund source (R1,943m). The under expenditure (23%) is mainly recorded under the Equitable fund source due to the following.

- Non availability of cash on the Equitable share fund source due to department prioritizing payment of Medico legal claims and non-negotiables such as salaries, medicines.
- Districts are struggling to develop specifications to appoint contractors for maintenance requests due to lack of technical capacity. The department has appointed a Project Management Unit (PMU) to assist with the monitoring of projects and implementing agents thereby complementing the capacity of the Infrastructure Directorate.

PART C
GOVERNANCE



PART C: GOVERNANCE

1. INTRODUCTION

The Department of Health has put in place governance architecture that ensures the Department performs its statutory obligations in an effective controlled environment. The Constitution of the Republic of South Africa (1996), chapter 10, section 195 posits that public administration must be governed by the democratic values and principles enshrined in the constitution.

The governance architecture as posited in the constitution requires that the government or the Department must promote efficient, economic, and effective use of resources. In this part of the annual report the Department promotes fostering of transparency by providing the public with timely, accessible, and accurate information.

The Department presents its accountability mechanisms by putting in place systems and steps to prevent fraud and misconduct. Internal audit measures and audit committee serve as the yardstick for transparency and accountability to oversight bodies like Auditor General South Africa, Standing Committee on Public Accounts (SCOPA), Health Portfolio Committee, chapter 9 and 10 institutions. In the following areas, the Department presents performance of governance architecture.

2. RISK MANAGEMENT

Risk Management Policy Framework and Strategy

The Department has an Approved Risk Management Policy Framework that outlines the departments risk management procedures. The Risk Management Policy Framework also guides the Risk Management function. In terms of the National Treasury Public Sector Risk Management Framework and the PFMA, the Accounting Officer takes responsibility for the Risk Management in the Department. The appointed Risk Management champion is the Senior Manager Organisational Risk Management

To ensure that the Department responds to all key risks the Enterprise-wide Risk Management (ERM) approach is adopted. This approach makes certain that management fully recognizes all critical risks and how they can be proactively overseeing them. The management of risk has been operationalized and set into the work- plans of senior management to ensure a cohesive system of risk management. In addition, the Department also has an approved Risk Management Charter which clearly spells out the responsibility of members of the Risk Management Committee. The Risk Management Charter is updated on an annual basis.

Progress on Risk Management

The Risk Management activities for 2023/24 were guided by the 2023/24 approved Risk Management Operational plan. Each quarters performance against the Operational plan was reported at the RMC meetings. All activities per the 2023/24 Risk Management Operational were completed.

A standard agenda item at the Risk Committee Meetings is the identification of new emerging risks, thereafter these risks are incorporated into the Strategic Risk Register. Each quarter a POE (portfolio of evidence) report on material risks is presented at the RMC meetings. The report provides an assessment of the POE and listed the action required by management

Risk Management Committee (RMC)

The Department has an approved RMC Charter that is reviewed annually. The established RMC operates in-line with the requirements of the Charter. All planned RMC meetings took place for the 2023/24 year. For the year under review the Department had an independent external RMC Chairperson who on quarterly updated the Audit Committee on critical issues identified and progress was made in mitigating the identified risks. On an annual basis Internal Audit audited the risk function and for the year under review and no negative findings were found. The Risk Management function is also reviewed by Provincial Treasury whereby positive feedback was received. Annually a Strategic Risk Workshop is held to update the Strategic Risk Register including encompassing emerging risks.

3. FRAUD AND CORRUPTION

The Eastern Cape Government adopted an anti-corruption strategy which confirms the province's zero tolerance towards fraud and corruption activities. Flowing from this strategy, the Department has then developed its Fraud Prevention Policy and Implementation Plan.

The Department has also adopted various channels for reporting fraud and corruption, and these are detailed in the departmental Fraud Prevention Plan. Each allegation received is recorded in a sequentially numbered case register, which is then used to report progress made on these cases on quarterly basis to the Office of the Premier, The Public Service Commissioner, The ECDOH Audit Committee and the ECDOH Risk Management Committee.

Upon completion of a forensic investigation, once the occurrence of Fraud and corruption is confirmed the relevant employee(s) who have been identified to have participated in such acts are subjected to internal disciplinary processes and where prima facie evidence of criminal conduct is confirmed, criminal cases are registered with the South African Police Services. The Department makes use of a panel of eighteen highly experienced forensic investigating firms to assist the unit in the investigation of fraud and corruption cases.

During the 2023 /2024 Financial, year progress made on fraud and corruption cases was as follows:

Table C.1: Fraud and corruption cases

DESCRIPTION	Financial Year 2022/2023	Financial Year 2023/2024
Brought over from previous Financial Year	16	16
Add: Cases received during the year under review	10	15
Less: Finalised Cases	**10**	**7**
Active Cases	**16**	**24**
STATUS OF ACTIVE CASES		
- Referred to SAPS/SIU	6	5
- Referred to Labour	3	5
- Investigation completed (finalising report)	7	8
- Not fraud related	0	0
- Cases still under investigation	6	6
TOTAL CASES (Closing)	**22**	**24**

On a quarterly basis, the Fraud Management Unit (FMU) participated in the quarterly case review meetings conducted by the Office of the Premier (OTP), Risk Committee (RCM) and Audit Committee where all registered cases are discussed regarding their status of investigation. All completed cases that were reported through the National Anti-Corruption Hotline (NACH) were forwarded to the Public Service Commission (PSC) to give feedback. During the 2023/2024 financial year, 28 sessions were conducted as per approved implementation plan regarding the Fraud awareness campaigns in all nine Health Districts and the turnout of participants during the workshops and trainings was overwhelming.

In the 2023/2024 financial year, the Fraud Management Unit continued to assist in the implementation of recommendations on final investigation reports. In the roll-out of its Fraud Prevention Plan, the unit collaborated with the Risk Management Unit, Internal Audit Unit and Quality Assurance units to ensure effective and seamless management of Fraud Risk in the department.

4. MINIMISING CONFLICT OF INTEREST

The Department adheres to a strict code of conduct and is complying with the revised Public Service Regulations that introduces the prohibition of employees conducting business with government or being a director of a public or private company conducting business with government.

A process of minimizing conflicts of interest is in place and enforced. The process involves:

a. In collaboration with Treasury's data analytical techniques, identify potential violations of the code of conduct.
b. Review of employees' declaration of interests; and
c. Verifying if these entities have traded with the Department.

All disclosures are analyzed to identify direct and indirect interests. Where a conflict or potential conflict is identified, the matter is drawn to the attention of the employee by way of written communication in terms of Chapter 3 paragraph G.1 of the Public Service Regulations.

The employee in this regard is required to disclose:

i. The extent of his/her involvement in the entities.
j. Whether he/she has performed any approved work outside their normal duties for the stated entities; and
k. Whether the involvement in the entities leads to any actual conflicts of interest in relation to their official duties.

Responses to such are thoroughly analyzed to ensure no conflict has arisen or, that where such has occurred, the appropriate disciplinary steps are taken.

Figure C.1: Direct conflicts

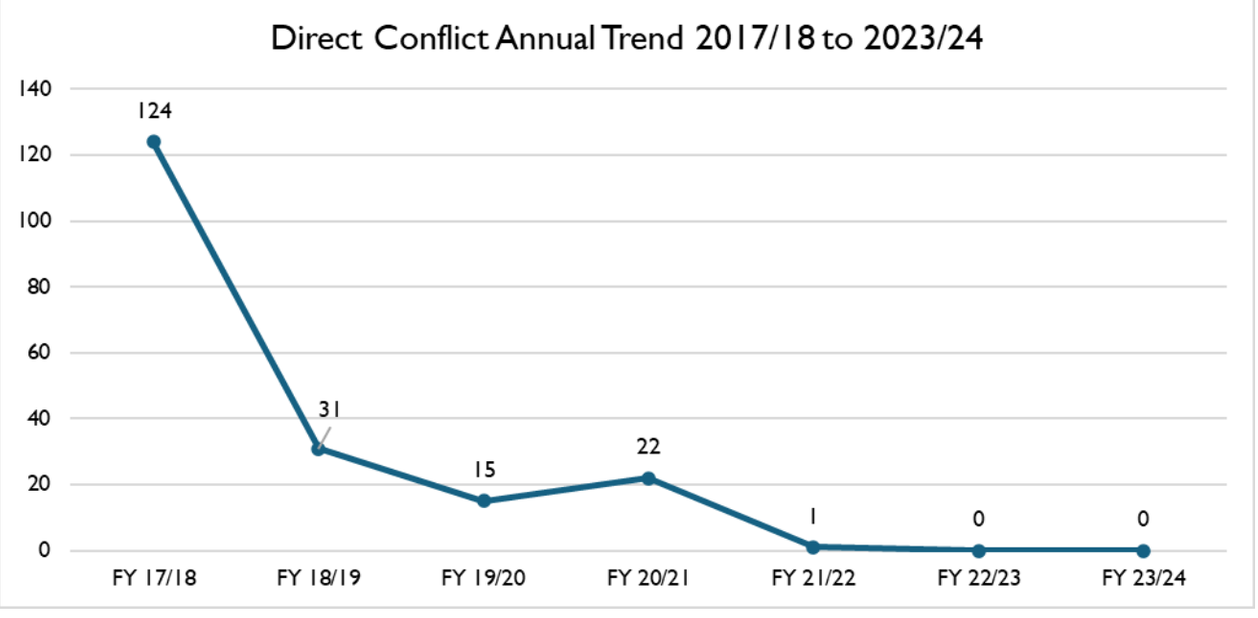


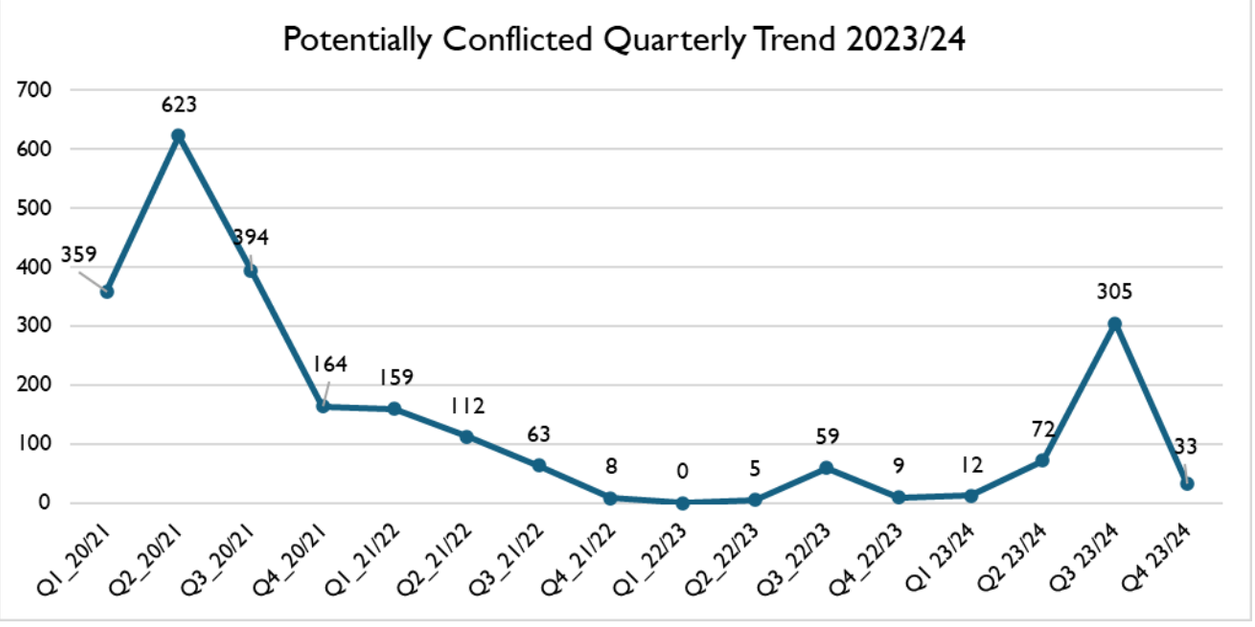
Table C.2: Direct conflicted

FY	Direct Conflict	Year on Prior Year Variance	% Year on Prior Variance
FY 17/18	124		
FY 18/19	31	-93	-75%
FY 19/20	15	-16	-52%
FY 20/21	22	7	-47%
FY 21/22	1	-21	-95%

FY	Direct Conflict	Year on Prior Year Variance	% Year on Prior Variance
FY 22/23	0	-1	-100%
FY 23/24	0	0	0%

With reference to the above two tables for the 22/23 and 23/24 years the Department achieved no direct conflicts. This was achieved through collaboration with Provincial Treasury and close monitoring.

Figure C.2: Potentially conflicts



With reference to the above two graphs for the 22/23 and 23/24 years the Department achieved no direct conflicts. This achievement was achieved through collaboration with Provincial Treasury and close monitoring.

MOVEMENT TABLE PER YEAR OF POTENTIALLY CONFLICTED

Table C.3: Potentially conflicted

FY	Potential Conflict	Year on Prior Year Variance	% Year on Prior Variance
FY 20/21	1540		
FY21/22	342	-1198	-78%
FY22/23	73	-269	-79%
FY23/24	422	349	478%

With reference to the above two tables from 20/21 there has been a drop in potential conflicts, ongoing monitoring is in place to ensure reduction in potential conflicts.

5. CODE OF CONDUCT

The department is adhering to the code of conduct and is implementing the elements as stipulated in Chapter 2 of PSR 2016. Under the year under review the Department has achieved 100% disclosure by SMS members, this has been a trend for the past 7 years. The Departments challenge is the removal of employees that have "resigned", "pensioned" and "contract terminated" from the eDisclosure system. Ongoing collaboration with the Human Resources Unit and DPSA has helped with the ongoing removal of these employees.

6. HEALTH SAFETY AND ENVIRONMENTAL ISSUES

The Department of Health is a high-risk environment for both health workers, patients, and communities alike.
The risks / hazards include:

1. Physical - infrastructure, equipment (sharps), safety, and security
2. Chemical – pharmaceuticals, cleaning and disinfection material, laboratory chemicals, pesticides, fuel, mercury, and toxins.
3. Biological – bacteria, viruses, and fungi from body fluids, objects, air-borne
4. Ergonomic - correct furniture and equipment and working conditions.
5. Psychological - care giving role with high cognitive and emotional demands and impact.

These hazards demand detailed proactive intervention to prevent injury, illness, compassion fatigue and burnout for health workers, patients, and visitors to its facilities. Chemical and biological hazards are the largest risks with the potential to cause environmental disasters with large scale community impact. These hazards can result in serious injury, illness, and possible death so comprehensive measures are needed to prevent and control the impact.

Inability to properly manage and mitigate these risks have resulted in injuries on duty and occupational illnesses for health workers with fatalities, trauma, and psychosocial problems as well as compromised service delivery resulting in patient neglect, injury, illness, and death with a high medicolegal impact. The Department has an Employee Wellness Programme inclusive of Occupational Health and Safety to mitigate the impact of hazards on the Health Workforce.

In the past year there has been some improvement in governance and mitigation of risk but the overall level of compliance across health facilities remains inconsistent and unsatisfactory. Partnership between OHS and Infrastructure has strengthened and is more responsive to the building safety risks of health facilities. However, the Department is still dependant on the Department of Public Works to ensure proper and timeous response to challenges.

The Technical Working Group established in 2021 with the International Labour Organization, Departments of Employment and Labour and Public Works as well as recognised Trade Unions yielded additional support, facilitated stakeholder communication, and positively influenced responsiveness on OHS matters at facility level.

On Occupational Health and Safety (OHS), there has been some improvement in governance and mitigation of risk but the overall level of compliance across health facilities remains inconsistent and low. Partnership between OHS and Infrastructure has strengthened and is more responsive to the building safety risks of health facilities.

The Technical Working Group successfully established in the previous financial year with the International Labour Organization, Departments of Employment and Labour and Public Works as well as recognised Trade Unions yielded additional support and increased responsiveness at facility level on OHS matters.

7. PORTFOLIO COMMITTEES

In line with the programme of the Eastern Cape Legislature, the department appeared at least seven times before the Portfolio Committee on Health, to address the Committee on a range of issues. The dates are as follows:

Table C.4: Portfolio committee's dates

DATE FOR PORFOLIO COMMITTEE MEETINGS	ISSUES FOR CONSIDERATION
11 May 2023	Consideration of the 2022/23 Health Budget vote
18 May 2023	Consideration of the 2022/23 Health Budget vote
30 May 2023	Consideration of the 2022/23 Health Budget vote
02 November 2023	Consideration of the 2021/22 Annual and 2022/23 Half-Year Reports
21 November 2023	Consideration of the 2021/22 Annual and 2022/23 Half-Year Reports
24 November 2023	Consideration of the 2021/22 Annual Report
28 November 2023	Consideration meeting to update and submit outstanding reports

8. SCOPA RESOLUTIONS

Table C.5: Scopa resolutions

THESE ARE 2022/23 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
(a)	Most of the irregular expenditure was caused by non-compliance with supply management legislation. (services rendered without an order).	The Department must address the root causes of compliance findings in Supply Chain Management (SCM) by implementing a comprehensive strategy. This should include prioritizing staff recruitment to reduce the vacancy rate, investing in robust training programs for Procurement Committees to bridge knowledge gaps, and enhancing planning processes to mitigate risks associated with high-risk thresholds in procurement through quotations and deviations. Simultaneously, expedite the implementation of contracts to prevent delays, fostering a more streamlined and compliant SCM framework.	Post Audit workshop was held on 16 November 2023 virtually. The workshop addressed all the noncompliance matters which emanated from the Audit. Contract Management meeting was in addition held on 13 February 2024 to emphasize compliance requirements	Yes
(b)	Effective and appropriate steps were not taken to prevent unauthorized expenditure amounting to R193, 9 million as required by section 38(1) (c) (ii) of the PFMA and Treasury Regulation 9.1.1.	The Department must implement a robust control mechanism to prevent unauthorized expenditure by enhancing oversight, reinforcing internal controls, and ensuring strict adherence to section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. Establish a proactive monitoring system, conduct regular training sessions for relevant staff, and institute consequence management for any deviations from prescribed procedures.	The Department did not incur unauthorized expenditure at the Vote level; but incurred the overspending of R193,865 million at the Programme level, primarily caused by goods and services budget pressures vesting to continue the delivery of public health care services uninterrupted as well as the payment of unbudgeted and unfunded medico and legal settlements not funded as part of the writs application budget allocation. Further, the budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the 2022/23 financial year, treated as a first charge of the 2022/23 budget allocation, with the knock on effect being that the 31 March 2023 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance. The Department has continued to implement robust control mechanisms to prevent unauthorized expenditure by enhancing oversight, reinforcing internal controls, and ensuring strict adherence to section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. Proactive monitoring systems are evident within weekly provincial cost containment committee meetings as well as monthly provincial budget advisory committee. meetings inclusive of training sessions. Consequence management is advocated for any deviations from prescribed procedures inclusive of austerity measures.	Yes

THESE ARE 2022/23 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
			It is considered that the decision to continue service delivery uninterrupted in an environment of extreme cost pressures is guided by the medico legal claims and in terms of section 27 of the constitution.	
(c)	There was inappropriate evidence that disciplinary hearings were held for some of the officials who permitted fruitless and wasteful expenditure in prior years, as required by Treasury Regulation 4.1.1. and section 38 (1) (h) of the PFMA.	The Department must maintain accurate records to ensure compliance with all requirements pertaining to supporting documentation and debt recoveries.	Debt Account does include the recoveries related to Fruitless and Wasteful Expenditure.	Yes
(d)	Senior management created an audit action plan to improve the reporting on performance information, financial statements and resolve previously reported findings on non-compliance however, the plan did not effectively resolve the targeted areas for improvement.	A review of the Audit Improvement Plan (AIP) must be carried out with a clear diagnosis of the root causes so that the interventions can respond to the root causes. The implementation and effectiveness of the AIP should be monitored quarterly.	Weekly Contingent Liabilities Meetings have been held since August 2023 and furthermore internal Audit Workgroup Meetings have been held where District, Facilities and Head Office Present their AIP and IAIS progress.	Yes
(e)	Some of the construction contracts were awarded to contractors that did not qualify for the contract in accordance with section 18(1) of the CIDB Act and construction industry Development Board Regulations 17 and 25 (7A)	The Department must ensure that contracts are awarded to eligible bidders and ensure a fair, equitable, transparent, competitive, and cost-effective implemented system. Auditing unit is also responsible for thoroughly reviewing all transactions to ensure compliance with applicable legislation.	The finding refers to maintenance contractors on the Maintenance Database. The Status of CIDB compliance of contractors is updated daily. At The time of including contracts into the maintenance database, January 2022, The Contractors were compliant, but the status changed during the duration of the contract either after awarding working but before submitting invoices for work issues or after submitting invoices before payment. The Department will however confirm the CIDB Status before allocating work even for Contractors who are already in the Database.	No
(f)	Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and Treasury Regulations 8.2.1 and 8.2.2	The Department of Health and Public Works must finalize and adopt the changes made to the Service Delivery Agreement (SDA 2023-2026) to address these shortcomings. The changes to the SDA must be communicated widely with clear performance expectations.	The Department is finalizing the revised SDA with the two Implementing Agents, DPWI and Coega Development Corporation and the signed SDAs are expected to be completed by end of first quarter.	No
(g)	Variation orders for the	The Department must adjust the	The Department has instituted arrangements for several trainings in the Financial Year, including a	No

THESE ARE 2022/23 SCOPA RESOLUTIONS: -				
Resolution No.	**Subject**	**Details**	**Response by the department**	**Resolved (Yes/No)**
	extension of time with costs were approved and paid for the upgrading of staff accommodation. The extension of time with costs arose from the suspension of work by the contractor, due to late payments by the Department. These claims were paid on 19 April and 17 December and amounted to R5, 7 million. This constitutes a material financial loss as well as non-compliance with Treasury Regulation 8.2.3. An extension was granted to the Department for the implementation of the recommendation of the Auditor General as this immaterial irregularity was raised in the previous financial period.	control environment to prevent similar Material Irregularities as follows: Officials must undergo retraining on relevant legislation and performance expectations. A risk analysis must be conducted to assess the potential impact of prioritizing certain payments over others. The Department must establish a Standard Operating Procedure with explicit timelines as a control measure for effective consequence management. Non-performing contractors must be blacklisted for future projects.	comprehensive project management and financial management, while Senior Management within Infrastructure have been approved to study Public Finance courses at tertiary level. A preliminary risk assessment was conducted and to minimize the risk of late payments on capital projects that may result in interest payments, currently, The Department is implementing Capital Projects the HFRG Grant to avoid interest on late payments that may arise from problems associated with Equitable Share (Medico-Legal). The Department has started implementing projects internally and this recommendation will be implemented.	

9. PRIOR MODIFICATIONS TO AUDIT REPORTS

For 2022/23 financial year the department got a qualified audit opinion, and the basis of the opinion were Contingent Liability.

Based on the 2022/23 audit report and changing environment in the department, the department developed the 2023/24 Integrated Audit Improvement Strategy (IAIS) that encompasses financial and performance information improvements in the department and not just specific previous audit qualifications. The Audit Improvement Plan (AIP) is required by Provincial Treasury on a monthly basis, is based on the previous audit report and is a separate but a complementary document to the IAIS. This IAIS is comprised of the AIP; Regulatory Audit; AOPO; Information Systems Audit (ISA); Management of Medico Legal Claims; Management of Laundry Services, Infrastructure Delivery, Project Plans for areas that were qualified by Auditor General, Standing Committee on Public Accounts (SCOPA) recommendations; Internal Audit (IA) recommendations; Financial Management Capability Maturity Model (FMCMM), Annual and Interim Financial Statements (IFS) Plan and monitor recommendations made by Auditor General on the Material Irregularity.

The IAIS assigns specific responsibilities to GMs in the department with time frames and reporting framework. They are vested with authority and are in strategic positions to implement, monitor and report vertically (to DDGs and SG) and report horizontally, hence they are the drivers and implementers of the IAIS. The GMs can in turn delegate in writing to DMs and CEOs and the written delegation will allow more empowerment and accountability.

The Audit Debriefing and Recommendations presented by AGSA on 28 August 2023 were taken into consideration on this IAIS and for immediate implementation by General Managers.

Table C.6: Audit Debriefing and Recommendations presented by AGSA

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*
Inadequate maintenance of the contingent liability register	2018/19	Controls have improved, the register has been digitised with claim documentation scanned onto the system. Differences in interpretation of the departmental accounting policy were however still raised by the AG.
38. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework as required by section 40(1)(b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected, which resulted in the financial statements receiving a qualified opinion.	2018/19	This finding was due to the above qualification on the contingent liabilities. It will be resolved once the qualification is resolved.
37. 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).	2016/17	Controls have improved, the matter had however not been cleared by the end of 2021/22

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*
42.Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 8.2.2	2017/18	Controls have improved, and the matter been cleared by the end of 2021/22
34. Effective and appropriate steps were not taken to prevent unauthorised expenditure	2018/19	The matter had not been cleared by the end of 2021/22 due to funding shortages.
35. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by non-compliance with supply chain management legislation.	2020/21	Controls have improved, the matter had however not been cleared by the end of 2021/22
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	2017/18	The matter had not been cleared by the end of 2021/22 due to funding shortages
39. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the National Tertiary Services Grant was evaluated, as required by section 11(6)(a) of	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22
40. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the Health Facility Revitalization Grant, the National Health Insurance Grant and Expanded Public Works Programme Integrated Grant was evaluated, as required by section 12(5) of the Division of Revenue Act (Act 4 of 2020).	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22
41. In some instances, bid documentation for procurement of commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 Procurement Regulation 8(2).	2020/21	Controls have improved, and the matter been cleared by the end of 2021/22
4. The Department did not have adequate systems to account for other non-pensionable allowances. Stipends for contract employees were incorrectly classified as other non-pensionable allowances resulting in overstatement of other non-pensionable allowances and understatement of compensative/circumstantial allowances by an undeterminable amount.	2021/22	Controls have improved, and the matter will been partially cleared by the end of 2022/23

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*
5. I was unable to obtain sufficient appropriate audit evidence for compensative/circumstantial allowances, as the department did not have adequate systems in place for retrieval of the supporting documents.	2021/22	Controls have improved, and the matter been partially cleared by the end of 2022/23
6 I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for the COVID 19 compensation of employees' expenditure, due to non-submission of supporting documents.	2021/22	Controls have improved, and the matter been partially cleared by the end of 2022/23
42 The performance of the programmes funded by the statutory human resources, training and development grant was not evaluated, as required by section 12(5) of the Dora.	2022/23	Controls have improved, and the matter has been partially cleared by the end of 2023/24.
7 Review, verification and reconciliation of the source documents to ensure accuracy of the register	2022/23	Controls have improved, the matter had however not been cleared by the end of 2022/23
8 Ensure that the correct valuation factor percentage is used to the correct domain	2022/23	Controls have improved, the matter had however not been cleared by the end of 2022/23
9 Documented processes should be in place for the treatment of section 37B	2022/23	Controls have improved, the matter had however not been cleared by the end of 2022/23
48 I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against some of the officials who had permitted fruitless and wasteful expenditure in prior years, as required by section 38(1)(h)(iii) of the PFMA.	2022/23	Controls have improved, the matter had however not been cleared by the end of 2022/23

10. INTERNAL CONTROL UNIT

During the year under review the Internal Control Unit (ICU) continued to coordinate and monitor the internal financial controls of the department to ensure effective and efficiency of operations, compliance with laws and regulations and reliable financial reporting. This was achieved through pre-auditing of purchase orders and both supplier and manual salary payments, to mitigate compliance risks including risks of possible fraud and errors. The ICU also ensured that management implements documented policies and procedures by maintaining an internal control policy register. These control activities assist to provide reasonable assurance that the department implements effective and efficient financial and risk management and internal control for expenditure and budget management.

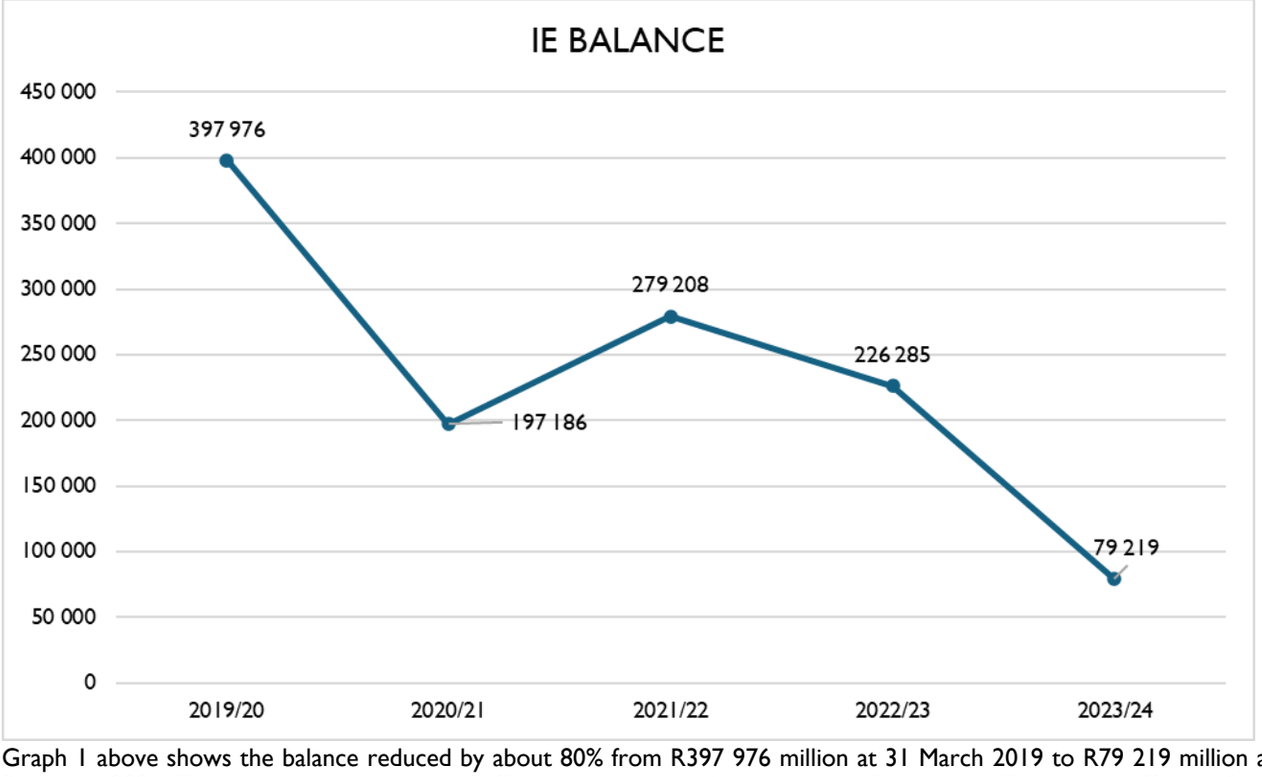
In ensuring compliance with laws and regulations, significant strides were made as evidenced by the reduction of irregular and fruitless and wasteful expenditure reflected in the Accounting Officer's report and Part E of the annual report. Below is an illustration of the net movement of irregular expenditure balance and the extent to which incurrence also declined over the past five years.

The table below illustrates trends of irregular expenditure over the past five years:

Table C.7: Irregular expenditure over the past five years

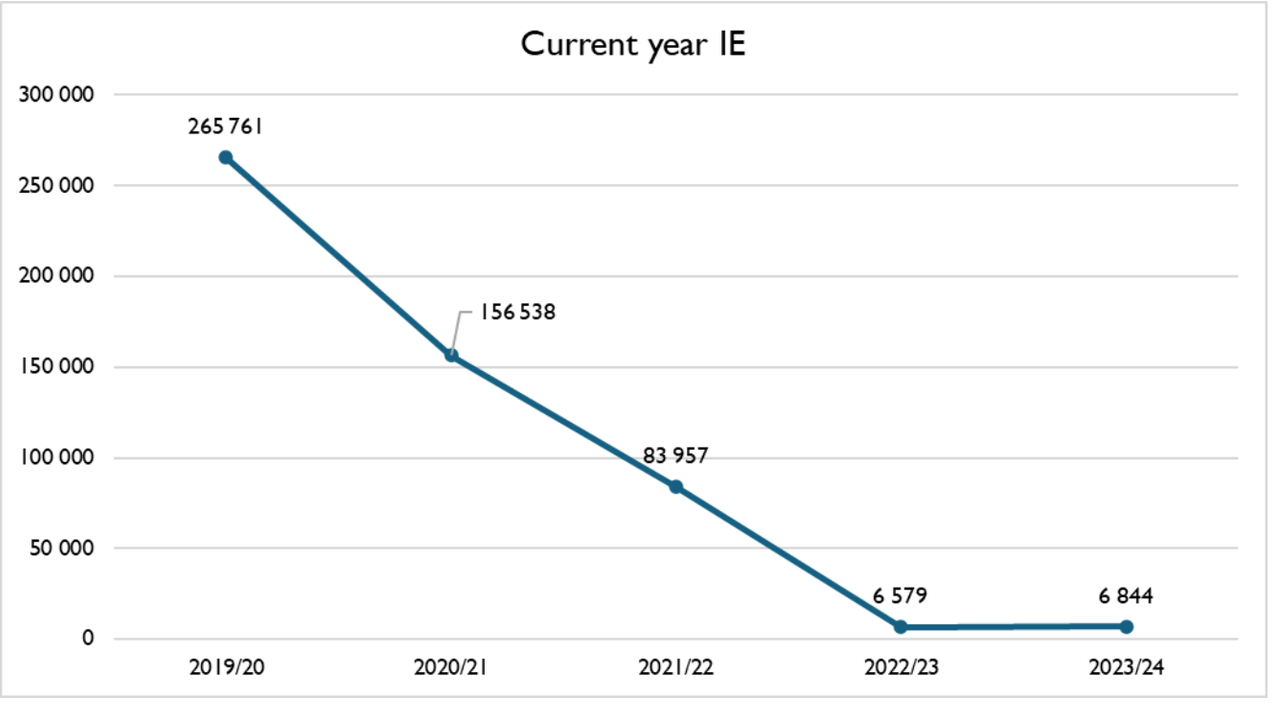
RECONCILIATION FOR YEAR ENDED	2019/20	2020/21	2021/22	2022/23	2023/24
OPENNING BALANCE	81 109	397 976	174 481	271 712	226 350
INCURRED	**338 115**	**2 161 572**	**104 932**	**6 579**	**6 844**
Prior Year Irregular Expenditure	72 354	5 034	20 975	-	-
Current Year Irregular Expenditure	265 761	156 538	83 957	6 579	6 844
Adjustments	-	-	-	-	
Condonations	14 167	362 362	205	52 006	153 974
Transferred For Recovery	7 081	-	-	-	-
CLOSING BALANCE	**397 976**	**197 186**	**279 208**	**226 285**	**79 220**

Figure C.3: Net movement of irregular expenditure from 2019 to 2024



Graph 1 above shows the balance reduced by about 80% from R397 976 million at 31 March 2019 to R79 219 million at 31 March 2024. Though there were changes effected through the New Irregular Expenditure Framework effective from May 2019, whereby the relevant authority to condone irregular expenditure became the Provincial Treasury, the department ensured that it meets all the prescribed condonation requirements in its submissions. Hence most submissions received positive feedback as shown by the decreasing rate in graph 1 above.

Figure C.4.: Current year incurrence of irregular expenditure from 2019 to 2024



Graph 2 depicts the low rate of incurrence of irregular expenditure of the period of 5 years from 2019 to 2024. There has been a marked decline culminating in about 97% reduction from R265,8 million in 2019 to R6,8 million by March 2024, the year under review. This indicates that the preventative controls instituted by mainly the SCM function of the department are gaining traction.

The above was achieved through continuously implementing measures to prevent procurement and payment process violations, through coordinated efforts with the SCM and the Supplier Payment business units, investigative and corrective measures to address and report cases of non-compliance and deviations from the department's normal processes and procedures.

The ICU also ensured effective communication with management at all levels about non-compliance that resulted in the incurrence of both irregular and fruitless and wasteful expenditure, through internal governance structures of the department, namely the Consequence Management Committee (CMC) and the Provincial Budget Advisory Committee (PBAC). The aim was to provide management with information necessary for implementation of remedial measures to address the non-compliance matters and prevent recurrence thereof. The ICU continues to ensure that effective internal financial control frameworks exist in the department through providing financial management policy review support to management, updating of standard operating procedures (SOPs) to keep up to date with treasury instructions, circulars and guidelines.

11. INTERNAL AUDIT AND AUDIT COMMITTEES

INTERNAL AUDIT

The internal audit function operates independently and unimpeded by operational management. This is achieved through the function reporting administratively to the Accounting Officer & Head of Department and functionally to the Audit Committee. Internal Audit has unrestricted access to all records and employees of the Department, including the Member of Executive Council, Head of Department & Accounting Officer, Members of the Audit Committee as well as Executive and Top Management. Following all audits conducted, as and when necessary, Internal Audit recommends improvements in the systems of internal control and accounting practices based on the audits conducted. The plans take cognisance of the relative degrees of risk of each function, or aspect of the department.

Internal Audit operates according to an approved Internal Audit Charter. The Charter is prepared in accordance with the Standards set by the Institute of Internal Auditors and King IV recommendations. The Charter is presented annually to the Audit Committee for consideration and approval.

The Unit has conducted its activities in terms of an approved Internal Audit Plan, with most of the activities being assurance reviews. In total, twenty-two (19) reviews were planned and, as at year-end, the audit plan was substantially completed. The plan was developed based on a risk assessment process, which was conducted with management of the Department. The scope, timing of activities and sites visited were agreed with management prior to the commencement of the audits. The plan was endorsed by the Audit Committee but was amended as and when necessary, during the year to consider specific requests made by Executive Management. The activities of Internal Audit extended to all sections and programmes of the Department. This included Finance, Human Resources, Strategic Planning, Health Care Services, and Information Technology.

In May 2022, the Senior Manager - Internal Audit resigned from the Department. Plans were immediately put in place to fill the vacancy. The Department could unfortunately not identify a suitable candidate and a request to re-advertise was made. Shortlisting and interviews commenced in September 2023 and October 2023 respectively. A suitable candidate was identified and taken for competency testing, but the Department could not proceed to fill the vacancy due to cost containment measures that had been put in place during the intervening period.

During the 2023/24 financial year, our capacity was bolstered through a programme of interns. We welcomed three interns from a programme that was facilitated by Provincial Treasury and another six from our Departmental Human Resources Division initiatives. Four of the interns, however, have since resigned. Two are furthering their studies and another two have taken up full-time positions elsewhere.

The terms of office of the Treasury and ECDoH interns end on the 30 April 2025 and 31 August 2024 respectively. Detailed Internal Audit Reports have been issued to Executive and Top Management on all Internal Audit projects completed, with summaries of the reports being provided to the Audit Committee at meetings of the Committee. Management has accepted the recommendations made by Internal Audit and are committed to implementing them. Based on the scope of assignments conducted, Internal Audit is of the view that the systems of financial internal control possess a basis for the development of reliable financial statements. A detailed report comprising the membership and details of the functioning of the Audit Committee during the period under review is included in the section dealing with the Audit Committee.

12. AUDIT COMMITTEE REPORT

Introduction

We are pleased to present our report for the year ended 31 March 2024.

The Audit Committee was established in accordance with section 38(1) (a) (ii) and 77 of the PFMA. The Committee members are all independent non-executive members with adequate knowledge and experience to equip the Committee to perform its functions. The Committee satisfies the requirements as stipulated in the PFMA, Act 1 of 1999.

Throughout the year under review, the Committee operated in terms of an approved Audit Committee Charter, which was the Committees' approved terms of reference.

Structure of Meetings

The structure and frequency of meetings are set out in the Audit Committee Charter. The Head of Internal Audit as well as External Auditors, attended and reported at all the Committee meetings, as required. The Chief Financial Officer, DDG Human Resources & Corporate Services, DDG Hospital Services, DDG District Management, Head Risk Management, Head Forensics function and other assurance providers were also represented at meetings. Relevant senior managers attended by invitation.

To ensure an integrated and coordinated approach to the risk management process, the Chair of the Audit Committee is also invited to attend the Risk Committee meetings. Similarly, the Chair of the Risk Committee is a standing invitee at meetings of the Audit Committee. Although our meetings did not always sit on the designated dates, all the scheduled meetings were held, and we were able to discharge our responsibility. As and when the need arose, the Audit Committee held meetings with the Executive Authority, Accounting Officer, Senior Management, and Internal Audit Function collectively and individually, to receive updates on plans that Management was developing and putting in place.

The Committee also had one meeting with the Honourable MEC to report on governance, internal control, risk, performance, other financial information, and other relevant matters concerning the Department. In additional to the meeting, constant telephonic communication was maintained to apprise her of activities and update her of pertinent risks to which the department might be exposed.

After serving on the ECDoH Audit Committee for the last six years, the terms of Members Ms Loren Smith, Refiloe Kwela and Mr V Tshangana ended on the 31 March 2024. Noting the gap that might be created in governance following their departure, Management resolved to extend the terms of Members L. Smith and V Tshangana by a further six months to 30 September 2024 to ensure continuity and a seamless transfer the new Audit Committee.

Committee members and meetings

The Committee was appointed by the Executive Authority, in concurrence with the Accounting Officer. The individual members satisfy the requirements to serve as members of an Audit Committee as provided in section 76 and 77 of the PFMA and have adequate knowledge and experience. The composition of the committee and the attendance at the meetings by its members for the period 1 April 2023 to 31 March 2024 are set out below. The committee meets quarterly.

The members are:

Table C.8: Audit committee members

NAME	QUALIFICATIONS	INTERNAL OR EXTERNAL	IF INTERNAL, POSITION IN THE DEPARTMENT	DATE APPOINTED	COMMENTS
Ms Loren Smith *(Acting Chairperson)* *	*CA (SA), RA*	External	N/A	1 April 2021	Extended to 30 September 2024
Ms Refiloe Khwela *	*CA (SA)*	External	N/A	1 April 2021	Retired 31 March 2024, following expiry of contract
Mr Vuyolwethu Tshangana*	B Proc; LLM	External	N/A	1 April 2021	Extended to 30 September 2024

* The members were appointed in May 2018 and have been serving their second term, having been reappointed in April 2021.

Table C.9: Committee meetings were held as below**:**

Member	25/05/2023	26/05/2023	27/07/2023	15/09/2023	08/11/2023	27/03/2024	28/03/2024
Ms Loren Smith (Chairperson)	√	√	√	√	√	√	√
Ms. Refiloe Khwela	√	√	√	√	√	√	√
MrVuyolwethu Tshangana	√	√	√	√	√	√	√

Key
√ = Present
X = Apology

Audit Committee Responsibility

The Audit Committee is pleased to present its report in line with sections 76 (4) (d) and 77 of the PFMA, read with Treasury Regulation 3.1.8.

The Audit Committee assists management in discharging its duties by independently monitoring and advising on the adequacy and effectiveness of governance, controls, and risk management. These include internal financial and operational controls to ensure that assurance services and functions enable an effective control environment and that these support the integrity of information produced in compliance with applicable legal and regulatory requirements.

Duties and responsibilities

The Audit Committee is responsible for ensuring that there is appropriate corporate governance and compliance within the scope of its mandate, with specific focus on providing assurance that potential risks of the Department are addressed and there is adequate IT, Strategic, Operational, and financial governance in operation. This is done by monitoring the efficiency of internal controls and the effectiveness of the internal audit function.

EXECUTION OF FUNCTIONS

The committee is satisfied that, in respect of the financial year under review, it has conducted its affairs and discharged its duties and responsibilities in accordance with its terms of reference.

The committee discharged the following responsibilities during the year under review:

External Auditors

In assessing the external auditor's independence, the Committee considered guidance contained in the King IV Report, the Treasury Regulations, Guidelines issued by National and Provincial Treasury as well as the Independent Regulatory Board of Auditors (IRBA) publications.

To this end, the committee has:

- Reviewed the scope and results of the external audit function, its cost-effectiveness, as well as the independence and objectivity of the external auditors.
- Reported to the Department and the Auditor-General where a report implicates any member(s) or the Accounting Officer in fraud, corruption, or gross negligence.

Internal Audit

The Committee has performed the following during the year under review:

- Reviewed and evaluated the effectiveness of the internal audit, financial risk management and other compliance functions.
- Considered the effectiveness and independence of the internal audit function, its impact as a third line of assurance and monitored adherence to the annual internal audit plan.
- Reviewed the continued embedment of the third line of defence as a central reporting function and its effective positioning within the Department.
- Reviewed the performance of the Chief Audit Executive and confirmed that she had the requisite skills, experience, human resources capacity, and budgetary support from the Department to successfully execute her mandate in the year under review.
- Confirmed/Approved the Internal Audit Charter and Internal Audit Plan.
- Recommended the Audit Committee Charter to the Accounting Officer for approval.
- Ensured the responsiveness of the Internal Audit coverage plan to the outcome of the risk assessment and the three-year rolling plan.
- Reviewed the reports of Internal Audit detailing their concerns from audits conducted and the appropriateness of responses from management.
- Monitored the activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant recommendations and the responses of management to these recommendations.
- Monitored and reviewed the staffing, work plan, resources, and activities of the internal audit function.
- Obtained appropriate evidence to satisfy ourselves that the finance function fulfilled its mandate appropriately.
- Reviewed the critical matters raised by the Internal Audit function, obtained, and evaluated management's action plans to address those matters, as well as assessed the adequacy of actions to resolve the issues appropriately and sustainably.
- Reviewed the results of the external quality assurance review performed of the function, to validate the governance, processes, and management thereof and ensured the quality of work delivered by the function is at the requisite level as required by International Standards for the Professional Practice of Internal Auditing.
- Considered the effectiveness of the combined assurances provided by all the lines of assurance, through a review of management's representations and attestations, reports from the risk and compliance function and other

similar second lines of assurance, together with an evaluation of the assurance of third lines, namely external and internal audit functions.
- Considered the organisational and functional independence of Internal Audit and is satisfied that Internal Audit has the necessary standing and authority to discharge its responsibilities.
- The Committee has similarly considered the effectiveness of the Internal Audit Function and adherence to the annual internal audit plan and is satisfied that the Internal Audit Function is operating effectively and that it has addressed the risks pertinent to the Department in its audits. The Internal Audit function has adhered to the approved Internal Audit plans and has executed the 2023/24 Annual Internal Audit Plan as approved by the Audit Committee.

In our effort to remain agile and responsive to Management needs, the Audit Committee approved an amendment to the approved Internal Plans to assist the Department in responding to requests for information and communication of audit findings from the Auditor-General South Africa. This was a crucial task as the Department faced a risk of adverse findings from the external auditor.

The Audit Committee supports the direction that the Internal Audit Function has taken to provide the necessary skills and agility required for the function, to respond quickly and effectively to the demands for internal audit across the Department's different locations.

The Committee notes the improvement in the human resources capacities of Information Technology (IT), and Clinical Services within the Department Unit. The Committee notes further the steps taken by the Department in an effort to fill the vacancy of the position of Senior Manager Internal Audit.

The Committee reiterated its plea that the Department consider supporting Internal Audit with own co-sourced capacity to ensure these critical business processes are addressed in the internal plan in future years.

The Audit Committee is satisfied that the Internal Audit Function maintains an effective internal quality and assurance programme that covers all aspects of the Internal Audit Activity. Internal Audit reports on these aspects in their quarterly reporting to the Committee.

The Committee will continue to monitor measures put in place by the Department to ensure continued maintenance of quality standards, sufficient audit coverage and adequate provision of skills and capacity to conduct the audit reviews.

Financial Statements, accounting practices and other financial matters

- Reviewed the Annual Financial Statements and Performance Information prior to submission for the annual audit and approval by the Accounting Officer.
- Commented and advised on the going concern status of the Department and the quality and reliability of monthly in-year and monitoring reports submitted to Provincial Treasury.
- Reviewed reports and advised on measures to ensure the effectiveness of the internal control systems.
- Reviewed management reports to obtain assurance on adequacy, reliability and accuracy of the financial information provided to management and other users of such information.
- Provided advice on accounting and auditing concerns identified because of internal and external audits.
- Evaluated measures in place to ensure the Department's compliance with legal and regulatory provisions.

The Audit Committee has similarly:

- Monitored and reviewed the effectiveness of internal control systems, including IT systems.
- Communicated any concerns, it deemed necessary to the Executive Authority and the Auditor-General.
- Encouraged communication between, senior and executive management, Internal Audit, Health Portfolio Committee and the Auditor-General.

Effectiveness of Internal Control

The Committee has amongst other things, also performed the following:

- Reviewed the appropriateness of financial reporting to ensure fair and balanced reporting is achieved, including submissions and presentations by management on the results, significant financial transactions, critical accounting judgements and assumptions, as well as views by both Provincial Treasury and the Auditor-General on key audit matters and internal auditors on key financial and other controls.
- Assessed the effectiveness of internal financial control systems.
- Reviewed the effectiveness of the internal audit function.
- Ensured the risk areas of the Department's operations are covered in the scope of internal and external audits.

- Ensured adequacy, reliability and accuracy of financial information and accounting practices provided by management for users of such information.
- Responded and provided advice on accounting and auditing concerns identified by internal and external audits.
- Conducted reviews to ensure the Department complies with legal and regulatory provisions.
- Exercised oversight over the activities of the internal audit function, including its annual work programme.
- Maintained oversight to ensure that the Department cooperates with external auditors.
- Conducted reviews and provided advice on reports pertaining to significant findings and the responses of management to specific recommendations.
- Conducted reviews and exercised oversight to ensure independence and objectivity of both the internal and external auditors.

Performance Information Systems

In line with the PFMA and recommendations from the King IV Report on Corporate Governance, Internal Audit provides the Audit Committee and management with assurance that the internal controls are appropriate and effective. This is achieved by using a risk-based internal audit methodology, as well as the identification of corrective actions and suggested enhancements to the controls and processes.

The Audit Committee acknowledges efforts put in place by management to strengthen internal controls with regards to managing performance information. However, connectivity, use of manual systems, non-integrated systems, absence of data capturers at institutions and inadequate reviews by management remain an issue. The Committee will continue to monitor and advise on the best strategies to deal with the challenges to ensure the matter is dealt with and resolved with success.

The various reports of the Internal Auditors and representations made by Executive Management have indicated that efforts are being made by management to improve the control environment. However, there are still significant issues which have not yet been resolved. We therefore report that the systems of internal control, during the financial reporting period under review, were partially adequate and partially effective.

The Committee remains concerned that the Department does not have adequate systems in place for the management of accruals and accounts payable. The committee notes the improvements which have been introduced with regards to management of the legal liability register and the conclusions reached with the staggering of payments to claimants.

The Committee is concerned that the Logis project, which is aimed at automating the asset register, could not be finalised during the period under review. Asset Management remains a critical risk for the Committee, and we will continue to monitor the Department's processes until the register is transferred to Logis and is fully automated. Similarly, automation of the leave register remains a key focus for the Audit Committee, and we will continue to monitor reports on leave automation in our quarterly meetings.

The Audit Committee has made several recommendations during the period under review and its key focus areas included the following:

- Effective implementation of the Audit Improvement Plans.
- Enhanced reviews of the processes to deal with the Contingent Liability arising from Medico legal claims and ensuring correct recording in the books of account.
- Ensuring effective implementation and responding to the Auditor-General requests particularly in resolving matters pertaining to prior year qualifications.
- Supporting and advising the Department in the reviews made in the Contingent Liability Policy.
- Monitored and advised on the strained fiscal budget of the department including dealing and reporting on the unauthorised expenditure brought about by unbudgeted medico legal claims.
- Ensuring that the M&E unit is adequately resourced to ensure adequacy, accuracy and reliability of performance data produced and reported.
- Ensure there is adequate capacity for the investigation of irregular and fruitless and wasteful expenditure to so that investigations are done timeously, and monies are recovered where necessary.
- The Department develops an Asset Management Strategy that will respond to its strategic objectives and goals, such as providing guidelines on the utilisation and maintenance of strategic assets at facilities to minimise disruptions which could have a negative impact on service delivery.
- The Department manages the impact of the implementation of the NHI System, as it has been identified as one of the significant risks of the Department and this needs to be monitored carefully as the impact of this is extensive and will affect the core functions of the Department.
- Critical posts, particularly in areas that are flooded with medical negligence matters, are filled as soon as possible.
- Document management is automated and archiving processes are improved.

- Performance management is improved to ensure sustainable outcomes in the management of and reporting on performance information.
- Significant effort and resources are put in place to further enhance the control improvements to ensure a clean audit result is realised.
- The Mental Health Strategy together with the recommendations of the Ombudsman's report are implemented.
- Officials are held accountable of the audit outcomes in respect of their line functions; and
- For the next year, controls are improved further in terms of both adequacy and effectiveness.

As mandated by the Audit Committee, Internal Audit has:

- Developed a Three Year Strategic and Annual Operational Plan.
- Conducted audits to test the effectiveness of key controls identified and agreed to with management.
- Evaluated risk management and governance processes.
- Reported to the Audit Committee on its performance against the annual operational plan.
- Apprised the Audit Committee on its performance against the quality assurance and improvement programme.
- Responded timeously to special requests emanating from management pertaining to special requests for review of certain processes.
- Conducted follow up audits and reported to the Audit Committee on the progress made by management towards implementing remedial actions recommended by Internal Audit; and
- Developed and implemented a quality assurance and improvement programme.

In-Year Monitoring and Monthly/Quarterly Report

The Department has reported monthly and quarterly to Provincial and National Treasury, as is required by the PFMA. The Audit Committee has reviewed the reports of Executive Management and is satisfied with the systems put in place by the Department relating to budget management and the timely reporting on the results thereof to the Member of Executive Council and Provincial Treasury.

The Department is reliant upon legacy systems which do not support the control environment. The lack of automated systems has hindered the Departments' ability to respond to the risk environment with the necessary agility. This has to some extent prevented the Department from providing accurate and complete reports, within the required timeframes, to the Audit Committee. The effectiveness of the Committee has been compromised as a result.

Risk Management Function

The Audit Committee chairperson is a permanent invitee to Risk Committee Meetings to ensure the Audit Committee considers holistically the financial and operational risks associated with the risk profile of the Department. Internal Audit reviewed the performance of the Chief Risk Officer and was satisfied that he has the necessary expertise and experience to fulfil this role and that he has performed appropriately during the year under review.

The Committee further considered the functioning of the Risk Management Unit and is satisfied that the Unit possessed the necessary experience and skills to fulfil its role during the period under review.

The Audit Committee also reviewed the following reports:

- Policies on risk assessment, risk management strategy and methodology, Risk Implementation Plan, Risk Management quarterly monitoring and reporting.
- Matters related to risk reporting presented on the risk registers, their impact and likelihood of occurrence.

In fulfilling its responsibilities in relation to Risk Management, the Risk Committee met regularly with members of Senior Management and is satisfied with key judgements and assumptions made.

Finance Function

The Committee has reviewed the performance of the Chief Financial Officer and is satisfied that he had the necessary expertise and experience to fulfil this role during the year under review.

The Audit Committee also considered and has satisfied itself of the appropriateness of the expertise and experience of the finance function and adequacy of resources employed in this function.

The Committee is thus of the opinion that the finance function, including the CFO, is effective.

Internal Financial Controls

The Committee has:

- Reviewed reports, prepared by internal audit, on the effectiveness of risk management, governance, and system of internal financial controls.
- Reviewed the report from the forensic services function on the result of forensic investigations conducted in the period under review and their financial impact as they pertain to financial reporting.
- Considered the reports from management on fraud and information technology risks.
- Reviewed the reports of the external auditors, detailing the findings arising from their audit and considered the appropriateness of the responses from management.
- Assessed the revenue assurance control environment and related revenue leakage exposure for the Department.
- Reviewed fraud and whistleblowing reports and ensured that appropriate management action is taken with regards to the control environment and consequence management.
- Engaged management to obtain assurance of medico-legal claims and their impact on the financial health of the Department.
- Reviewed the accounting policy for medico legal claims are satisfied with the amendments made, accounting treatment proposed for letters of demand, and valuation methods.
- Considered the structures put in place to manage the incidence of medico-legal claims and how the various committees' function.
- Performed certain high-level technical reviews and provided advice and judgement on the accounting treatment and disclosure of certain key transactions.

Although certain weakness in internal financial controls have been reported by Internal Audit in their reports, the Committee does not consider these control weaknesses to have resulted in actual material financial loss, fraud, or material errors.

Based on its assessment, the Committee is of the view that the Departments' system of Internal Controls, Internal Audit and Risk Management are effective and that the financial controls form a sound and reliable basis for preparation of reliable financial statements.

Evaluation of Annual Financial Statements

Special Audit Committee meetings were held on the 28 May 2024 and 29 May 2024 to review the draft financial statements and annual report to be presented to Provincial Treasury and the Auditor-General on the 31st May 2024. The Committee performed a high-level review of the financial statements that was based on enquiry from the Chief Financial Officer as to the completeness, accuracy and validity of balances and transactions within the financial statements. In addition, the accounting policies were reviewed, and recommendations made, as necessary. Following this Audit Committee review of the financial statements, recommendations were made concerning adjustments that were required to the format as well as the presented figures.

Evaluation of Performance Information

The Audit Committee has reviewed the format, content and statutory requirements for compliance pertaining to the preparation of the Annual Report. The committee has also reviewed and commented on the alignment of indicators to ensure they are measurable and relate to the services provided by the Department. Similarly, the Committee has also received reports from Internal Audit on the sufficiency of the Portfolio of Evidence that supports disclosures in the Annual Report.

The Committee has been receiving quarterly performance updates and is satisfied through reports received from Internal Audit, that the Annual Report is prepared in terms of the PFMA, Treasury Regulations and other related regulatory requirements for reporting performance.

The key focus areas for 2024/5 will be:

- Monitor implementation of the Audit Implementation Plans to ensure risks are addressed timeously.
- Monitor the implementation of the strategy for the roll out of the NHI programme, as it develops.
- Monitor implementation of consequence management to ensure there are consequences for non-performance.
- Monitoring the IT strategy, ensuring that it addresses the needs of the Department adequately.
- Monitoring the Department's relationship with SITA, the service level agreement and advising on the Department's migration to HMS2.
- Monitoring implementation of the medico-legal policy to ensure the contingent liability is valued correctly and recognised correctly in the accounting records.
- Ensuring use of best practice to ensure staggered payment in the event of settlement of medico legal claims.
- Monitoring and advising on the budget and spending of the Department.
- Engaging Provincial Treasury to enforce budgeting for medico legal claims.

- Maintain focus on the enhancement of controls to reduce cyber risks, fraud risks and non-adherence to controls.
- Monitoring the Internal Audit Quality Assurance & Improvement Program to ensure they maintain the "Generally Conforms" rating and this relating translates further in the reviews and value add provided by Internal Audit.

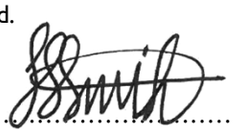
Auditor-General South Africa

The Audit Committee has met with the Auditor-General to ensure that there is common understanding between the Committee, Auditor General and the Department.

Conclusion

The Committee therefore recommends to the Accounting Officer that the financial statements and annual report 2023/24 are forwarded to the Auditor-General for auditing.

The Committee will monitor the audit process to ensure it progresses smoothly and that matters of disagreements are cleared.



……..

Ms. Loren Smith CA (SA), RA

Chairperson of the Audit Committee

Eastern Cape Department of Health

31 May 2024

13. B-BBEE COMPLIANCE PERFORMANCE INFORMATION

Table C.10: B-BBEE compliance performance information

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 (Include a discussion on your response and indicate what measures have been taken to comply)**
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	
Developing and implementing a preferential procurement policy?	YES	Implemented. When the Department is procuring goods and services, the Preferential Procurement Policy Regulations 2022 are utilised.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	
Developing criteria for entering into partnerships with the private sector?	N/A	
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	

PART D
HUMAN RESOURCE MANAGEMENT



PART D: HUMAN RESOURCE MANAGEMENT

1. INTRODUCTION

1.1 The status of human resources in the department

The department set out key priority areas to focus on to ensure improvement in the services rendered to the people of the province. The Annual Recruitment Plan gives effect to the Department of Health's MTEF Human Resource Plan and seeks to ensure a structured, coordinated availability and utilisation of skilled human resources critical for the DOH to deliver on the commitments contained in the departmental strategic plan. The Department's Annual Recruitment Plan and Approved Post List (APL) is the basis for the filling of prioritized, new and replacement posts during the 2023/2024 financial year. As at end of the year under review, the department had 45 779 approved posts of which 40 307 were filled and 5 472 vacant. The vacancy rate is at 11.96% and it is quite high when compared to the national norm of 5%.

The following strategies are being implemented in the department towards promotion of diversity, gender, disability, and youth employment:

- Recruitment of targeted diverse population
- Employment of Interns, Learners and Artisans
- Awarding of bursaries.

The financial year under review has been relatively stable in terms of labour relations. The department did not experience any significant disruptions with impact on services. The Provincial Bargaining Chamber, the key consultative bargaining structure in the province, remains fully functional and has shown significant improvement in meeting its deliverables. Throughout the financial year, all meetings were attended by all parties, and all policies introduced by the employer were thoroughly discussed and adopted by the Chamber. The major achievement was the successful finalization of the Human Resources Summit collective agreement, marking a first for the province.

Employee Wellness Services are provided through a hybrid service delivery model to employees and their immediate family, utilizing a small group of 14 appointed EWP professionals, staff health clinics, partnership with internal clinical resources such as HIV, TB, Mental Health and Health Promotions programmes and external partners like GEMS, NGOs, and Financial Wellness providers. Clinical services such as counselling has been supplemented by interns resourced through HRD and internal Psychologists and Social Workers when available, but these remain inadequate to meet the demand for psychosocial, especially trauma support.

On Occupational Health and Safety (OHS), there has been improvement in governance and mitigation of risk. Partnership between OHS and Infrastructure has strengthened and is more responsive to the building safety risks of health facilities. The Technical Working Group successfully established in the previous financial year with the International Labour Organization, Departments of Employment and Labour and Public Works as well as recognised Trade Unions yielded additional support and increased responsiveness at facility level on OHS matters.

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

Review of the organogram is one of the priorities in the year under review in accordance with Public Service Regulations 25 (2), 36 (a) and 38. This process includes a review of the 2018 macro structure. The department reviewed and finalised the Service Delivery Model (SDM) for the Eastern Cape Department of Health and the functional structure organisational structure. The development of a new Service Delivery Model is poised to bring about significant practical implications for the organization's structure. This new model necessitates alignment with the updated priorities and processes, creation of new organisational units dedicated to emerging health needs or technological advancement, and the reallocation of resources. Additionally, the SDM might demand enhanced integration and communication across different levels of the organization, potentially leading to a more matrixed structure where cross-functional collaboration is paramount.

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

The employment through the internship and learnership programmes in institutions across the province seeks to enhance youth employability through work exposure and training. The department has appointed administrative interns, medical interns and Community Service health professionals and retained the post Community service personnel in entry level positions. As the end of the year under review the percentage employment of the Youth is 23%. Budget has been allocated for employment of five hundred and eight (508) post community service health personnel against permanent vacant posts.

Through the advertised posts the department is further striving to address employment equity underrepresentation, youth employment and to achieve the 50/50 % target for Women and Men at SMS level. The department is striving to maintain 50/50 % target for Women and Men at SMS level. At the end of the year under review the Department has a total of 91 SMS members with 46 being female officials (50.5%) and 45 being male officials (49.5%). Employment Equity is also one the key priorities for the department. However, the department is below the target of 2% by 0.24%. The number of People with Disability is 98. Youth employment is achieved through employment from the developmental program categories such as community service health professionals.

1.4 Employee wellness programmes

Competency assessments for SMS members are being conducted before appointment and results have been receive in respect of all appointments in the financial year. The employee Performance Management and Development Strategy (PMDS) is fully implemented. Overall, PMDS compliance has improved from 90% during 2022/23 up to 93% during 2023/24 which shows that concerted efforts by the department of roadshows and awareness campaigns have yielded some results. This overall compliance rating has the Level 1 – 8 with 94%, Level 9 – 12 with 89% and SMS level being the lowest with 81%, It would seem that more work need to be done to improve compliance of the Levels Level 11-12 (Middle Management) and Levels 13 – 16 (SMS) as they are mostly they ones that have resulted in the department falling below 100%. The Middle Management is sitting at 54% compliance (out of 128 only 69 contracted), whilst the SMS Members at 75% compliance (out 84 only 63 have contracted).

1.5 Employment Relations

The financial year under review has been relatively stable in terms of labour relations. We have not experienced any significant disruptions that have impacted our services. The Provincial Bargaining Chamber, our key consultative structure in the province, remains fully functional and has shown significant improvement in meeting its deliverables. Throughout the financial year, all meetings were attended by all parties, and all policies introduced by the employer were thoroughly discussed and adopted by the Chamber. Our major achievement was the successful finalization of the Human Resources Summit collective agreement, marking a first for the province. On the downside, we continue to face challenges in finalizing cases within the stipulated periods due to the unavailability of experienced presiding officers and employer representatives in the province. Those who are trained often cannot leave their workplaces to preside over hearings due to the reported general staff shortages in the province.

1.6 Employment Wellness Programmes (EWP)

Employee Wellness Services are provided through a hybrid service delivery model to employees and their immediate family, utilizing a small group of 14 appointed EWP professionals, staff health clinics, partnership with internal clinical resources such as HIV, TB, Mental Health and Health Promotions programmes and external partners like GEMS, NGOs, and Financial Wellness providers. Clinical services such as counselling has been supplemented by interns resourced through HRD and internal Psychologists and Social Workers when available, but these remain grossly inadequate to meet the demand for psychosocial, especially trauma support.

The Department is in the grips of a mental health crisis precipitated by staff shortages, severe budget constraints, leadership instability, violence and crime against frontline health workers and the lingering effects of the COVID-19 pandemic.

Physical and mental incapacity cases continue to remain high resulting in high incidence of sick absenteeism and compromised work performance from "light duty". Analysis of EWP utilisation also revealed that there is high incidence of work-related conflict, physical and mental illness, financial difficulty, and substance abuse, all of which raises red flags that ECDOH is a workforce needing serious psychosocial support.

The EWP succeeded in providing all elements of services including counselling, incapacity management, occupational health, health promotion and supervisory support. However, the reach is still limited by limited staff capacity and resources. Only 7% of Health Workers benefitted from EWP psychosocial services this financial year.

On Occupational Health and Safety (OHS), there has been some improvement in governance and mitigation of risk but the overall level of compliance across health facilities remains inconsistent and low. Partnership between OHS and Infrastructure has strengthened and is more responsive to the building safety risks of health facilities.

The Technical Working Group successfully established in the previous financial year with the International Labour Organization, Departments of Employment and Labour and Public Works as well as recognised Trade Unions yielded additional support and increased responsiveness at facility level on OHS matters.

2. HUMAN RESOURCE OVERSIGHT STATISTICS

3.1. Personnel related expenditure

The following tables summarises 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 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	758 667	411 475		98 245	54%	587,00
District health services	15 618 193	10 770 463	23	20 054	69%	0,00
Emergency medical services	1 360 385	1 049 361			77%	556,00
Provincial hospital services	4 253 340	3 323 115		38	78%	357,00
Central hospital services	4 928 873	3 465 164		23	70%	422,00
Health sciences and training	1 076 571	829 418	25 324		77%	424,00
Health care support services	112 696	71 912			64%	446,00
Health facilities management	1 018 088	31 243	1 408	98 245	3%	327,00
Total as on Financial Systems (BAS)	**29 126 813,00**	**19 952 151,00**	**26 755**	**118 360**	**68,50**	**403,00**

Table 3.1.2 Personnel costs by salary band for the period 1 April 2023 and 31 March 2024

Salary Band	Personnel Expenditure including Transfers (R'000)	% of Total Personnel Cost	Number of Employees	Average Personnel Cost per Employee (R)
01 Lower skilled *(Levels 1-2)*	1 114 426,00	5,50	5 195,00	214 519,00
02 Skilled *(Levels 3-5)*	4 414 100,00	21,90	14 984,00	294 588,00
03 Highly skilled production *(Levels 6-8)*	5 487 032,00	27,30	11 908,00	460 785,00
04 Highly skilled supervision *(Levels 9-12)*	6 906 318,00	34,30	6 952,00	993 429,00
05 Senior management *(Levels >= 13)*	112 141,00	0,60	87,00	1 288 977,00
09 Other	36 985,00	0,20	87,00	425 115,00
10 Contract *(Levels 1-2)*	583,00	0,00	3,00	194 333,00
11 Contract *(Levels 3-5)*	110 126,00	0,50	381,00	289 045,00
12 Contract *(Levels 6-8)*	347 073,00	1,70	924,00	375 620,00
13 Contract *(Levels 9-12)*	987 780,00	4,90	1 021,00	967 463,00
14 Contract *(Levels >= 13)*	5 625,00	0,00	4,00	1 406 250,00
19 Periodical Remuneration	4 504,00	0,00	16,00	281 500,00
20 Abnormal Appointment	425 458,00	2,10	7 898,00	53 869,00
TOTAL	**19 952 151,00**	**99,10**	**49 460,00**	**403 400,00**

Table 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		Home Owners 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
Pr2: District Health Services	3 970,00	86,00	0,00	0,00	78,00	1,70	138,00	3,00
Prg1: Administration	337 902,00	80,10	2 182,00	0,50	12 632,00	3,00	18 050,00	4,30
Prg2: District Health Services	8 686 116,00	79,90	295 247,00	2,70	385 090,00	3,50	539 126,00	5,00
Prg3: Emergency Medical Services	684 495,00	64,80	155 272,00	14,70	46 234,00	4,40	85 214,00	8,10
Prg4: Provincial Hospital Service	2 805 194,00	75,50	277 804,00	7,50	117 382,00	3,20	190 605,00	5,10
Prg5: Central Hospital Services	2 537 578,00	75,00	357 461,00	10,60	86 491,00	2,60	140 721,00	4,20
Prg6: Health Sciences & Training	440 279,00	77,40	74 699,00	13,10	7 404,00	1,30	11 384,00	2,00
Prg7: Health Care Support Services	58 184,00	80,40	110,00	0,20	2 766,00	3,80	4 334,00	6,00
Prg8: Health Facilities Management	25 577,00	81,00	377,00	1,20	1 199,00	3,80	523,00	1,70
TOTAL	**15 579 294,00**	**77,40**	**1 163 150,00**	**5,80**	**659 276,00**	**3,30**	**990 095,00**	**4,90**

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2023 and 31 March 2024

Salary Band	Salaries		Overtime		Home Owners 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
01 Lower skilled *(Levels 1-2)*	791 915,00	71,00	11 453,00	1,00	95 866,00	8,60	113 552,00	10,20
02 Skilled *(Levels 3-5)*	3 214 378,00	72,10	158 550,00	3,60	269 201,00	6,00	388 722,00	8,70
03 Highly skilled production *(Levels 6-8)*	4 359 663,00	78,80	101 702,00	1,80	194 787,00	3,50	326 796,00	5,90
04 Highly skilled supervision *(Levels 9-12)*	5 421 043,00	77,90	666 150,00	9,60	97 032,00	1,40	159 850,00	2,30
05 Senior management *(Levels >= 13)*	99 485,00	85,70	0,00	0,00	2 142,00	1,80	668,00	0,60
09 Other	46 245,00	98,40	118,00	0,30	79,00	0,20	252,00	0,50
10 Contract *(Levels 1-2)*	501,00	85,80	0,00	0,00	20,00	3,40	44,00	7,50
11 Contract *(Levels 3-5)*	115 825,00	98,90	208,00	0,20	23,00	0,00	2,00	0,00
12 Contract *(Levels 6-8)*	346 052,00	99,30	508,00	0,10	80,00	0,00	141,00	0,00
13 Contract *(Levels 9-12)*	754 387,00	76,20	224 462,00	22,70	46,00	0,00	68,00	0,00
14 Contract *(Levels >= 13)*	5 202,00	85,80	0,00	0,00	0,00	0,00	0,00	0,00
19 Periodical Remuneration	461,00	8,60	0,00	0,00	0,00	0,00	0,00	0,00
20 Abnormal Appointment	424 137,00	98,90	0,00	0,00	0,00	0,00	0,00	0,00
TOTAL	**15 579 294,00**	**77,40**	**1 163 150,00**	**5,80**	**659 276,00**	**3,30**	**990 095,00**	**4,90**

3.2. Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2024

Programme	Number of Posts on Approved Establish-ment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establish-ment
PRG2: District Health Services, Permanent	12,00	6,00	50,00	0,00
PRG1: Administration, Permanent	738,00	645,00	12,60	18,00
PRG2: District Health Services, Permanent	26 677,00	23 983,00	10,10	1 050,00
PRG2: District Health Services, Temporary	53,00	53,00	0,00	0,00
PRG3: Emergency Medical Services, Permanent	2 795,00	2 487,00	11,00	0,00
PRG4: Provincial Hospital Service, Permanent	8 019,00	7 470,00	6,80	206,00
PRG4: Provincial Hospital Service, Temporary	16,00	16,00	0,00	0,00
PRG5: Central Hospital Services, Permanent	6 753,00	6 144,00	9,00	533,00
PRG5: Central Hospital Services, Temporary	17,00	17,00	0,00	0,00
PRG6: Health Sciences & Training, Permanent	679,00	525,00	22,70	20,00
PRG7: Health Care Support Services, Permanent	193,00	169,00	12,40	2,00
PRG8: Health Facilities Management, Permanent	44,00	41,00	6,80	0,00
TOTAL	**45 996,00**	**41 556,00**	**9,70**	**1 829,00**

Table 3.2.2 Employment and vacancies by salary band as on 31 March 2024

Salary Band	Number Of Posts On Approved Establish-Ment	Number Of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number Of Employees Additional To The Establish-Ment
01 Lower Skilled *(Levels 1-2)*, Permanent	5 631,00	5 195,00	7,70	29,00
02 Skilled *(Levels 3-5)*, Permanent	16 234,00	14 984,00	7,70	50,00
03 Highly Skilled Production *(Levels 6-8)*, Permanent	13 329,00	11 907,00	10,70	127,00
03 Highly Skilled Production *(Levels 6-8)*, Temporary	1,00	1,00	0,00	0,00
04 Highly Skilled Supervision *(Levels 9-12)*, Permanent	8 259,00	6 947,00	15,90	32,00
04 Highly Skilled Supervision *(Levels 9-12)*, Temporary	5,00	5,00	0,00	0,00
05 Senior Management *(Levels >= 13)*, Permanent	107,00	87,00	18,70	1,00
09 Other, Permanent	7,00	7,00	0,00	1,00
09 Other, Temporary	80,00	80,00	0,00	0,00
10 Contract *(Levels 1-2)*, Permanent	3,00	3,00	0,00	0,00
11 Contract *(Levels 3-5)*, Permanent	381,00	381,00	0,00	16,00
12 Contract *(Levels 6-8)*, Permanent	924,00	924,00	0,00	709,00
13 Contract *(Levels 9-12)*, Permanent	1 031,00	1 031,00	0,00	863,00
14 Contract *(Levels >= 13)*, Permanent	4,00	4,00	0,00	1,00
TOTAL	**45 996,00**	**41 556,00**	**9,70**	**1 829,00**

Table 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 (Includes Frozen Posts)	Number of Employees Additional to the Establish-ment
Administration Clerks, Permanent	12,00	11,00	8,30	0,00
Administrative Related, Permanent	374,00	315,00	15,80	4,00
Admission Clerk, Permanent	1,00	1,00	0,00	0,00
All Artisans In The Building Metal Machinery Etc., Permanent	220,00	177,00	19,50	0,00
Ambulance And Related Workers, Permanent	2 724,00	2 423,00	11,00	0,00
Architects Town And Traffic Planners, Permanent	5,00	5,00	0,00	0,00
Artisan Project And Related Superintendents, Permanent	12,00	9,00	25,00	0,00
Auxiliary And Related Workers, Permanent	591,00	523,00	11,50	1,00
Boiler And Related Operators, Permanent	52,00	44,00	15,40	0,00
Building And Other Property Caretakers, Permanent	141,00	135,00	4,30	0,00
Bus And Heavy Vehicle Drivers, Permanent	18,00	18,00	0,00	0,00
Caretaker/ Cleaner, Permanent	5,00	5,00	0,00	0,00
Cartographic Surveying And Related Technicians, Permanent	3,00	3,00	0,00	0,00
Cashier, Permanent	1,00	1,00	0,00	0,00
Cashiers Tellers And Related Clerks, Permanent	1,00	1,00	0,00	0,00
Civil Engineering Technicians, Permanent	2,00	1,00	50,00	0,00
Cleaners In Offices Workshops Hospitals Etc., Permanent	4 562,00	4 252,00	6,80	49,00
Clerical Suppleme.Workers Not Elsewhere Classified, Permanent	4,00	4,00	0,00	0,00
Client Inform Clerks(Switchb Recept Inform Clerks), Permanent	243,00	219,00	9,90	0,00
Communication And Information Related, Permanent	55,00	48,00	12,70	0,00
Community Development Workers, Permanent	1,00	1,00	0,00	0,00
Compositors Typesetters & Related Printing Workers, Permanent	2,00	0,00	100,00	0,00
Data Entry Clerk, Permanent	2,00	2,00	0,00	0,00
Dental Practitioners, Permanent	172,00	154,00	10,50	13,00
Dental Specialists, Permanent	3,00	3,00	0,00	3,00
Dental Technicians, Permanent	5,00	5,00	0,00	0,00
Dental Therapy, Permanent	23,00	19,00	17,40	0,00
Dieticians And Nutritionists, Permanent	163,00	146,00	10,40	18,00
DIETICIANS AND NUTRITIONISTS, Temporary	1,00	1,00	0,00	0,00
Electrical And Electronics Engineering Technicians, Permanent	1,00	1,00	0,00	0,00
Emergency Services Related, Permanent	24,00	22,00	8,30	0,00
Engineering Sciences Related, Permanent	3,00	3,00	0,00	0,00

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establish-ment
Engineers And Related Professionals, Permanent	18,00	16,00	11,10	0,00
Environmental Health*, Permanent	22,00	21,00	4,50	4,00
Finance And Economics Related, Permanent	183,00	163,00	10,90	1,00
Finance Clerk, Permanent	5,00	4,00	20,00	0,00
Financial And Related Professionals, Permanent	75,00	68,00	9,30	1,00
Financial Clerks And Credit Controllers, Permanent	475,00	424,00	10,70	0,00
Food Services Aids And Waiters, Permanent	632,00	599,00	5,20	2,00
Food Services Workers, Permanent	1,00	1,00	0,00	0,00
Food Trade Assistant, Permanent	7,00	7,00	0,00	0,00
General Legal Administration & Rel. Professionals, Permanent	1,00	1,00	0,00	0,00
General Medical Practitioner, Permanent	8,00	7,00	12,50	6,00
Head Of Department/Chief Executive Officer, Permanent	9,00	6,00	33,30	0,00
Head Of Provincial Government Component, Permanent	1,00	1,00	0,00	0,00
Health Sciences Related, Permanent	213,00	180,00	15,50	0,00
Healthcare Cleaner, Permanent	3,00	3,00	0,00	0,00
Hospital Pharmacist, Permanent	2,00	1,00	50,00	1,00
Household And Laundry Workers, Permanent	851,00	797,00	6,30	4,00
Household Food And Laundry Services Related, Permanent	5,00	5,00	0,00	0,00
Housekeepers Laundry And Related Workers, Permanent	8,00	7,00	12,50	0,00
Human Resource Clerk, Permanent	10,00	10,00	0,00	0,00
Human Resource Practitioner, Permanent	2,00	1,00	50,00	0,00
Human Resources & Organisat Development & Relate Prof, Permanent	48,00	39,00	18,80	0,00
Human Resources Clerks, Permanent	261,00	229,00	12,30	0,00
Human Resources Related, Permanent	220,00	194,00	11,80	0,00
Industrial/ Labour Relations Officer, Permanent	1,00	1,00	0,00	0,00
INFORMATION TECHNOLOGY & SYSTEMS MANAGER, Permanent	2,00	2,00	0,00	0,00
INFORMATION TECHNOLOGY RELATED, Permanent	17,00	13,00	23,50	0,00
Inspectors Of Apprentices Works And Vehicles, Permanent	2,00	2,00	0,00	0,00
Language Practitioners Interpreters & Other Commun, Permanent	45,00	39,00	13,30	0,00
Laundry Worker (General), Permanent	13,00	4,00	69,20	0,00
Legal Related, Permanent	4,00	4,00	0,00	0,00
Librarians And Related Professionals, Permanent	2,00	1,00	50,00	0,00
Library Mail And Related Clerks, Permanent	95,00	89,00	6,30	0,00

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establish-ment
Life Sciences Related, Permanent	2,00	1,00	50,00	0,00
Light Vehicle Driver, Permanent	1,00	1,00	0,00	0,00
Light Vehicle Drivers, Permanent	149,00	139,00	6,70	0,00
Logistical Support Personnel, Permanent	149,00	133,00	10,70	0,00
Managers Not Elsewhere Classified, Permanent	2,00	1,00	50,00	0,00
Material-Recording And Transport Clerks, Permanent	220,00	198,00	10,00	1,00
Mechanical Engineering Technicians, Permanent	2,00	1,00	50,00	0,00
Medical Practitioners, Permanent	2 417,00	2 091,00	13,50	641,00
Medical Practitioners, Temporary	65,00	65,00	0,00	0,00
Medical Research And Related Professionals, Permanent	90,00	79,00	12,20	73,00
Medical Specialists, Permanent	335,00	272,00	18,80	1,00
Medical Specialists, Temporary	17,00	17,00	0,00	0,00
Medical Technicians/Technologists, Permanent	54,00	45,00	16,70	0,00
Medical Technicians/Technologists, Temporary	2,00	2,00	0,00	0,00
Messengers Porters And Deliverers, Permanent	796,00	743,00	6,70	2,00
Messengers, Permanent	1,00	0,00	100,00	0,00
Middle Manager: Health Science Related, Permanent	1,00	1,00	0,00	0,00
Motor Vehicle Drivers, Permanent	29,00	27,00	6,90	2,00
Nurse Educator, Permanent	6,00	2,00	66,70	0,00
Nurse Researcher, Permanent	1,00	1,00	0,00	0,00
Nursing Assistants, Permanent	5 677,00	5 404,00	4,80	8,00
Nursing Support Worker, Permanent	1,00	1,00	0,00	0,00
Occupational Therapist, Permanent	1,00	0,00	100,00	0,00
OCCUPATIONAL THERAPY*, Permanent	206,00	164,00	20,40	61,00
OFFICE CLEANER, Permanent	3,00	3,00	0,00	0,00
Optometrists And Opticians, Permanent	8,00	7,00	12,50	0,00
Oral Hygiene, Permanent	25,00	17,00	32,00	0,00
Other Administrat & Related Clerks And Organisers, Permanent	1 823,00	1 645,00	9,80	37,00
Other Administrative Policy And Related Officers, Permanent	249,00	210,00	15,70	7,00
Other Clerical Support Workers, Permanent	5,00	5,00	0,00	0,00
Other Information Technology Personnel., Permanent	87,00	80,00	8,00	0,00
Other Middle Manager, Permanent	2,00	2,00	0,00	0,00
Other Occupations, Permanent	3,00	3,00	0,00	0,00

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establish-ment
Payroll Clerk, Permanent	1,00	1,00	0,00	0,00
Personal Assistant, Permanent	1,00	1,00	0,00	0,00
Pharmaceutical Assistants, Permanent	51,00	35,00	31,40	0,00
Pharmacists, Permanent	1 176,00	1 037,00	11,80	125,00
Physicists, Permanent	5,00	5,00	0,00	0,00
Physiotherapist, Permanent	1,00	0,00	100,00	0,00
Physiotherapy, Permanent	232,00	200,00	13,80	67,00
Professional Nurse, Permanent	13 380,00	11 871,00	11,30	591,00
Psychologists And Vocational Counsellors, Permanent	118,00	85,00	28,00	17,00
Psychologists And Vocational Counsellors, Temporary	1,00	1,00	0,00	0,00
Quantity Surveyors & Rela Prof Not Class Elsewhere, Permanent	1,00	1,00	0,00	0,00
Radiography, Permanent	463,00	406,00	12,30	36,00
Registered Nurse (Community Health), Permanent	6,00	0,00	100,00	0,00
Registry And Mailing Clerk, Permanent	2,00	2,00	0,00	0,00
Risk Management And Security Services, Permanent	4,00	4,00	0,00	0,00
Safety Health And Quality Inspectors, Permanent	16,00	13,00	18,80	0,00
Secretaries & Other Keyboard Operating Clerks, Permanent	1 051,00	988,00	6,00	3,00
Security Guards, Permanent	2,00	2,00	0,00	0,00
Senior Managers, Permanent	112,00	93,00	17,00	1,00
Social Sciences Related, Permanent	2,00	2,00	0,00	0,00
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	150,00	145,00	3,30	0,00
SPEECH THERAPIST, Permanent	1,00	0,00	100,00	0,00
Speech Therapy And Audiology, Permanent	132,00	101,00	23,50	36,00
Staff Nurse, Permanent	1,00	0,00	100,00	0,00
Staff Nurses And Pupil Nurses, Permanent	3 738,00	3 494,00	6,50	12,00
Student Nurse*, Permanent	25,00	22,00	12,00	0,00
Supplementary Diagnostic Radiographers, Permanent	19,00	11,00	42,10	0,00
Supply Chain Clerk, Permanent	1,00	1,00	0,00	0,00
Trade Labourers, Permanent	195,00	177,00	9,20	1,00
Training And Development Professional, Permanent	2,00	2,00	0,00	0,00
Washroom Attendant, Permanent	3,00	2,00	33,30	0,00
Word Processing Operator, Permanent	6,00	1,00	83,30	0,00
Work Planners, Permanent	1,00	1,00	0,00	0,00

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establish-ment
Workshop Cleaner, Permanent	1,00	1,00	0,00	0,00
TOTAL	**45 996,00**	**41 556**	**9,70**	**1 829,00**

3.3. 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 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					
Salary Level 15	5	3	67%	2	33%
Salary Level 14	16	14	87.5%	2	12.5%
Salary Level 13	70	64	91%	6	9%
Total	**91**	**78**	**87%**	**10**	**13%**

Table 3.3.2 SMS post information as on 30 September 2024

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Director-General/ Head of Department	1	1	100%	0	0
Salary Level 16					
Salary Level 15	5	3	67%	2	33%
Salary Level 14	16	14	81%	2	19%
Salary Level 13	70	64	87%	6	13%
Total	**92**	**82**	**84%**	**14**	**16%**

Table 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			
Salary Level 15	3	1	2
Salary Level 14	2	0	2

Salary Level 13	5	0	5
Total	**10**	**1**	**9**

Table 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
Not Applicable

Reasons for vacancies not filled within twelve months
No suitable candidates, Department had to re-advertise/headhunt

Table 3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period1 1 April 2023 and 31 March 2024

Reasons for vacancies not advertised within six months
None

Reasons for vacancies not filled within six months
None

3.4. Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table 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
01 Lower Skilled *(Levels 1-2)*	5 631,00	0,00	0,00	0,00	0,00	0,00	0,00
02 Skilled *(Levels 3-5)*	16 234,00	0,00	0,00	0,00	0,00	0,00	0,00
03 Highly Skilled Production *(Levels 6-8)*	13 330,00	0,00	0,00	0,00	0,00	0,00	0,00
04 Highly Skilled Supervision *(Levels 9-12)*	8 264,00	0,00	0,00	0,00	0,00	0,00	0,00
05 Senior Management Service Band A	82,00	0,00	0,00	0,00	0,00	0,00	0,00
06 Senior Management Service Band B	19,00	0,00	0,00	0,00	0,00	0,00	0,00
07 Senior Management Service Band C	5,00	0,00	0,00	0,00	0,00	0,00	0,00
08 Senior Management Service Band D	1,00	0,00	0,00	0,00	0,00	0,00	0,00
09 Other	87,00	0,00	0,00	0,00	0,00	0,00	0,00
10 Contract *(Levels 1-2)*	3,00	0,00	0,00	0,00	0,00	0,00	0,00
11 Contract *(Levels 3-5)*	381,00	0,00	0,00	0,00	0,00	0,00	0,00
12 Contract *(Levels 6-8)*	924,00	0,00	0,00	0,00	0,00	0,00	0,00
13 Contract *(Levels 9-12)*	1 031,00	0,00	0,00	0,00	0,00	0,00	0,00
14 Contract Band A	3,00	0,00	0,00	0,00	0,00	0,00	0,00
17 Contract Band D	1,00	0,00	0,00	0,00	0,00	0,00	0,00
TOTAL	**45 996,00**	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**	**0,00**

Table 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	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
TOTAL	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Employees with a Disability	0.00	0.00	0.00	0.00	0.00

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 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	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Department
Not Applicable	0.00	Not Applicable	Not Applicable	Not Applicable	Not Applicable
TOTAL	**0.00**				
Percentage of Total Employment	0.00				
Total number of employees whose salaries exceeded the level determined by job evaluation					0.00
Percentage of total employed					0.00

Table 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	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
TOTAL	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Employees with a Disability	0.00	0.00	0.00	0.00	0.00

Total number of Employees whose salaries exceeded the grades determine by job evaluation	0.00

3.5. 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.

Table 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	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	5 443,00	319,00	132,00	2,40
02 Skilled (Levels 3-5) Permanent	14 902,00	785,00	602,00	4,00
03 Highly Skilled Production (Levels 6-8) Permanent	11 653,00	1 115,00	874,00	7,50
03 Highly Skilled Production (Levels 6-8) Temporary	1,00	0,00	0,00	0,00
04 Highly Skilled Supervision (Levels 9-12) Permanent	6 981,00	460,00	596,00	8,50
04 Highly Skilled Supervision (Levels 9-12) Temporary	5,00	0,00	1,00	20,00
05 Senior Management Service Band A Permanent	61,00	4,00	2,00	3,30
06 Senior Management Service Band B Permanent	17,00	0,00	0,00	0,00
07 Senior Management Service Band C Permanent	2,00	0,00	0,00	0,00
08 Senior Management Service Band D Permanent	1,00	0,00	0,00	0,00
09 Other Permanent	26,00	0,00	2,00	7,70
09 Other Temporary	50,00	91,00	41,00	82,00
10 Contract (Levels 1-2) Permanent	3,00	0,00	0,00	0,00
11 Contract (Levels 3-5) Permanent	259,00	436,00	162,00	62,50
12 Contract (Levels 6-8) Permanent	698,00	1 033,00	443,00	63,50
13 Contract (Levels 9-12) Permanent	1 040,00	765,00	765,00	73,60
14 Contract Band A Permanent	2,00	1,00	0,00	0,00
17 Contract Band D Permanent	1,00	0,00	0,00	0,00
TOTAL	**41 145,00**	**5 009,00**	**3 620,00**	**8,80**

Table 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	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Administration Clerks Permanent	0,00	9,00	0,00	0,00
Administrative Related Permanent	331,00	8,00	30,00	9,10
Admission Clerk Permanent	0,00	1,00	0,00	0,00
All Artisans In The Building Metal Machinery Etc. Permanent	183,00	8,00	16,00	8,70
Ambulance And Related Workers Permanent	2 457,00	23,00	65,00	2,60
Architects Town And Traffic Planners Permanent	5,00	0,00	0,00	0,00
Artisan Project And Related Superintendents Permanent	9,00	1,00	1,00	11,10
Auxiliary And Related Workers Permanent	538,00	13,00	30,00	5,60
Boiler And Related Operators Permanent	46,00	4,00	2,00	4,30
Building And Other Property Caretakers Permanent	130,00	13,00	6,00	4,60
Bus And Heavy Vehicle Drivers Permanent	17,00	2,00	0,00	0,00
Cartographic Surveying And Related Technicians Permanent	2,00	1,00	0,00	0,00
Cashiers Tellers And Related Clerks Permanent	1,00	0,00	0,00	0,00
Chemists Permanent	0,00	0,00	1,00	0,00
Child Or Youth Residentialcare Assistant Permanent	0,00	1,00	0,00	0,00
Civil Engineering Technicians Permanent	1,00	0,00	0,00	0,00
Cleaners In Offices Workshops Hospitals Etc. Permanent	4 317,00	186,00	183,00	4,20
Clerical Suppleme.Workers Not Elsewhere Classified Permanent	0,00	2,00	0,00	0,00
Client Inform Clerks (Switchb Recept Inform Clerks) Permanent	215,00	17,00	4,00	1,90
Clinical Nurse Practitioner Permanent	0,00	2,00	0,00	0,00
Communication And Information Related Permanent	45,00	0,00	1,00	2,20
Community Development Workers Permanent	1,00	0,00	0,00	0,00
Community Psychologist Permanent	0,00	1,00	0,00	0,00
Compositors Typesetters & Related Printing Workers Permanent	2,00	0,00	2,00	100,00
Conservation Labourers* Permanent	0,00	0,00	1,00	0,00
Data Entry Clerk Permanent	0,00	2,00	0,00	0,00
Dental Practitioners Permanent	163,00	19,00	26,00	16,00
Dental Specialists Permanent	0,00	3,00	0,00	0,00
Dental Technicians Permanent	3,00	2,00	0,00	0,00
Dental Therapy Permanent	20,00	1,00	3,00	15,00
Dieticians And Nutritionists Permanent	149,00	22,00	22,00	14,80
Dieticians And Nutritionists Temporary	1,00	0,00	0,00	0,00
Electrical And Electronics Engineering Technicians Permanent	1,00	0,00	0,00	0,00
Emergency Services Related Permanent	23,00	2,00	0,00	0,00
Engineering Sciences Related Permanent	4,00	1,00	2,00	50,00
Engineers And Related Professionals Permanent	16,00	4,00	2,00	12,50

Critical Occupation	Number of Employees at Beginning of Period	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Environmental Health Officer Permanent	0,00	1,00	0,00	0,00
Environmental Health* Permanent	17,00	4,00	1,00	5,90
Farm Hands And Labourers Permanent	0,00	0,00	2,00	0,00
Finance And Economics Related Permanent	161,00	6,00	13,00	8,10
Finance Clerk Permanent	0,00	2,00	0,00	0,00
Financial And Related Professionals Permanent	68,00	0,00	2,00	2,90
Financial Clerks And Credit Controllers Permanent	429,00	26,00	28,00	6,50
Food Services Aids And Waiters Permanent	603,00	23,00	19,00	3,20
Food Services Workers Permanent	1,00	0,00	0,00	0,00
Food Trade Assistant Permanent	0,00	4,00	0,00	0,00
General Medical Practitioner Permanent	0,00	7,00	0,00	0,00
Head Of Department/Chief Executive Officer Permanent	7,00	2,00	0,00	0,00
Head Of Provincial Government Component Permanent	0,00	1,00	0,00	0,00
Health Sciences Related Permanent	184,00	6,00	40,00	21,70
Healthcare Cleaner Permanent	0,00	2,00	0,00	0,00
Hospital Pharmacist Permanent	0,00	1,00	0,00	0,00
Household And Laundry Workers Permanent	819,00	17,00	32,00	3,90
Household Food And Laundry Services Related Permanent	5,00	0,00	0,00	0,00
Housekeepers Laundry And Related Workers Permanent	6,00	0,00	1,00	16,70
Human Resource Clerk Permanent	0,00	8,00	0,00	0,00
Human Resource Manager Permanent	0,00	1,00	0,00	0,00
Human Resources & Organisat Developm & Relate Prof Permanent	39,00	5,00	0,00	0,00
Human Resources Clerks Permanent	242,00	12,00	17,00	7,00
Human Resources Related Permanent	194,00	6,00	9,00	4,60
Information Technology & Systems Manager Permanent	0,00	2,00	0,00	0,00
Information Technology Related Permanent	15,00	0,00	0,00	0,00
Inspectors Of Apprentices Works And Vehicles Permanent	2,00	0,00	0,00	0,00
Language Practitioners Interpreters & Other Commun Permanent	39,00	0,00	1,00	2,60
Laundry Worker (General) Permanent	0,00	3,00	0,00	0,00
Legal Related Permanent	4,00	0,00	0,00	0,00
Librarians And Related Professionals Permanent	1,00	0,00	0,00	0,00
Library Mail And Related Clerks Permanent	90,00	11,00	7,00	7,80
Life Sciences Related Permanent	1,00	0,00	0,00	0,00
Light Vehicle Drivers Permanent	139,00	2,00	7,00	5,00
Logistical Support Personnel Permanent	133,00	2,00	4,00	3,00
Material-Recording And Transport Clerks Permanent	205,00	6,00	5,00	2,40
Mechanical Engineering Technicians Permanent	1,00	0,00	0,00	0,00
Medical Practitioners Permanent	2 216,00	742,00	721,00	32,50
Medical Practitioners Temporary	43,00	66,00	30,00	69,80

Critical Occupation	Number of Employees at Beginning of Period	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Medical Research And Related Professionals Permanent	3,00	2,00	0,00	0,00
Medical Specialists Permanent	272,00	32,00	55,00	20,20
Medical Specialists Temporary	10,00	20,00	9,00	90,00
Medical Technicians/Technologists Permanent	43,00	5,00	1,00	2,30
Medical Technicians/Technologists Temporary	1,00	4,00	2,00	200,00
Messengers Porters And Deliverers Permanent	731,00	67,00	25,00	3,40
Midd.Manager:Household/Food & Laundry Services Rel. Permanent	0,00	1,00	0,00	0,00
Middle Manager: Health Science Related Permanent	0,00	1,00	0,00	0,00
Motor Vehicle Drivers Permanent	26,00	1,00	0,00	0,00
Not Available Permanent	20,00	0,00	0,00	0,00
Nursing Assistants Permanent	5 399,00	263,00	211,00	3,90
Occupational Therapy* Permanent	149,00	91,00	67,00	45,00
Office Cleaner Permanent	0,00	3,00	0,00	0,00
Optometrists And Opticians Permanent	8,00	1,00	1,00	12,50
Oral Hygiene Permanent	17,00	1,00	2,00	11,80
Other Administrat & Related Clerks And Organisers Permanent	1 580,00	179,00	72,00	4,60
Other Administrative Policy And Related Officers Permanent	226,00	9,00	20,00	8,80
Other Clerical Support Workers Permanent	0,00	5,00	0,00	0,00
Other Information Technology Personnel. Permanent	80,00	2,00	4,00	5,00
Other Middle Manager Permanent	0,00	1,00	0,00	0,00
Other Occupations Permanent	2,00	4,00	7,00	350,00
Payroll Clerk Permanent	0,00	1,00	0,00	0,00
Personal Assistant Permanent	0,00	1,00	0,00	0,00
Pharmaceutical Assistants Permanent	14,00	16,00	9,00	64,30
Pharmacists Permanent	1 055,00	179,00	186,00	17,60
Pharmacy Technician Permanent	0,00	2,00	0,00	0,00
Physicists Permanent	5,00	0,00	1,00	20,00
Physiotherapist Permanent	0,00	1,00	0,00	0,00
Physiotherapy Permanent	190,00	75,00	74,00	38,90
Professional Nurse Permanent	11 494,00	1 979,00	1 145,00	10,00
Psychologists And Vocational Counsellors Permanent	79,00	33,00	24,00	30,40
Psychologists And Vocational Counsellors Temporary	1,00	1,00	1,00	100,00
Quantity Surveyors & Rela Prof Not Class Elsewhere Permanent	1,00	0,00	0,00	0,00
Radiography Permanent	416,00	62,00	63,00	15,10
Registered Nurse (Community Health) Permanent	0,00	1,00	0,00	0,00
Registered Nurse (Medical) Permanent	0,00	1,00	0,00	0,00
Registry And Mailing Clerk Permanent	0,00	1,00	0,00	0,00
Risk Management And Security Services Permanent	4,00	0,00	0,00	0,00
Safety Health And Quality Inspectors Permanent	15,00	0,00	1,00	6,70

Critical Occupation	Number of Employees at Beginning of Period	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Secretaries & Other Keyboard Operating Clerks Permanent	1 010,00	15,00	33,00	3,30
Security Guards Permanent	2,00	0,00	2,00	100,00
Senior Managers Permanent	90,00	3,00	1,00	1,10
Social Sciences Related Permanent	2,00	0,00	0,00	0,00
Social Work And Related Professionals Permanent	147,00	8,00	6,00	4,10
Speech Therapy And Audiology Permanent	86,00	42,00	22,00	25,60
Staff Nurse Permanent	0,00	1,00	0,00	0,00
Staff Nurses And Pupil Nurses Permanent	3 404,00	571,00	232,00	6,80
Student Nurse* Permanent	22,00	0,00	0,00	0,00
Supplementary Diagnostic Radiographers Permanent	10,00	0,00	2,00	20,00
Trade Labourers Permanent	186,00	5,00	6,00	3,20
Washroom Attendant Permanent	0,00	2,00	0,00	0,00
Work Planners Permanent	1,00	0,00	0,00	0,00
Workshop Cleaner Permanent	0,00	1,00	0,00	0,00
TOTAL	**41 145,00**	**5 009,00**	**3 620,00**	**8,80**

Table 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
01 Death, Permanent	201,00	5,60
01 Death, Temporary	2,00	0,10
02 Resignation, Permanent	1 430,00	39,50
02 Resignation, Temporary	8,00	0,20
03 Expiry of contract, Permanent	1 270,00	35,10
03 Expiry of contract, Temporary	30,00	0,80
06 Discharged due to ill health, Permanent	35,00	1,00
07 Dismissal-misconduct, Permanent	31,00	0,90
09 Retirement, Permanent	610,00	16,90
09 Retirement, Temporary	1,00	0,00
10 Other, Permanent	1,00	0,00
10 Other, Temporary	1,00	0,00
TOTAL	**3 620,00**	**100,00**

Table 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
Administrative Related	331,00	5,00	1,50	278,00	84,00
All Artisans In The Building Metal Machinery Etc.	183,00	0,00	0,00	83,00	45,40
Ambulance And Related Workers	2 457,00	1,00	0,00	952,00	38,70
Architects Town And Traffic Planners	5,00	0,00	0,00	0,00	0,00
Artisan Project And Related Superintendents	9,00	1,00	11,10	6,00	66,70
Auxiliary And Related Workers	538,00	1,00	0,20	284,00	52,80
Biochemistry Pharmacol. Zoology & Life Scie.Techni	0,00	0,00	0,00	1,00	0,00
Boiler And Related Operators	46,00	0,00	0,00	28,00	60,90
Building And Other Property Caretakers	130,00	0,00	0,00	57,00	43,80
Bus And Heavy Vehicle Drivers	17,00	0,00	0,00	12,00	70,60
Cartographic Surveying And Related Technicians	2,00	0,00	0,00	1,00	50,00
Cashiers Tellers And Related Clerks	1,00	0,00	0,00	1,00	100,00
Chemists	0,00	0,00	0,00	20,00	0,00
Civil Engineering Technicians	1,00	0,00	0,00	1,00	100,00
Cleaners In Offices Workshops Hospitals Etc.	4 317,00	2,00	0,00	2 645,00	61,30
Client Inform Clerks(Switchb Recept Inform Clerks)	215,00	1,00	0,50	124,00	57,70
Communication And Information Related	45,00	0,00	0,00	26,00	57,80
Community Development Workers	1,00	0,00	0,00	0,00	0,00
Compositors Typesetters & Related Printing Workers	2,00	0,00	0,00	2,00	100,00
Conservation Labourers*	0,00	0,00	0,00	1,00	0,00
Dental Practitioners	163,00	0,00	0,00	89,00	54,60
Dental Technicians	3,00	0,00	0,00	5,00	166,70
Dental Therapy	20,00	0,00	0,00	9,00	45,00
Dieticians And Nutritionists	150,00	2,00	1,30	84,00	56,00
Diplomats	0,00	0,00	0,00	2,00	0,00
Electrical And Electronics Engineering Technicians	1,00	0,00	0,00	3,00	300,00
Emergency Services Related	23,00	0,00	0,00	17,00	73,90
Engineering Sciences Related	4,00	1,00	25,00	1,00	25,00

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
Engineers And Related Professionals	16,00	0,00	0,00	7,00	43,80
Environmental Health*	17,00	0,00	0,00	12,00	70,60
Farm Hands And Labourers	0,00	0,00	0,00	2,00	0,00
Finance And Economics Related	161,00	5,00	3,10	80,00	49,70
Financial And Related Professionals	68,00	0,00	0,00	38,00	55,90
Financial Clerks And Credit Controllers	429,00	6,00	1,40	248,00	57,80
Fire Fighting And Related Workers	0,00	0,00	0,00	1,00	0,00
Food Services Aids And Waiters	603,00	0,00	0,00	363,00	60,20
Food Services Workers	1,00	0,00	0,00	5,00	500,00
Head Of Department/Chief Executive Officer	7,00	0,00	0,00	6,00	85,70
Health Sciences Related	184,00	4,00	2,20	134,00	72,80
Home-Based Personal Care Workers	0,00	0,00	0,00	1,00	0,00
Household And Laundry Workers	819,00	4,00	0,50	491,00	60,00
Household Food And Laundry Services Related	5,00	0,00	0,00	4,00	80,00
Housekeepers Laundry And Related Workers	6,00	0,00	0,00	8,00	133,30
Human Resource Practitioner	0,00	1,00	0,00	0,00	0,00
Human Resources & Organisation Development & Relate Prof	39,00	2,00	5,10	25,00	64,10
Human Resources Clerks	242,00	1,00	0,40	163,00	67,40
Human Resources Related	194,00	2,00	1,00	126,00	64,90
Information Technology Related	15,00	0,00	0,00	11,00	73,30
Inspectors Of Apprentices Works And Vehicles	2,00	0,00	0,00	0,00	0,00
Language Practitioners Interpreters & Other Commun	39,00	0,00	0,00	11,00	28,20
Legal Related	4,00	0,00	0,00	0,00	0,00
Librarians And Related Professionals	1,00	0,00	0,00	0,00	0,00
Library Mail And Related Clerks	90,00	1,00	1,10	54,00	60,00
Life Sciences Related	1,00	0,00	0,00	1,00	100,00
Light Vehicle Drivers	139,00	2,00	1,40	89,00	64,00
Logistical Support Personnel	133,00	3,00	2,30	62,00	46,60

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
Material-Recording And Transport Clerks	205,00	0,00	0,00	133,00	64,90
Mechanical Engineering Technicians	1,00	0,00	0,00	0,00	0,00
Medical Practitioners	2 259,00	20,00	0,90	614,00	27,20
Medical Research And Related Professionals	3,00	0,00	0,00	2,00	66,70
Medical Specialists	282,00	2,00	0,70	64,00	22,70
Medical Technicians/Technologists	44,00	0,00	0,00	31,00	70,50
Messengers Porters And Deliverers	731,00	1,00	0,10	399,00	54,60
Middle Managers	0,00	0,00	0,00	1,00	0,00
Motor Vehicle Drivers	26,00	1,00	3,80	16,00	61,50
Not Available	20,00	0,00	0,00	0,00	0,00
Nursing Assistants	5 399,00	1,00	0,00	1 729,00	32,00
Occupational Therapy*	149,00	1,00	0,70	50,00	33,60
Optometrists And Opticians	8,00	0,00	0,00	3,00	37,50
Oral Hygiene	17,00	0,00	0,00	13,00	76,50
Other Administrat & Related Clerks And Organisers	1 580,00	20,00	1,30	1 055,00	66,80
Other Administrative Policy And Related Officers	226,00	2,00	0,90	166,00	73,50
Other Clerical Support Workers	0,00	1,00	0,00	0,00	0,00
Other Information Technology Personnel.	80,00	1,00	1,30	52,00	65,00
Other Occupations	2,00	1,00	50,00	29,00	1 450,00
Pharmaceutical Assistants	14,00	0,00	0,00	4,00	28,60
Pharmacists	1 055,00	6,00	0,60	441,00	41,80
Physicists	5,00	1,00	20,00	4,00	80,00
Physiotherapy	190,00	1,00	0,50	71,00	37,40
Professional Nurse	11 494,00	241,00	2,10	3 355,00	29,20
Psychologists And Vocational Counsellors	80,00	0,00	0,00	22,00	27,50

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
Quantity Surveyors & Rela Prof Not Class Elsewhere	1,00	0,00	0,00	0,00	0,00
Radiography	416,00	5,00	1,20	241,00	57,90
Risk Management And Security Services	4,00	0,00	0,00	3,00	75,00
Safety Health And Quality Inspectors	15,00	0,00	0,00	10,00	66,70
Secretaries & Other Keyboard Operating Clerks	1 010,00	1,00	0,10	878,00	86,90
Security Guards	2,00	0,00	0,00	8,00	400,00
Security Officers	0,00	0,00	0,00	1,00	0,00
Senior Managers	90,00	1,00	1,10	51,00	56,70
Shoemakers	0,00	0,00	0,00	1,00	0,00
Social Sciences Related	2,00	0,00	0,00	1,00	50,00
Social Work And Related Professionals	147,00	0,00	0,00	49,00	33,30
Speech Therapy And Audiology	86,00	0,00	0,00	23,00	26,70
Staff Nurses And Pupil Nurses	3 404,00	2,00	0,10	965,00	28,30
Student Nurse*	22,00	0,00	0,00	0,00	0,00
Supplementary Diagnostic Radiographers	10,00	0,00	0,00	4,00	40,00
Trade Labourers	186,00	0,00	0,00	92,00	49,50
Trade Related	0,00	0,00	0,00	3,00	0,00
Training And Development Professional	0,00	1,00	0,00	0,00	0,00
Work Planners	1,00	0,00	0,00	0,00	0,00
TOTAL	**41 145,00**	**355,00**	**0,90**	**17 258,00**	**41,90**

Table 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 Level Promotions as a % of Employees by Salary Band	Progressions to another Notch within a Salary Level	Notch Progression as a % of Employees by Salary Band
01 Lower Skilled (Levels 1-2), Permanent	5 443,00	0,00	0,00	3 175,00	58,30
02 Skilled (Levels 3-5), Permanent	14 902,00	27,00	0,20	6 691,00	44,90
03 Highly Skilled Production (Levels 6-8), Permanent	11 653,00	163,00	1,40	4 596,00	39,40
03 Highly Skilled Production (Levels 6-8), Temporary	1,00	0,00	0,00	0,00	0,00
04 Highly Skilled Supervision (Levels 9-12), Permanent	6 981,00	157,00	2,20	2 675,00	38,30
04 Highly Skilled Supervision (Levels 9-12), Temporary	5,00	0,00	0,00	0,00	0,00
05 Senior Management (Levels >= 13), Permanent	81,00	5,00	6,20	42,00	51,90
09 Other, Permanent	26,00	0,00	0,00	0,00	0,00
09 Other, Temporary	50,00	0,00	0,00	0,00	0,00
10 Contract (Levels 1-2), Permanent	3,00	0,00	0,00	0,00	0,00
11 Contract (Levels 3-5), Permanent	259,00	0,00	0,00	1,00	0,40
12 Contract (Levels 6-8), Permanent	698,00	1,00	0,10	3,00	0,40
13 Contract (Levels 9-12), Permanent	1 040,00	2,00	0,20	74,00	7,10
14 Contract (Levels >= 13), Permanent	3,00	0,00	0,00	1,00	33,30
TOTAL	**41 145,00**	**355,00**	**0,90**	**17 258,00**	**41,90**

3.6. Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 1 April 2023 and 31 March 2024

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials, and managers	39,00	0,00	1,00	1,00	53,00	5,00	2,00	4,00	105,00
Professionals	1 464,00	117,00	124,00	289,00	2 305,00	258,00	107,00	415,00	5 079,00
Technicians and associate professionals	2 419,00	154,00	1,00	40,00	9 883,00	1 273,00	25,00	382,00	14 177,00
Clerks	916,00	57,00	1,00	11,00	2 625,00	126,00	2,00	37,00	3 775,00
Service and sales workers	2 582,00	260,00	5,00	62,00	7 754,00	427,00	1,00	90,00	11 181,00
Skilled agriculture and fishery workers	116,00	13,00	0,00	8,00	40,00	0,00	0,00	0,00	177,00
Craft and related trades workers	220,00	16,00	0,00	4,00	9,00	1,00	0,00	0,00	250,00
Plant and machine operators and assemblers	2 209,00	111,00	1,00	19,00	4 158,00	209,00	0,00	24,00	6 731,00
Elementary occupations	4,00	1,00	0,00	0,00	9,00	1,00	0,00	0,00	15,00
Total	**9 982,00**	**730,00**	**135,00**	**434,00**	**26 882,00**	**2 302,00**	**137,00**	**954,00**	**41 556,00**
Employees with disabilities	39	4	0	3	47	6	0	2	101

Table 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	1,00	0,00	0,00	0,00	3,00	0,00	0,00	0,00	4,00
Senior Management	35,00	0,00	3,00	5,00	36,00	1,00	1,00	2,00	83,00
Professionally qualified and experienced specialists and mid-management	1 384,00	137,00	87,00	212,00	4 075,00	620,00	78,00	354,00	6 947,00
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	2 361,00	234,00	8,00	71,00	7 960,00	943,00	15,00	315,00	11 907,00
Semi-skilled and discretionary decision making	3 878,00	245,00	1,00	41,00	10 262,00	492,00	3,00	62,00	14 984,00
Unskilled and defined decision making	1 731,00	73,00	0,00	5,00	3 254,00	129,00	0,00	3,00	5 195,00
Total	**9 390.00**	**689.00**	**99.00**	**434,00**	**26 882,00**	**2 302,00**	**137,00**	**954,00**	**41 556,00**

Table 3.6.3 Recruitment for the period 1 April 2023 and 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	2,00	0,00	1,00	0,00	1,00	0,00	0,00	0,00	4,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	125,00	6,00	9,00	19,00	249,00	24,00	9,00	19,00	460,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	251,00	6,00	0,00	1,00	761,00	82,00	1,00	13,00	1 115,00
05 Semi-skilled and discretionary decision making, Permanent	183,00	8,00	0,00	0,00	570,00	21,00	0,00	3,00	785,00
06 Unskilled and defined decision making, Permanent	133,00	7,00	0,00	0,00	172,00	7,00	0,00	0,00	319,00
07 Not Available, Temporary	43,00	3,00	5,00	7,00	24,00	0,00	0,00	9,00	91,00
09 Contract (Senior Management), Permanent	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	1,00
10 Contract (Professionally qualified), Permanent	222,00	15,00	18,00	53,00	294,00	48,00	22,00	93,00	765,00

Occupational Band	Male				Female				Total
12 Contract (Semi-skilled), Permanent	91,00	2,00	0,00	0,00	335,00	7,00	0,00	1,00	436,00
TOTAL	**1 257,00**	**60,00**	**33,00**	**85,00**	**3 078,00**	**243,00**	**39,00**	**214,00**	**5 009,00**

Table 3.6.4 Promotions for the period 1 April 2023 and 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
01 Top Management, Permanent	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	1,00
02 Senior Management, Permanent	19,00	1,00	0,00	1,00	22,00	1,00	0,00	2,00	46,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	563,00	69,00	38,00	94,00	1 601,00	235,00	38,00	194,00	2 832,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	929,00	92,00	3,00	29,00	3 155,00	383,00	8,00	160,00	4 759,00
05 Semi-skilled and discretionary decision making, Permanent	1 769,00	116,00	1,00	16,00	4 550,00	230,00	2,00	34,00	6 718,00
06 Unskilled and defined decision making, Permanent	1 026,00	37,00	0,00	3,00	2 045,00	62,00	0,00	2,00	3 175,00
09 Contract (Senior Management), Permanent	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1,00
10 Contract (Professionally qualified), Permanent	10,00	1,00	8,00	13,00	16,00	4,00	7,00	17,00	76,00
11 Contract (Skilled technical), Permanent	1,00	0,00	0,00	0,00	3,00	0,00	0,00	0,00	4,00
12 Contract (Semi-skilled), Permanent	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	1,00
TOTAL	**4 318,00**	**316,00**	**50,00**	**156,00**	**11 394,00**	**915,00**	**55,00**	**409,00**	**17 613,00**

Table 3.6.5 Terminations for the period 1 April 2023 and 31 March 2024

Occupational Band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
02 Senior Management, Permanent	1,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	2,00
03 Professionally qualified and experienced specialists and mid-management, Permanent	108,00	11,00	8,00	32,00	346,00	41,00	9,00	41,00	596,00
03 Professionally qualified and experienced specialists and mid-management, Temporary	0,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	1,00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	182,00	9,00	0,00	3,00	584,00	64,00	3,00	29,00	874,00
05 Semi-skilled and discretionary decision making, Permanent	195,00	11,00	0,00	5,00	362,00	23,00	0,00	6,00	602,00
06 Unskilled and defined decision making, Permanent	49,00	1,00	0,00	1,00	73,00	7,00	0,00	1,00	132,00
07 Not Available, Permanent	1,00	1,00	0,00	0,00	0,00	0,00	0,00	0,00	2,00
07 Not Available, Temporary	21,00	0,00	1,00	3,00	11,00	0,00	0,00	5,00	41,00
10 Contract (Professionally qualified), Permanent	283,00	16,00	13,00	53,00	240,00	32,00	31,00	97,00	765,00
11 Contract (Skilled technical), Permanent	101,00	7,00	2,00	3,00	221,00	45,00	3,00	61,00	443,00
12 Contract (Semi-skilled), Permanent	43,00	1,00	0,00	0,00	115,00	3,00	0,00	0,00	162,00
TOTAL	**984,00**	**57,00**	**24,00**	**100,00**	**1 954,00**	**215,00**	**46,00**	**240,00**	**3 620,00**

Table 3.6.6 Disciplinary action for the period 1 April 2023 and 31 March 2024

Disciplinary Action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Corrective Counselling	1,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	**1**
Final Written Warning	3,00	0	0,00	0,00	1,00	0,00	0,00	0,00	**5**
Suspended Without Payment	3,00	0,00	0,00	0,00	1,00	0,00	0,00	0,00	**5**
TOTAL	**7,00**	**0,00**	**0,00**	**0,00**	**2,00**	**0,00**	**0,00**	**0,00**	**9**

Table 3.6.7 Skills development for the period 1 April 2023 and 31 March 2024

Occupational Category	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials, and managers	37	2	2	1	45	2	1	1	89
Professionals	385	15	0	6	819	42	11	15	1293
Technicians and associate professionals	175	15	1	2	281	14	0	5	493
Clerks	119	1	0	0	226	5	0	0	351
Service and sales workers	19	102	3	0	102	0	0	0	207
Skilled agriculture and fishery workers	23	0	0	0	9	0	0	0	32
Craft and related trades workers.	0	0	0	0	0	0	0	0	0
Plant and machine operators and assemblers	26	0	0	0	2	0	0	0	28
Elementary occupations	133	0	0	0	196	5	0	0	334
Total	**917**	**135**	**6**	**9**	**1680**	**68**	**12**	**21**	**2827**
Employees with disabilities	0	0	0	0	0	0	0	0	0

3.7. 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 3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2023.

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
Director-General / Head of Department	1	1	1	100
Salary Level 16				
Salary Level 15	3	3	3	100
Salary Level 14	16	16	13	81
Salary Level 13	64	64	51	80
Total	**84**	**84**	**68**	**81**

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2023

Reasons
SMS members who terminated their services before the contracting period came to an end
General noncompliance

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2023

Reasons
Warning letters were issued to all those who were non-compliant.

3.8. 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 3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2023 and 31 March 2024

Race and Gender	Number of Beneficiaries	Number of Employees	% of Total within Group	Total Cost (R'000)	Average Cost per Employee (R)
African					
Male	0,00	9 943,00	0,00	0,00	0,00
Female	0,00	26 835,00	0,00	0,00	0,00
Asian					
Male	0,00	135,00	0,00	0,00	0,00
Female	0,00	137,00	0,00	0,00	0,00
Coloured					
Male	0,00	726,00	0,00	0,00	0,00
Female	0,00	2 296,00	0,00	0,00	0,00
White					
Male	**0,00**	**10 804,00**	**0,00**	**0,00**	**0,00**
Female	0,00	952,00	0,00	0,00	0,00
Total	**0,00**	**41 556**	**0,00**	**0,00**	**0,00**
Employees with a disability	**0,00**	**101**	**0,00**	**0,00**	**0,00**

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2023 and 31 March 2024

Salary Band	Number of Beneficiaries	Number of Employees	% of Total within Salary Band	Total Cost (R'000)	Average Cost per Employee (R)
01 Lower Skilled (Levels 1-2)	0,00	5 195,00	0,00	0,00	0,00
02 Skilled (Levels 3-5)	0,00	14 984,00	0,00	0,00	0,00
03 Highly Skilled Production (Levels 6-8)	0,00	11 908,00	0,00	0,00	0,00
04 Highly Skilled Supervision (Levels 9-12)	0,00	6 952,00	0,00	0,00	0,00
09 Other	0,00	87,00	0,00	0,00	0,00
10 Contract (Levels 1-2)	0,00	3,00	0,00	0,00	0,00
11 Contract (Levels 3-5)	0,00	381,00	0,00	0,00	0,00
12 Contract (Levels 6-8)	0,00	924,00	0,00	0,00	0,00
13 Contract (Levels 9-12)	0,00	1 031,00	0,00	0,00	0,00
TOTAL	**0,00**	**41 465,00**	**0,00**	**0,00**	**0,00**

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2023 and 31 March 2024

Critical Occupation	Number of Beneficiaries	Number of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
Financial Clerks And Credit Controllers	0,00	424,00	0,00	0,00	0,00
Food Trade Assistant	0,00	7,00	0,00	0,00	0,00
Household Food And Laundry Services Related	0,00	5,00	0,00	0,00	0,00
Human Resources Clerks	0,00	229,00	0,00	0,00	0,00
Industrial/ Labour Relations Officer	0,00	1,00	0,00	0,00	0,00
Household And Laundry Workers	0,00	797,00	0,00	0,00	0,00
Oral Hygiene	0,00	17,00	0,00	0,00	0,00
Human Resources & Organisat Developm & Relate Prof	0,00	39,00	0,00	0,00	0,00
All Artisans In The Building Metal Machinery Etc.	0,00	177,00	0,00	0,00	0,00
Messengers Porters And Deliverers	0,00	743,00	0,00	0,00	0,00
Data Entry Clerk	0,00	2,00	0,00	0,00	0,00
Registry And Mailing Clerk	0,00	2,00	0,00	0,00	0,00
Managers Not Elsewhere Classified	0,00	1,00	0,00	0,00	0,00
Risk Management And Security Services	0,00	4,00	0,00	0,00	0,00

Critical Occupation	Number of Beneficiaries	Number of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
General Medical Practitioner	0,00	6,00	0,00	0,00	0,00
Dental Specialists	0,00	3,00	0,00	0,00	0,00
Nurse Educator	0,00	2,00	0,00	0,00	0,00
Safety Health And Quality Inspectors	0,00	13,00	0,00	0,00	0,00
Life Sciences Related	0,00	1,00	0,00	0,00	0,00
Boiler And Related Operators	0,00	44,00	0,00	0,00	0,00
Social Sciences Related	0,00	2,00	0,00	0,00	0,00
Finance And Economics Related	0,00	163,00	0,00	0,00	0,00
Logistical Support Personnel	0,00	133,00	0,00	0,00	0,00
Mechanical Engineering Technicians	0,00	1,00	0,00	0,00	0,00
Occupational Therapy*	0,00	164,00	0,00	0,00	0,00
Cashier	0,00	1,00	0,00	0,00	0,00
Food Services Workers	0,00	1,00	0,00	0,00	0,00
Environmental Health*	0,00	21,00	0,00	0,00	0,00
Information Technology & Systems Manager	0,00	2,00	0,00	0,00	0,00
Optometrists And Opticians	0,00	7,00	0,00	0,00	0,00
Other Administrat & Related Clerks And Organisers	0,00	1 645,00	0,00	0,00	0,00
Washroom Attendant	0,00	2,00	0,00	0,00	0,00
Housekeepers Laundry And Related Workers	0,00	7,00	0,00	0,00	0,00
Personal Assistant	0,00	1,00	0,00	0,00	0,00
Auxiliary And Related Workers	0,00	522,00	0,00	0,00	0,00
Other Occupations	0,00	3,00	0,00	0,00	0,00
Legal Related	0,00	4,00	0,00	0,00	0,00
Light Vehicle Driver	0,00	1,00	0,00	0,00	0,00
Financial And Related Professionals	0,00	68,00	0,00	0,00	0,00
Building And Other Property Caretakers	0,00	135,00	0,00	0,00	0,00
Not Available	0,00	3,00	0,00	0,00	0,00
Other Middle Manager	0,00	2,00	0,00	0,00	0,00
Workshop Cleaner	0,00	1,00	0,00	0,00	0,00
Medical Technicians/Technologists	0,00	47,00	0,00	0,00	0,00
Emergency Services Related	0,00	22,00	0,00	0,00	0,00
Radiography	0,00	406,00	0,00	0,00	0,00

Critical Occupation	Number of Beneficiaries	Number of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
Architects Town And Traffic Planners	0,00	5,00	0,00	0,00	0,00
Healthcare Cleaner	0,00	3,00	0,00	0,00	0,00
Administrative Related	0,00	315,00	0,00	0,00	0,00
Communication And Information Related	0,00	48,00	0,00	0,00	0,00
Administration Clerks	0,00	11,00	0,00	0,00	0,00
Finance Clerk	0,00	4,00	0,00	0,00	0,00
Secretaries & Other Keyboard Operating Clerks	0,00	988,00	0,00	0,00	0,00
Physicists	0,00	5,00	0,00	0,00	0,00
Cleaners In Offices Workshops Hospitals Etc.	0,00	4 252,00	0,00	0,00	0,00
Library Mail And Related Clerks	0,00	89,00	0,00	0,00	0,00
Training And Development Professional	0,00	2,00	0,00	0,00	0,00
Admission Clerk	0,00	1,00	0,00	0,00	0,00
Human Resources Related	0,00	194,00	0,00	0,00	0,00
Dental Practitioners	0,00	154,00	0,00	0,00	0,00
Ambulance And Related Workers	0,00	2 423,00	0,00	0,00	0,00
Pharmaceutical Assistants	0,00	35,00	0,00	0,00	0,00
Nurse Researcher	0,00	1,00	0,00	0,00	0,00
Cashiers Tellers And Related Clerks	0,00	1,00	0,00	0,00	0,00
Caretaker/ Cleaner	0,00	5,00	0,00	0,00	0,00
Head Of Department/Chief Executive Officer	0,00	6,00	0,00	0,00	0,00
Payroll Clerk	0,00	1,00	0,00	0,00	0,00
Other Clerical Support Workers	0,00	5,00	0,00	0,00	0,00
Trade Labourers	0,00	177,00	0,00	0,00	0,00
Physiotherapy	0,00	200,00	0,00	0,00	0,00
Language Practitioners Interpreters & Other Commun	0,00	39,00	0,00	0,00	0,00
Medical Practitioners	0,00	2 155,00	0,00	0,00	0,00
Social Work And Related Professionals	0,00	145,00	0,00	0,00	0,00
Human Resource Practitioner	0,00	1,00	0,00	0,00	0,00
General Legal Administration & Rel. Professionals	0,00	1,00	0,00	0,00	0,00
Cartographic Surveying And Related Technicians	0,00	3,00	0,00	0,00	0,00
Civil Engineering Technicians	0,00	1,00	0,00	0,00	0,00
Material-Recording And Transport Clerks	0,00	198,00	0,00	0,00	0,00

Critical Occupation	Number of Beneficiaries	Number of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
Psychologists And Vocational Counsellors	0,00	86,00	0,00	0,00	0,00
Dieticians And Nutritionists	0,00	147,00	0,00	0,00	0,00
Supply Chain Clerk	0,00	1,00	0,00	0,00	0,00
Other Administrative Policy And Related Officers	0,00	210,00	0,00	0,00	0,00
Artisan Project And Related Superintendents	0,00	9,00	0,00	0,00	0,00
Inspectors Of Apprentices Works And Vehicles	0,00	2,00	0,00	0,00	0,00
Word Processing Operator	0,00	1,00	0,00	0,00	0,00
Professional Nurse	0,00	11 871,00	0,00	0,00	0,00
Medical Research And Related Professionals	0,00	79,00	0,00	0,00	0,00
Bus And Heavy Vehicle Drivers	0,00	18,00	0,00	0,00	0,00
Senior Managers	0,00	93,00	0,00	0,00	0,00
Human Resource Clerk	0,00	10,00	0,00	0,00	0,00
Student Nurse*	0,00	22,00	0,00	0,00	0,00
Client Inform Clerks(Switchb Recept Inform Clerks)	0,00	219,00	0,00	0,00	0,00
Speech Therapy And Audiology	0,00	101,00	0,00	0,00	0,00
Nursing Support Worker	0,00	1,00	0,00	0,00	0,00
Pharmacists	0,00	1 037,00	0,00	0,00	0,00
Engineers And Related Professionals	0,00	16,00	0,00	0,00	0,00
Head Of Provincial Government Component	0,00	1,00	0,00	0,00	0,00
Other Information Technology Personnel.	0,00	80,00	0,00	0,00	0,00
Dental Therapy	0,00	19,00	0,00	0,00	0,00
Office Cleaner	0,00	3,00	0,00	0,00	0,00
Light Vehicle Drivers	0,00	139,00	0,00	0,00	0,00
Work Planners	0,00	1,00	0,00	0,00	0,00
Middle Manager: Health Science Related	0,00	1,00	0,00	0,00	0,00
Electrical And Electronics Engineering Technicians	0,00	1,00	0,00	0,00	0,00
Engineering Sciences Related	0,00	3,00	0,00	0,00	0,00
Medical Specialists	0,00	289,00	0,00	0,00	0,00
Motor Vehicle Drivers	0,00	27,00	0,00	0,00	0,00

Critical Occupation	Number of Beneficiaries	Number of Employees	% Of Total Within Occupation	Total Cost (R'000)	Average Cost per Employee (R)
Dental Technicians	0,00	5,00	0,00	0,00	0,00
Security Guards	0,00	2,00	0,00	0,00	0,00
Health Sciences Related	0,00	180,00	0,00	0,00	0,00
Food Services Aids and Waiters	0,00	599,00	0,00	0,00	0,00
Clerical Suppleme.Workers Not Elsewhere Classified	0,00	4,00	0,00	0,00	0,00
Nursing Assistants	0,00	5 404,00	0,00	0,00	0,00
Quantity Surveyors & Rela Prof Not Class Elsewhere	0,00	1,00	0,00	0,00	0,00
Supplementary Diagnostic Radiographers	0,00	11,00	0,00	0,00	0,00
Community Development Workers	0,00	1,00	0,00	0,00	0,00
Laundry Worker (General)	0,00	4,00	0,00	0,00	0,00
Information Technology Related	0,00	13,00	0,00	0,00	0,00
Librarians And Related Professionals	0,00	1,00	0,00	0,00	0,00
Hospital Pharmacist	0,00	1,00	0,00	0,00	0,00
Staff Nurses And Pupil Nurses	0,00	3 494,00	0,00	0,00	0,00
TOTAL	**0,00**	**41 556,00**	**0,00**	**0,00**	**0,00**

Table 3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2023 and 31 March 2024

Salary Band	Number of Beneficiaries	Number of Employees	% of Total Within Salary Band	Total Cost (R'000)	Average Cost Per Employee (R)	Total Cost as a % of the Total Personnel Expenditure	Personnel Cost SMS (R'000)
Band A	0.00	63.00	0.00	0.00	0.00	0.00	87 308,81
Band B	0.00	17.00	0.00	0.00	0.00	0.00	25 912,45
Band C	0.00	2.00	0.00	0.00	0.00	0.00	4 301,99
Band D	0.00	2.00	0.00	0.00	0.00	0.00	4 569,25
TOTAL	**0.00**	**84.00**	**0.00**	**0.00**	**0.00**	**0.00**	**122 092,50**

3.9. Foreign Workers

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

Table 3.9.1 Foreign workers by salary band for the period 1 April 2023 and 31 March 2024

Salary Band	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total
Lower skilled						
Highly skilled production (Lev. 6-8	2,00	5,40	0,00	0,00	- 2,00	5,40
Highly skilled supervision (Lev. 9-12)	34,00	91,90	0,00	0,00	- 34,00	91,90
Contract (level 9-12)	0	0	0	0	0	0
Contract (level 13-16)	0	0	0	0	0	0
Total	**36**	**97.30**	**0**	**0**	**- 36**	**97.30**

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2023 and 31 March 2024

Major Occupation	Employment at Beginning of Period	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employ-ment
Administrative office workers	1,00	2,70	0,00	0,00	- 1,00	2,70	37,00	0,00	- 37,00
Craft and related trades workers	0,00	0,00	0,00	0,00	0,00	0,00	37,00	0,00	- 37,00
Information technology personnel	0,00	0,00	0,00	0,00	0,00	0,00	37,00	0,00	- 37,00
Professionals and managers	36,00	97,30	0,00	0,00	- 36,00	97,30	37,00	0,00	- 37,00
Service workers	0,00	0,00	0,00	0,00	0,00	0,00	37,00	0,00	- 37,00
Technicians and associated professionals	0,00	0,00	0,00	0,00	0,00	0,00	37,00	0,00	- 37,00
TOTAL	**37,00**	**100,00**	**0,00**	**0,00**	**- 37,00**	**100,00**	**37,00**	**0,00**	**- 37,00**

3.10. 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 3.10.1 Sick leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Sick Leave	% of Total Employees using Sick Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of Employees using Sick Leave	Total number of days with medical certification
Contract (Levels 3-5)	568,00	80,80	107,00	0,40	5,00	600,00	28 730,00	459,00
Contract (Levels 6-8)	2 887,00	67,20	714,00	2,50	4,00	3 850,00	28 730,00	1 941,00
Contract (Levels 9-12)	2 484,00	62,80	608,00	2,10	4,00	6 085,00	28 730,00	1 559,00
Highly skilled production (Levels 6-8)	70 474,00	80,70	8 945,00	31,10	8,00	112 481,00	28 730,00	56 860,00
Highly skilled supervision (Levels 9-12)	37 734,00	81,00	4 830,00	16,80	8,00	114 530,00	28 730,00	30 567,00
Lower skilled (Levels 1-2)	25 912,00	82,90	3 354,00	11,70	8,00	17 417,00	28 730,00	21 490,00
Other	38,00	84,20	6,00	0,00	6,00	56,00	28 730,00	32,00
Senior management (Levels 13-16)	159,00	92,50	28,00	0,10	6,00	785,00	28 730,00	147,00
Skilled (Levels 3-5)	77 708,00	81,90	10 138,00	35,30	8,00	75 186,00	28 730,00	63 648,00
TOTAL	**217 964,00**	**81,10**	**28 730,00**	**100,00**	**8,00**	**330 990,00**	**28 730,00**	**176 703,00**

Table 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)	Total number of days with medical certification	Total number of Employees using Disability Leave
Contract (Levels 6-8)	4,00	100,00	2,00	0,20	2,00	5,00	4,00	808,00
Contract (Levels 9-12)	39,00	100,00	2,00	0,20	20,00	77,00	39,00	808,00
Highly skilled production (Levels 6-8)	16 896,00	100,00	292,00	36,10	58,00	27 290,00	16 894,00	808,00
Highly skilled supervision (Levels 9-12)	7 788,00	100,00	141,00	17,50	55,00	23 025,00	7 788,00	808,00
Lower skilled (Levels 1-2)	3 585,00	100,00	88,00	10,90	41,00	2 474,00	3 585,00	808,00
Skilled (Levels 3-5)	13 380,00	97,80	283,00	35,00	47,00	12 991,00	13 088,00	808,00
TOTAL	**41 692,00**	**99,30**	**808,00**	**100,00**	**52,00**	**65 863,00**	**41 398,00**	**808,00**

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.

Table 3.10.3 Annual Leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total Days Taken	Average per Employee	Number of Employees using Annual Leave
Contract (Levels 1-2)	10,00	10,00	1,00
Contract (Levels 13-16)	44,00	22,00	2,00
Contract (Levels 3-5)	3 086,00	11,00	270,00
Contract (Levels 6-8)	13 319,00	11,00	1 252,00
Contract (Levels 9-12)	14 158,60	13,00	1 049,00
Highly skilled production (Levels 6-8)	260 561,38	22,00	11 947,00
Highly skilled supervision (Levels 9-12)	158 400,12	23,00	6 976,00
Lower skilled (Levels 1-2)	105 913,13	20,00	5 238,00
Other	93,00	16,00	6,00
Senior management (Levels 13-16)	1 512,00	21,00	72,00
Skilled (Levels 3-5)	303 618,77	21,00	14 563,00
TOTAL	**860 716,00**	**21,00**	**41 376,00**

Table 3.10.4 Capped leave for the period 1 January 2023 to 31 December 2023

Salary Band	Total Days of Capped Leave Taken	Average Number of Days Taken per Employee	Average Capped Leave per Employee as at End of Period	Number of Employees using Capped Leave	Total Number of Capped Leave Available at End of Period	Number of Employees as at End of Period
Contract (Levels 1-2)	0,00	0,00	0,00	0,00	0,00	0,00
Contract (Levels 13-16)	0,00	0,00	0,00	0,00	0,00	0,00
Contract (Levels 3-5)	0,00	0,00	82,00	0,00	81,50	1,00
Contract (Levels 6-8)	17,00	17,00	88,00	1,00	613,41	7,00
Contract (Levels 9-12)	0,00	0,00	58,00	0,00	521,98	9,00
Highly skilled production (Levels 6-8)	223,00	6,00	62,00	40,00	53 132,61	860,00
Highly skilled supervision (Levels 9-12)	296,00	6,00	65,00	53,00	67 901,65	1 037,00
Lower skilled (Levels 1-2)	0,00	0,00	93,00	0,00	2 142,27	23,00
Other	0,00	0,00	0,00	0,00	0,00	0,00
Senior management (Levels 13-16)	0,00	0,00	68,00	0,00	1 626,33	24,00
Skilled (Levels 3-5)	134,00	5,00	50,00	28,00	25 130,17	506,00
TOTAL	**670,00**	**5,00**	**61,00**	**122,00**	**151 149,92**	**2 467,00**

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

Table 3.10.5 Leave pay-outs for the period 1 April 2023 and 31 March 2024

Reason	Total Estimated Amount (R'000)	Number of Employees	Estimated Average per Employee (R)
Annual - Discounting With Resignation (Work Days)	2 759,00	115,00	23 991,00
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	9 458,00	291,00	32 502,00
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	9 409,00	95,00	99 042,00
TOTAL	**21 626,00**	**501**	**43 165.67**

3.11. HIV/AIDS & Health Promotion Programmes

Table 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
All Clinical, Clinical Support, Emergency Medical Services, Forensics, Maintenance, Laundry Staff, Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB, Hepatitis, COVID-19 and other communicable diseases through direct contact with infected public / patients / colleagues, body parts and body fluids. The mode of infection includes cuts, needle pricks, handling of infected body parts, body fluids, breathing infected air and touching contaminated items of linen, utensils, and other surfaces in the course of duty.	Standard/Universal precautions are taken for infection control, Needle Prick protocol, Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – gowns, aprons, gloves, masks, visors, eye wear, etc. Other interventions include: a) Staff training on infection control and standard / universal precautions b) Warning signage and promotional material c) Reporting and investigation of occupational exposures d) Education on sharps and waste disposal. e) Trauma debriefing where possible f) Monitoring proper use of Personal Protective Clothing and equipment

Table 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.	√		Ms Thiloshni Govender – Senior Manager: Employee Wellness
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.	√		The EWP Unit has 23 designated personnel: 11 EWP at Districts and Hospital Complexes and 3 at Head Office (including COID unit); OHS dedicated Staff 3 in the Districts and 6 in Health Facilities. The annual operational budget for the programmes amounted to R300 000 with R217 000 ringfenced for Compensation of Occupational Injuries and Diseases. Services have been delivered within this limited budget and with support from other programmes such as Clinical Services; HRD and external partners.
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.	√		Employee Assistance and Health Promotion are integrated into four Employee Wellness Sub-programmes. These are aligned to the DPSA Framework and include: HIV & AIDS and TB Workplace, Health and Productivity, SHERQ and Wellness Management. The core services include: 1. Case Management and counselling, attended to 3008 psychosocial referrals with 2048 being active cases at the end of the year as well as 22904 Occupational Health consultations. 52 Trauma debriefing sessions were held with 512 employees especially targeting first responders. 2. Prevention and Education: basic health risk assessments, HIV counselling and testing, TB screening, sport and recreation, Health calendar events, Life Skills (including Financial), presentations, workshops and distribution of information on various Wellness topics: 272 Sessions Reaching 16 818 employees 3. Management Training and Advice: 62 Sessions reaching 486 supervisors and shop stewards 4. EW Programme Promotion sessions reaching 694 employees. 5. Monitoring and Evaluation
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.	√		There is no functional provincial governance structure.
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.	√		All HR policies have been reviewed and comply with the required principles. The policies are aligned to the DPSA Framework for Employee Health and Wellness and include: HIV, AIDS & TB Workplace Policy, Health and Productivity Management Policy, Occupational Health & Safety Policy, Wellness Management Policy, These policies are currently under review.
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.	√		The Department has implemented Case management and Counselling services and addresses stigma and discrimination through all Prevention, Education and training programmes. Educational sessions include Substance Abuse, GBV and Sexual Harassment in the workplace.

QUESTION	YES	NO	DETAILS, IF YES
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	√		The EWP partners with GEMS and the HIV Directorate to host and promote VCT. HIV counselling, testing and PEP is also offered at Staff Health clinics. Employees testing positive are provided with counselling, referred for clinical management and assisted with COIDA claims where there is workplace exposure. 1011 employees were recorded as tested for HIV this year mostly from Staff health Clinics with 227 being given PEP. GEMS currently has 4 119 employees registered on their HIV Management Programme - the majority of which are on ART. Non-medical aid employees have access to health services at our facilities.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	√		The current measure is Health Risk Assessments (voluntary screening and testing) which is conducted at events with GEMS and at facility level through Staff Health services so that employees can monitor their own health status. Indicators include the number of HCT sessions, no, of employees screened and tested, number of education and prevention sessions as well as the number of training sessions held with employees; supervisors and shop stewards,

3.12. Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2023 and 31 March 2024

SUBJECT MATTER	DATE
Resolution 2 of 2023 – Agreement on provision of token of appreciation to all qualifying department of Health and Social development employees	7 November 2023
Resolution 1 of 2023, amendment – Agreement on the provision of uniform for nurses in the public health and social development sector	4 October 2023

TOTAL NUMBER OF COLLECTIVE AGREEMENTS	None

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

Table 3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2023 and 31 March 2024

Outcomes of disciplinary hearings	Number	% of Total
Correctional counselling	0	0
Verbal warning	1	0.6
Written warning	24	14.6
Final written warning	36	21.8
Suspended without pay	19	11.5
Fine	0	0

Demotion	0	0
Dismissal	84	50.9
Not guilty	0	0
Case withdrawn	1	0.6
Total	165	100

Total number of Disciplinary hearings finalised	165

Table 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
Absenteeism	43	32.1
Insubordination	9	6.7
Illegal strike	40	29.9
Theft	35	26.1
Other	7	5.2
Total	134	100

Total number of Disciplinary hearings finalised	None

Table 3.12.4 Grievances logged for the period 1 April 2023 and 31 March 2024

Number of grievances addressed	Number	% of Total
Number of grievances resolved	72	70
Number of grievances not resolved	31	30
Total number of grievances lodged	**103**	**100**

Table 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	12	25.5
Number of disputes dismissed	35	74.5
Total number of disputes lodged	47	100

Table 3.12.6 Strike actions for the period 1 1 April 2023 and 31 March 2024

Total number of persons working days lost	3 hours
Total costs working days lost	Nil
Amount recovered as result of no pay (R'000)	**Nil**

Table 3.12.7 Precautionary suspensions for the period 1 April 2023 and 31 March 2024

Number of people suspended	4
Number of people whose suspension exceeded 30 days	2
Average number of days suspended	**270**
Cost of suspension (R'000)	R3 632 445.00

3.13. Skills development.

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

Table 3.13.1 Training needs identified for the period 1 April 2023 and 31 March 2024

Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	706	0	184	0	184
Legislators, senior officials and managers	Male	473	0	99	0	99
Professionals	Female	11570	0	717	0	717
Professionals	Male	2649	0	388	0	388
Technicians and associate professionals	Female	9026	0	356	0	356
Technicians and associate professionals	Male	4010	0	201	0	201
Clerks	Female	2412	0	169	0	169
Clerks	Male	869	0	94	0	94
Service and sales workers	Female	2710	0	185	0	185
Service and sales workers	Male	946	0	107	0	107
Skilled agriculture and fishery workers	Female	29	0	34	0	34
Skilled agriculture and fishery workers	Male	79	0	29	0	29
Craft and related trades workers	Female	0	0	0	0	0
Craft and related trades workers	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	213	0	20	0	20
Plant and machine operators and assemblers	Male	300	0	14	0	14
Elementary occupations	Female	2925	0	127	0	127
Elementary occupations	Male	1423	0	103	0	103
Gender sub totals	Female	29591	0	1792	0	1792
Gender sub totals	Male	10749	0	1035	0	1035
TOTAL		**40340**	**0**	**2827**	**0**	**2827**

Table 3.13.2 Training provided for the period 1 April 2023 and 31 March 2024

Occupational Category	Gender	Number of Employees at Beginning of Period	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	706	0	49	0	49
Legislators, senior officials and managers	Male	473	0	42	0	42
Professionals	Female	11570	0	887	0	887
Professionals	Male	2649	0	819	0	819
Technicians and associate professionals	Female	9026	0	300	0	300
Technicians and associate professionals	Male	4010	0	281	0	281
Clerks	Female	2412	0	231	0	231
Clerks	Male	869	0	226	0	226
Service and sales workers	Female	2710	0	0	0	0
Service and sales workers	Male	946	0	102	0	102
Skilled agriculture and fishery workers	Female	29	0	2	0	2
Skilled agriculture and fishery workers	Male	79	0	9	0	9
Craft and related trades workers	Female	0	0	0	0	0
Craft and related trades workers	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	213	0	0	0	0
Plant and machine operators and assemblers	Male	300	0	0	0	0
Elementary occupations	Female	2925	0	201	0	201
Elementary occupations	Male	1423	0	133	0	133
Gender sub totals	Female	29591	0	1781	0	1781
Gender sub totals	Male	10749	0	1067	0	1067
TOTAL		**40340**	**0**	**1781**	**0**	**1781**

3.14. Injury on duty

The following tables provide basic information on injury on duty.

Table 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	10	28
Temporary Total Disablement	13	36
Permanent Disablement	13	36
Fatal	0	0
TOTAL	36	100

3.15. Utilisation of Consultants.

The following tables relates to 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 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 the project	Duration: Work days	Contract value in Rand
-	-	-	-

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) 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
-	-	-	-

Table 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 the project	Duration: Work days	Donor and Contract value in Rand
-	-	-	-

Table 3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) 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
-	-	-	-

3.16. Severance Packages.

Table 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**

PART E
PFMA COMPLIANCE REPORT



2.7.1 INFORMATION ON IRREGULAR, FRUITLESS AND WASTEFUL, UNAUTHORISED EXPENDITURE AND MATERIAL LOSSES

IRREGULAR EXPENDITURE

(a) Reconciliation of irregular expenditure

Description	2022/23	2023/24
	R'000	R'000
Opening balance	**279 210**	**226 286**
Prior Period error/ Adjustments	(7 496)	63
As Restated	**271 714**	**226 350**
Add: Irregular expenditure confirmed	6 579	6 844
Less Irregular Expenditure Condoned	(52 006)	(153 974)
Closing balance	**226 286**	**79 220**

Reconciling notes

Description	2022/23	2023/24
	R'000	R'000
Irregular expenditure that was under assessment in 2021/22		
Irregular expenditure that relates to 2021/22 and identified in 2022/23		
Irregular expenditure for the current year	6 579	6 844
Total	**6 579**	**6 844**

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

Description	2022/23	2023/24
	R'000	R'000
Irregular expenditure under assessment	2 941	-
Irregular expenditure under determination	223 029	75 908
Irregular expenditure under investigation	317	3 312
Total	**226 287**	**79 220**

c) Details of irregular expenditure condoned

Description	2022/23	2023/24
	R'000	R'000
Irregular expenditure condoned	52 006	153 974
Total	**52 006**	**153 974**

d) Details of irregular expenditure removed - (not condoned)

Description	2022/23	2023/24
	R'000	R'000
Irregular expenditure NOT condoned and removed	-	-
Total	**-**	**-**

e) Details of irregular expenditure recovered

Description	2022/23	2023/24
	R'000	R'000
Irregular expenditure recovered	-	-
Total	**-**	**-**

f) Details irregular expenditure written off (irrecoverable)

Description	2022/23	2023/24
	R'000	R'000
Irregular expenditure written off	-	-
Total	**-**	**-**

FRUITLESS AND WASTEFUL EXPENDITURE

(a) Reconciliation of fruitless and wasteful expenditure

Description	2022/23	2023/24
	R'000	R'000
Opening balance	**110 033 000**	**11 620**
Prior Period error/ Adjustments	-	(14)
As Restated	**110 330**	**11 606**
Add: Fruitless and wasteful expenditure – confirmed	42 496	19 828
Less Fruitless and wasteful Expenditure written off	(140 545)	(23 507)
Less: Fruitless and wasteful expenditrure recoverable	(661)	(46)
Closing balance	**11 620**	**7 881**

Reconciling notes

Description	2022/23	2023/24
	R'000	R'000
Fruitless and wasteful expenditure that was under assessment in 2021/22	8 367	
Fruitless and wasteful expenditure that relates to 2021/22 and identified in 2022/23	-	5 034
Fruitless and wasteful expenditure for the current year	3 253	2 847
Total	**11 620**	**7 881**

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

Description	2022/23	2023/24
	R'000	R'000
Fruitless and wasteful expenditure under assessment	-	-
Fruitless and wasteful expenditure under determination	5 920	7 881
Fruitless and wasteful expenditure under investigation	5 700	-
Total	**11 620**	**7 881**

c) Details of fruitless and wasteful expenditure recovered

Description	2022/23	2023/24
	R'000	R'000
Fruitless and wasteful expenditure recovered	-	-
Total	**-**	**-**

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

Description	2022/23	2023/24
	R'000	R'000
Fruitless and wasteful expenditure written off	38 582	23 507
Total	**38 582**	**23 507**

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

Disciplinary steps taken -

UNAUTHORISED EXPENDITURE

a) Reconciliation of unauthorised

Description	2022/23	2023/24
	R'000	R'000
Opening balance	2,542,230	2,736,095
Add: unauthorised expenditure confirmed	193,865	294,903
Less: unauthorised expenditure approved with funding	0	0
Less: unauthorised expenditure approved without funding	0	0
Less: unauthorised expenditure recoverable	0	0
Less: unauthorised not recovered and written off	0	0
Closing balance	**2,736,095**	**3,030,998**

Reconciling notes

Description	2022/23	2023/24
	R'000	R'000
Unauthorised expenditure that was under assessment in 2021/22	2,542,230	2,736,095
Unauthorised expenditure that relates to 2021/22 and identified in 2022/23	0	0
Unauthorised expenditure for the current year	193,865	294,903
TOTAL	**2,736,095**	**3,030,998**

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

Description	2022/23	2023/24
	R'000	R'000
Unauthorised expenditure under assessment	0	0
Unauthorised expenditure under determination	0	0
Unauthorised expenditure under investigation	2,736,095	3,030,998
TOTAL	**2,736,095**	**3,030,998**

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

c) Details material losses through criminal conduct

Material losses through criminal conduct	2022/23	2023/24
	R'000	R'000
Theft		
Other material losses		
Less: Recovered		
Less: Not recovered and written off		
TOTAL	0	0

d) Details of other material losses

Nature of other material losses	2022/23	2023/24
	R'000	R'000

2.7.2 INFORMATION ON LATE AND/OR NON-PAYMENT OF SUPPLIERS

Description	Number of invoices	Consolidated value R'000
Valid invoices received	106 508	8 658 268 385.32
Invoices paid within 30 days or agreed period	44 993	4 101 376 101.89
Invoices paid after 30 days or agreed period	61515	4 556 892 283.43
Invoices older than 30 days or agreed period (*unpaid and without dispute*)	71 865	4 319 409 422.43
Invoices older than 30 days or agreed period (*unpaid and in dispute*)	58	39 872 819.33

The Department started the financial year 2023/24 with the Accruals and Payables amounting to R4,764 billion. These have negatively affected the cashflow projections for 2023/24 and the department's ability to pay creditors within 30 days as per the statutory requirements of Section 38 (1)(f) of the PFMA read in conjunction with paragraph 8.2.3 of the Treasury Regulations. In August 2023 the department started to experience equitable share depletion challenges and finally exhausted its bank overdraft facility balance of R169.482 million in February 2024. The total bank overdraft used amounted R1, 129 billion, which has been accumulative. There is a dispute with Nalithemba Hospitals (PPP) with the disputed amount of R39,872,819-33

2.7.3 INFORMATION ON SUPPLY CHAIN MANAGEMENT

Description	Type of procurement by other means		Name of Supplier	Order Number	Value of contract R'000
	Emergency	Sole Source			
Frank Machine (Standing deviation)		Yes	Early worx	BC-007810	R 5 000,00
Frank Machine (Standing deviation)		Yes	Early worx	BC-007812	R 500,00
Purchasing of Iodene Capsules		Yes	AEC Amersham	LH-096444	R 15 504,00
Purchasing of artficial eyes		Yes	Eyecraft Laboratory	PH-043527	R 32 650,00
Purchasing of Paediatric drape kit		Yes	SSEM Mthembu	PH-043539	R 95 220,00
Purchasing of NT packs		Yes	Genop Healthcare	PH-043538	R 91 540,00
Building of boundry wall around Boiler house	Yes		Dumisha Construct	LH-096407	R 99 361,00
Test Kit, Blood Screening Kit: for Rapid Establishing The RH(Rhesus) Type of a Patient: 50 Tests/Kit		Yes	National Bioproducts Institute	513092	R 142 371,15
Diesel Fuel	Yes		Imbani Projects	MM-000865	R 70 440,00
Test kit, Blood Screening Kit: for Rapid Establishing the RH (RHESUS) type of a Patient; 50 Tests/Kit		Yes	National Bioproducts Institute	512750	R 142 371,00
Lopinavir/Ritonavir;40mg/10mg Capsule (Oral Pellets);120's		Yes	Cipla - Medpro (Pty) Ltd	204368	R 398 208,00
Poliomylitis Oral Vaccine; Bivalent;20 Dose;3ML		Yes	Cipla-Medpro (Pty) Ltd	513099	R 304 980,00
Polyvalent Antivenom 10ml		Yes	South African Vaccine Products	513104	R 50 250,00
Paracetamol 120mg/5ml 100ml	Yes		Gulf Drug Company	513353	R 465 300,00
Test kit, Blood Screening Kit: for Rapid Establishing the RH (RHESUS) type of a Patient; 50 Tests/Kit		Yes	National Bioproducts Institute	513494	R 142 371,00
Polyvalent Antivenom 10ml		Yes	South African Vaccine Products	513603	R 50 250,00
Poliomylitis Oral Vaccine; Bivalent;20 Dose;3ML		Yes	Cipla-Medpro (Pty) Ltd	513499	R 355 810,00
Service and repairs of anesthetic machine		Yes	Medhold	QG-001127	R 33 036,63
Service repairs of anaesthetic machine		Yes	Respiratory Care Africa	QW-000765	R 29 944,28
Service repairs of x-ray machine		Yes	Tecmed	QC-000931	R 27 791,90
Service repairs of x-ray machine		Yes	Lomaen Medical	QC-000957	R 17 781,30

Description	Type of procurement by other means		Name of Supplier	Order Number	Value of contract R'000
	Emergency	Sole Source			
Service repairs of infant warmers		Yes	SSEM Mthembu	QP-001267	R 12 207,02
Service repairs of x-ray machine		Yes	Tecmed	QW-000775	R 14 383,63

Service repair of incubator		Yes	Ad Medical	QW-000777	R 5 937,45
Service repair of x-ray machine		Yes	SSEM Mthembu	QG-001180	R 16 851,32
Service repair of x-ray machine		Yes	Respiratory Care Africa	QG-001182	R 11 454,00
Service repair of Medical Equipment		Yes	Medhold Medical	QG-001172	R 33 036,63
Patient vital monitors		Yes	Medhold Medical	QW-000791	R 19 653,50
Licence renewal of franking machine		Yes	Earlyworx 282	QH-009102	R 5 585,55
Service and repairs of anaesthetic machine		Yes	AD Medical	QF-001576	R 58 187,70
Maintenance of the agfa drystar 5503 printer		Yes	East Cape X-Ray	QP-001332	R 17 854,18
Service repair of x-ray machine fuji CR system		Yes	Lomaen Medical	QF-001572	R 20 451,05
Patient vital monitors		Yes	Medhold Medical	QW-000791	R 19 653,50
Total					**R 91 899 361,30**

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
Establishment of a database for residential accommodation for intake of medical officers/ medical specialists, community services doctors/ nurses and allied workers for Nelson Mandela Academic Hospital for a period of 36 months	Multiple Service Providers	The contract was extended owing to difficulties in obtaining positive responses from the market.The contract was extended for a total period of 7 months and **19.44%** in excess of the originally awarded period of 36 Months	SCMU3-18/19-0029-HO	Rate Based Contract	Rate Based Contract	
Provision of employee assistance programme for EMS and Forensic pathology services employees for a period of 36 months	Metropolitan Health Corporate (Pty) Ltd	The contract was extended for 3 months, owing to the new bid not being finalised at a total of R247 071.70 In addition, a variation of the scope order was approved effective 01 September 2020 up to 31 November 2020 at a cost of R202 032.00 for 48000 additional employees for telephonic counselling services Total varience of **15.56%**	SCMU3-18/19-0137-HO	R581 464 079,00	R449 103,70	N/A
Provision of Security Services at Amathole Health District for a period of eighteen (18)	Multiple Service Providers (Phiko Security Services & Tyeks Security Services)	The contract was extended for a total period of 28 months owing to a Court	SCMU3-16/17-0229-HO	R131 551 099,00	R291 450 257,60	N/A

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
months		Interdict that resulted in the cancellation of a new bid process that had been in the Procurement Plan. The extension resulted in a variance of **122.69%**				
Total				**713 015 178. 00**	**291 899 361, 30**	

PART F
REPORT OF THE AUDITOR GENERAL



Report of the auditor-general to the Eastern Cape Legislature on vote no. 3: Department of Health

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Eastern Cape Department of Health set out on pages xx to xx, 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, except for the effects of the matters described in the basis for qualified opinion section of this report, the financial statements present fairly, in all material respects, the financial position of the Eastern Cape 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 of South Africa, Act no.5 of 2023 (Dora).

Basis for qualified opinion

Contingent liabilities

3. The department did not properly account for contingent liabilities, as required by chapter 14 of the *MCS, Provisions and contingencies*. Differences were identified between the source documentation and the amounts recorded in the contingent liability register. In addition, some of the estimates for the contingent liabilities were valued using the incorrect assumptions while some were not recorded. Consequently, I was unable to determine the full extent of the misstatement of contingent liabilities stated at R22.3 billion in note 18 to the financial statements, as it was impracticable to do so.

Context for opinion

4. 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.

5. 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.

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

Material uncertainty relating to going concern

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

8. As disclosed in note 18 to the financial statements, the department is experiencing financial constraints primarily through reduced budgets and the magnitude of historical and current medico legal claims brought against the department. These affect the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance. These events and conditions indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern. The steps taken by management to address the risk and ensure the department's financial sustainability are also highlighted in note 18.

Emphasis of matter

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

Bank overdraft

10. The department was in an overdraft position of R1.1 billion (R1 billion) as disclosed in note 14 of the financial statements.

Other matter

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

Unaudited supplementary schedules

12. The supplementary annexures set out on pages xx to xx do not form part of the financial statements and are presented as additional information. I have not audited these schedules and accordingly I do not express an opinion thereon.

Responsibilities of the accounting officer for the financial statements

13. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS as prescribed by the National Treasury and the requirements of the PFMA and Dora and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

14. In preparing the financial statements, the accounting officer is responsible for assessing the department's ability to continue as a going concern; disclosing, as applicable, matters relating to going concern; and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations or has no realistic alternative but to do so.

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

15. 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.

16. 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 xxx of the annexure to the auditor's report, forms part of our auditor's report.

Report on the audit of the annual performance report

17. 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.

18. 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	[XX]	To ensure the delivery of primary health care services through the implementation of the District Health System.
Provincial Hospital Services	[XX]	To provide cost-effective, good quality secondary hospital services and specialised services, which include psychiatry and TB hospital services.

19. 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.

20. 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 taken to improve performance

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

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

District Health Services

Various indicators

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

Indicator	Target	Reported Achievement
6.3.17 Patient Safety Incident (PSI) case closure rate	86%	95%
6.3.18 Patient Safety Incident (PSI) case closure rate	91%	93%
3.1.3 HIV Test positive around 18 months rate	1,2%	0,4%
1.1.1 Couple year protection rate	50%	58,4%
1.1.2 Antenatal 1st visit before 20 weeks rate	65%	62,8%
1.3.2 Infant PCR test positive around 6 months rate	1%	0,7%
1.3.3 Immunisation under 1year coverage	89%	78,6%
1.3.4. Measles 2nd dose 1 year coverage	85%	79,2%

Various indicators

24. Based on audit evidence, the actual achievements for the following indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially misstated. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator	Target	Reported Achievement
6.1.1 Patient experience of care satisfaction rate	86%	86%
6.1.2 Patient experience of care satisfaction rate	82%	79%
1.3.9 Child under 5 years diarrhea case fatality rate	2,6%	2,2%
1.3.10 Child under 5 years pneumonia case fatality rate	2,5%	3,4%
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	8,2%	9,5%
6.3.1 Severity assessment code (SAC) 1 incident reported within 24 hours rate	61%	73,2%
1.3.14 Child under 5 years severe acute malnutrition case fatality rate	10%	8,7%

Provincial Hospital Services

6.3.11 Patient Safety Incident case closure rate

25. An achievement of 98% was reported against a target of 88%. However, some supporting evidence was not provided for auditing; or, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

Various indicators

26. Based on audit evidence, the actual achievements for the following indicators did not agree to what was reported. I could not determine the actual achievements, but I estimated them to be materially misstated. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator	Target	Reported Achievement
6.3.2 Severity assessment code1 incident reported within 24 hours rate	80%	92,5%
1.3.17 Child under 5 years' pneumonia case fatality rate	2,7%	4,2%
6.3.4 Severity assessment code 1 incident reported within 24 hours rate	100%	100%
6.1.6 Patient experience of care satisfaction rate	84%	84,5%

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 underachievement's / measures taken to improve performance. 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 lists the key service delivery indicators that were not achieved as reported in the annual performance report. The reasons for any underachievement of targets / measures taken to improve performance are included in the annual performance report on pages xx to xx.

District Health Services

Targets achieved: 45,90% *Budget spent: 101.92%* **Key indicator not achieved**	**Planned target**	**Reported achievement**
6.3.8 Severity assessment code (SAC)1 incident reported within 24 hours rate	75%	71%
6.3.9 Severity assessment code (SAC)1 incident reported within 24 hours rate	90%	62%
3.2.2 ART adult remain in care rate (12 months)	70%	63,3%
3.2.3 ART child remain in care rate (12 months)	85%	74,8%
3.2.7 ART Adult viral load suppressed rate – below 50 (12 months)	90%	82,8%
3.2.8 ART Child viral load suppressed rate – below 50 (12 months)	70%	50,2%
3.3.4 ALL DS - TB client treatment success rate	79%	72,3%
3.3.6 TB Rifampicin resistant/Multidrug - Resistant lost to follow-up rate	10%	17%
3.3.8 TB Pre-XDR loss to follow up rate	10%	17%
3.3.9 All DS - TB client lost to follow - up rate	10%	14%
4.6.1 Malaria deaths reported	0	1
1.1.4 Delivery in 10 - 19 years in facility rate	16%	18%
1.1.2 Antenatal 1st visit before 20 weeks rate	65%	62,8%

1.1.5 Maternal mortality in facility ratio	<120/100 000	136,2/100 000
1.2.1 Live birth under 2500g in facility rate	13%	16,5%
1.3.3 Immunisation under 1 year coverage	89%	78,6%
1.3.4 Measles 2nd dose coverage	85%	79,2%
1.3.5 Death under 5 years against live birth rate	<2%	2,3%
1.3.6 Neonatal death in facility rate	10/1000	15,1/1000
1.3.10 Child under 5 years pneumonia case fatality rate	2,5%	3,4%
1.3.11 Child under 5 years severe acute malnutrition case fatality rate	8,2%	9,5%
1.1.6 Maternal mortality in facility ratio	38/100 000	60,3/100000
1.3.15 Death under 5 years against live birth rate	1%	1,7%

Provincial Hospital Services

Targets achieved: 65% *Budget spent: 99.99%*		
Key indicator not achieved	**Planned target**	**Reported achievement**
1.1.7 Number of maternal deaths in facility	33	38
1.3.17 Child under 5 years pneumonia case fatality rate	2,7%	4,2%
1.3.18 Child under 5 years severe acute malnutrition case fatality rate	5,0%	11,6%
1.3.19 Number of deaths in facility under 5 years	550	762

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 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:

Annual financial statements, performance and annual report

35. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework as required by section 40(1) (a) of the PFMA. Some material misstatements of disclosure items identified by the auditors in the submitted financial statements were corrected, but the remaining uncorrected material misstatements resulted in the financial statements receiving a qualified opinion.

Expenditure management

36. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R294,9 million as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

37. Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R6,8 million, as disclosed in note 25 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 was incurred due to SCM processes not being followed.

38. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R19,8 million, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

39. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by section 38(1)(f) of the PFMA and treasury regulation 8.2.3.

Strategic planning and performance management

40. 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).

Consequence management

41. Disciplinary steps were not taken against some of the officials who permitted irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA.

42. Investigations were not conducted into all allegations of financial misconduct committed by officials, as required by treasury regulation 4.1.1.

Procurement and contract management

43. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and Treasury Regulations 8.2.1 and 8.2.2. Similar non-compliance was also reported in the prior year.

44. I was unable to obtain sufficient appropriate audit evidence that tender requirements for contracts above R30 million included a condition for mandatory subcontracting to advance designated groups, as required by the 2017 Preferential Procurement Regulation 9(1).

Other information in the annual report

45. 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.

46. 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.

47. 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.

48. 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 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

49. 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.

50. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the material findings on the annual performance report and the material findings on compliance with legislation included in this report.

51. The department did not have adequate validation, reconciliation and review processes for the underlying supporting schedules and records to support the reporting of the disclosure items in the financial statements. As a result, the department continued to have challenges with the submission of documentation to support some of the recorded disclosure notes.

52. The department's compliance monitoring processes were not effective to ensure compliance with laws and regulations. This contributed to the repeat non-compliance findings reported.

53. Insufficient quality control systems were implemented throughout the year to ensure that performance reporting is reliable and based on achieved performance which corresponds with the underlying records on health care services provided at the health care facilities.

Material irregularities

54. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of material irregularities as previously reported in the auditor's report.

Material irregularities identified during the audit

55. The material irregularity identified is as follows:

Nodal allowance incorrectly paid

56. The department incorrectly paid nodal allowances to employees that are not entitled to receive the allowances as per resolution 02 of 2004 of the Public Health and Welfare Sector Bargaining Council. The incorrect payment of nodal allowances constitutes non-compliance with Treasury Regulation 8.3.4 which requires that for all employees, the person in charge at the respective pay- points must certify on the date of payment that all persons listed on the payroll report are entitled to the payments.

57. The payments of R18.2 million were made by the department during the 2021/22 and 2022/23 years respectively, to employees who did not qualify to receive the allowances.

58. I notified the accounting officer of the material irregularity on 21 July 2023 and invited them to make a written submission on the actions that had been, or would be, taken to address the matter. The accounting officer responded on actions to be taken to address the material irregularity on 21 August 2023 and an updated response was submitted by the accounting officer on 12 July 2024.

59. The accounting officer committed to the following actions in response to the material irregularity:

    - The termination of the nodal allowances for the affected employees on the Personnel and Salary System (PERSAL) by 22 August 2024.

    - Informing the affected employees of the debts owed to the department and an initiation of the debt recovery processes by the department by 22 August 2024.

- Performing a preliminary investigation to determine whether any employee was responsible for the circumstances that led to the material irregularity by 31 October 2024.

- Consideration on the entitlement of lecturers at the nursing colleges in rural areas as to whether they qualify for the rural/nodal allowance in terms of Resolution 2 of 2004 by 22 August 2024.

60. I will follow up on the implementation of the planned actions during my next audit.

Salary payments made to former employees after their termination with the department

61. The department paid salaries to former departmental employees after their services were terminated with the department. The continued salary payments after the service termination date are due to the late termination of services on the department's payroll system. This constitutes non-compliance with Treasury Regulation 8.3.4 which requires that for all employees, the person in charge at the respective pay- points must certify on the date of payment that all persons listed on the payroll report are entitled to the payments.

62. The payments of R1.2 million were made by the department as at 31 March 2023 to employees whose services had been terminated, effectively resulting in salary expenditure made in vain.

63. I notified the accounting officer of the material irregularity on 31 August 2023 and invited them to make a written submission on the actions that had been or would be taken to address the matter. The accounting officer responded on the actions to be taken to address the material irregularity on 28 September 2023 and an updated response was submitted by the accounting officer on 12 July 2024.

64. The accounting officer committed to the following actions in response to the material irregularity:

- Recovery of the overpayments from the former employees through leave gratuities, debt payment arrangements or through the Government Employees Pension Fund (GEPF) by 30 September 2024.

- The department will revise and implement a revised debt management policy by 30 August 2024.

- Approving and implementing standard operating procedures on the payroll management by 15 March 2025.

- Performing an investigation to identify the possible responsible officials and apply the appropriate disciplinary steps to prevent recurrence of the material irregularity by 30 August 2024.

65. I will follow up on the implementation of the planned actions during my next audit.

Status of previously reported material irregularities

Invoices on construction contract not paid within 30 days

66. Variation orders for the extension of time with costs were approved and paid for the upgrading of staff accommodation. The extension of time with costs arose from the suspension of work by the contractor, due to late payments by the department. These claims were paid on 19 April 2020 and 17 December 2020 and amounted to R5.7 million (VAT inclusive). This constitutes a material financial loss as well as non-compliance with treasury regulation 8.2.3.

67. The accounting officer was notified of the material irregularity on 31 August 2021 and was invited to make a written submission on the actions taken to address the matter. The accounting officer responded with a written submission on 22 October 2021 but had not taken any action in response to being notified of the material irregularity. I recommended that the accounting officer should have taken the following actions to address the material irregularity, which should have been implemented by 4 November 2022:

    - The fruitless and wasteful expenditure incurred in respect of the extension of time claims should be investigated and the financial loss incurred should be quantified, in accordance with the applicable instruction note(s) issued by the National Treasury dealing with fruitless and wasteful expenditure.

    - The investigation should determine the reasons and circumstances that led to the extension of time claims for the purpose of developing and implementing an action plan to address control weaknesses.

    - Effective and appropriate disciplinary steps should be initiated without undue delay, against any official that the investigation found to be responsible, as required by section 38(1)(h) of the PFMA and in accordance with treasury regulation 9.1.3.

    - Appropriate action should be taken to determine whether the responsible official is liable by law for the losses suffered by the department for the purpose of recovery, as required by treasury regulations 9.1.4 and 12.7.1.

    - Appropriate action should be taken to ensure that the cash flow requirements of all projects, including the cash flow requirements of implementing agents, are included in the annual budget and adjustment budget of the department.

68. The accounting officer submitted another written response on 4 July 2023, together with substantiating documentation on the implementation of the recommendations in the audit report where the accounting officer provided a response on how the shortcomings identified were addressed.

69. The accounting officer provided a final investigation report on 26 July 2023. The investigation report concluded that the official who could have been charged for this non-compliance had already been dismissed for a different transgression but not entirely dissimilar. The investigation and subsequent dismissal on 19 February 2019 took place prior to this material irregularity being raised.

70. The investigation concluded that no concrete evidence could be found against any other officials that could be utilised to hold them accountable other than the official that was dismissed on 19 February 2019 and therefore no recovery of the financial loss can be effected.

71. The budget and cash flow requirements are reviewed and aligned to the budget availability prior to the financial year budgets and cash flows per project are estimated by the implementing agent and the department. The best estimates at the time are included in the Infrastructure Project Implementation Plan (IPIP) from the implementing agent and the Annual Implementation Plan (AIP) by the department.

72. More frequent monthly monitoring meetings are now being held between the department and the implementing agent where monthly project progress reports and budget/cash versus expenditure are monitored and rectified timeously.

73. Based on my evaluation of the information and evidence provided, the steps taken by the accounting authority are appropriate and the material irregularity is therefore resolved.

Material irregularities in progress

74. I identified material irregularities during the audit and notified the accounting officer of these, as required by material irregularity regulation 3(2). By the date of this auditor's report, the responses of the accounting officer were not yet due for some material irregularities and for the remainder, I had not yet completed the process of evaluating the responses from the accounting officer. These material irregularities will be included in the next year's auditor's report.

Other reports

75. 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.

76. The South African Police Service and Special Investigations Unit were engaged in seven and one pending investigations, at year-end, respectively. Four forensic firms were also engaged to conduct investigations, which were still in progress at year end.

Auditor-General

East London

31 July 2024

AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence

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 selected programmes and on the department's compliance with selected requirements in key legislation.

Financial statements

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

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

Communication with those charged with governance

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

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

Compliance with legislation – selected legislative requirements

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act 1 of 1999 (PFMA)	Section 1 Section 38(1)(a)(iv); 38(1)(b);38(1)(c);38(1)(c)(i); 38(1)(c)(ii); 38(1)(d); 38(1)(h)(iii); Section 39(1)(a); 39(2)(a); Section 40(1)(a); 40(1)(b); 40(1)(c)(i) Section 43(4); 44; 44 (1) and (2); 45(b); Section 50(3); 50(3)(a)
Treasury Regulations for departments, trading entities, constitutional institutions and public entities (TR)	Treasury regulations 4.1.1; 4.1.3 Treasury regulations 5.1.1; 5.2.1; 5.2.3(a); 5.2.3(d); 5.3.1 Treasury regulations 6.3.1(a); 6.3.1(b); 6.3.1(c'); 6.3.1(d); 6.4.1(b) Treasury regulation 7.2.1 Treasury regulations 8.1.1; 8.2.1; 8.2.2; 8.2.3; 8.4.1 Treasury regulations 9.1.1; 9.1.4 Treasury regulations 10.1.1(a); 10.1.2 Treasury regulations 11.4.1; 11.4.2; 11.5.1 Treasury regulation 12.5.1 Treasury regulation 15.10.1.2(c') Treasury regulations 16A 6.1; 16A6.2(a) ,(b) & (e) ; 16A 6.3(a); 16A 6.3(b); 16A 6.3(c);16A6.3(d) ; 16A 6.3(e); 16A 6.4; 16A 6.5; 16A 6.6; 16A7.1; 16A.7.3; 16A.7.6; 16A.7.7; TR 16A8.2 (1) and (2); 16A 8.3 16A8.3 (d); 16A 8.4; 16A9; 16A9.1; 16A9.1(b)(ii);16A9.1 (c); 16A 9.1(d); 16A 9.1(e); 116A9.2; 16A9.2(a)(ii) &(iii); 16A9.1(f). Treasury regulation 17.1.1 Treasury regulation 18.2 Treasury regulation 19.8.4
Division of Revenue Act 5 of 2022	Dora 11(6)(a) Dora 12(5) Dora 16(1) Dora 16(3) Dora 16(3)(a)(i) Dora 16(3)(a)(ii)(bb)
Public Service Regulations	Public service regulations 18; 18 (1) and (2); 25(1)(e)(i); 25(1)(e)(iii)
Prevention and Combating of Corrupt Activities Act 12 of 2004 (PRECCA)	Section 34(1)
Construction Industry Development Board Act 38 of 2000 (CIDB)	Section 18(1)
Construction Industry Development Board Regulations	CIDB regulations 17 & 25(7A)
PPPFA	Section 2.1(a); 2.1(b); 2.1(f)

PPR 2017	Paragraphs 4.1; 4.2 Paragraphs 5.1; 5.3; 5.6; 5.7 Paragraphs 6.1; 6.2; 6.3; 6.5; 6.6 Paragraphs 7.1; 7.2; 7.3; 7.5; 7.6 Paragraphs 8.2; 8.5 Paragraphs 9.1; 9.2 Paragraph 11.2 Paragraphs 12.1 and 12.2
PPR 2022	Paragraphs 4.1; 4.2; 4.3; 4.4 Paragraphs 5.1; 5.2; 5.3; 5.4
SITA ACT	Section 7(3)
National Treasury Instruction Note 1 of 2015-16	Paragraphs 3.1; 4.1; 4.2
NT SCM Instruction Note 03 2021-22	Paragraphs 4.3; 4.4; 4.4 (a);4.4 (c) -(d) Paragraphs 7.2; 7.6
NT SCM Instruction Note 11 2020-21	Paragraphs 3.1; 3.4 (b); 3.9; 6.1;6.2;6.7
NT SCM Instruction Note 2 of 2021-22	Paragraphs 3.2.1; 3.2.4(a); 3.3.1; 3.2.2 Paragraph 4.1
PFMA SCM Instruction Note 08 of 2022-23	Paragraphs 4.3.2 and 4.3.3
NT Instruction Note 4 of 2015-16	Paragraph 3.4
Second amendment of NTI 05 of 2020-21	Paragraphs 4.8; 4.9; 5.1; 5.3
Practice Note 7 of 2009-10	Paragraph 4.1.2
NT Instruction Note 1 of 2021-22	Paragraph 4.1

Province of the
EASTERN CAPE
HEALTH

ANNUAL FINANCIAL STATEMENTS FOR THE EASTERN CAPE DEPARTMENT OF HEALTH

For the year ended
31 March 2024

Date authorised for issue: 31 May 2024

Authorised by: _____

Dr R. Wagner
Accounting Officer – Eastern Cape Department of Health

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

Table of Contents

Appropriation Statement	*397*
Notes to the Appropriation Statement	*463*
Statement of Financial Performance	*469*
Statement of Financial Position	471
Statement of Changes in Net Assets	*472*
Cash Flow Statement	*473*
Notes to the Annual Financial Statements (including Accounting policies)	*483*
Annexures	*524*

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Appropriation per programme									
	2023/24							2022/23	
Voted funds and Direct charges	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
Programme									
1 ADMINISTRATION	800,293	-	(40,000)	760,293	756,508	3,785	100%	844,490	844,484
2 DISTRICT HEALTH SERVICES	14,757,701	-	565,589	15,323,290	15,618,193	(294,903)	102%	14,989,392	15,077,221
3 EMERGENCY MEDICAL SERVICES	1,519,607	-	(121,000)	1,398,607	1,360,385	38,222	97%	1,454,643	1,452,877
4 PROVINCIAL HOSPITAL SERVICES	4,253,816	-	-	4,253,816	4,253,340	476	100%	3,820,678	3,926,710
5 CENTRAL HOSPITAL SERVICES	5,130,576	-	(201,589)	4,928,987	4,928,873	114	100%	4,757,397	4,713,574
6 HEALTH SCIENCES AND TRAINING	1,249,721	-	(98,000)	1,151,721	1,076,571	75,150	93%	1,048,363	985,706
7 HEALTH CARE SUPPORT SERVICES	199,900	-	(15,000)	184,900	112,696	72,204	61%	159,020	115,053
8 HEALTH FACILITIES MANAGEMENT	1,203,339	-	(90,000)	1,113,339	1,018,088	95,251	91%	1,175,491	1,071,575
Programme sub total	**29,114,953**	**-**	**-**	**29,114,953**	**29,124,654**	**(9,701)**	**100%**	**28,249,474**	**28,187,200**
Statutory Appropriation	**2,159**	**-**	**-**	**2,159**	**2,159**	**-**	**100%**	**2,096**	**2,096**
Member of Executive Council salary	2,159	-	-	2,159	2,159	-	100%	2,096	2,096
TOTAL	**29,117,112**	**-**	**-**	**29,117,112**	**29,126,813**	**(9,701)**	**100%**	**28,251,570**	**28,189,296**

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
Voted funds and Direct charges	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				-				-	
NRF Receipts				-				-	
Aid assistance				-				-	
Actual amounts per Statement of Financial Performance (Total revenue) Revenue)				29,117,112				28,251,570	
Add: Aid assistance					-				-
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance (Total expenditure)					29,126,813				28,189,296

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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	**27,361,386**	**-**	**-**	**27,361,386**	**27,499,448**	**(138,062)**	**101%**	**26,106,778**	**26,368,102**
Compensation of employees	20,028,901	-	(45,000)	19,983,901	19,952,151	31,750	100%	18,713,557	18,712,799
Salaries and wages	17,646,452	-	(90,000)	17,556,452	17,409,833	146,619	99%	16,375,146	16,443,952
Social contributions	2,382,449	-	45,000	2,427,449	2,542,318	(114,869)	105%	2,338,411	2,268,847
Goods and services	7,332,485	-	45,000	7,377,485	7,528,082	(150,597)	102%	7,393,221	7,616,416
Administrative fees	4,939	-	-	4,939	1,970	2,969	40%	4,848	2,426
Advertising	7,978	-	-	7,978	3,369	4,609	42%	11,218	3,899
Minor assets	89,248	-	(3,700)	85,548	15,475	70,073	18%	88,646	8,116
Audit costs: External	32,553	-	-	32,553	31,879	674	98%	27,833	28,492
Bursaries: Employees	22,379	-	(500)	21,879	28,863	(6,984)	132%	16,329	15,551
Catering: Departmental activities	9,972	-	-	9,972	2,284	7,688	23%	4,916	2,068
Communication (G&S)	129,014	-	(25,000)	104,014	199,696	(95,682)	192%	110,987	154,849
Computer services	77,581	-	-	77,581	49,010	28,571	63%	195,018	157,697
Consultants: Business and advisory services	52,847	-	-	52,847	118,360	(65,513)	224%	79,396	22,473
Laboratory services	911,895	-	-	911,895	902,342	9,553	99%	1,062,207	1,039,939
Legal services	71,456	-	-	71,456	6,092	65,364	9%	31,087	88,396
Contractors	463,618	-	-	463,618	353,009	110,609	76%	492,548	375,851
Agency and support / outsourced services	429,794	-	-	429,794	356,079	73,715	83%	330,698	334,662
Entertainment	-	-	-	-	-	-	0%	18	40
Fleet services (including government motor transport)	98,800	-	(600)	98,200	130,804	(32,604)	133%	193,063	264,437

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
Inventory: Clothing material and accessories	19,477	-	-	19,477	4,464	15,013	23%	8,222	2,735
Inventory: Farming supplies	-	-	-	-	-	-	0%	-	2,949
Inventory: Food and food supplies	296,383	-	(20,000)	276,383	173,679	102,704	63%	231,807	148,219
Inventory: Fuel, oil and gas	157,783	-	-	157,783	105,618	52,165	67%	133,607	102,925
Inventory: Learner and teacher support material	-	-	-	-	-	-	0%	-	31
Inventory: Materials and supplies	44,229	-	-	44,229	60,602	(16,373)	137%	31,473	39,857
Inventory: Medical supplies	1,000,707	-	(50,500)	950,207	1,003,236	(53,029)	106%	932,575	949,039
Inventory: Medicine	1,327,155	-	171,000	1,498,155	1,878,768	(380,613)	125%	1,503,442	1,890,856
Inventory: Other supplies	90,922	-	-	90,922	53,898	37,024	59%	73,471	58,313
Consumable supplies	128,737	-	(15,000)	113,737	180,881	(67,144)	159%	126,342	122,701
Consumable: Stationery, printing and office supplies	110,939	-	(3,000)	107,939	53,922	54,017	50%	105,309	40,865
Operating leases	219,837	-	(42,700)	177,137	170,132	7,005	96%	182,269	177,310
Property payments	1,148,559	-	47,500	1,196,059	1,346,005	(149,946)	113%	1,104,952	1,334,853
Transport provided: Departmental activity	2,497	-	-	2,497	403	2,094	16%	2,917	624
Travel and subsistence	236,045	-	-	236,045	193,730	42,315	82%	182,834	153,568
Training and development	43,591	-	(10,000)	33,591	26,755	6,836	80%	33,328	23,116
Operating payments	72,446	-	(2,500)	69,946	52,224	17,722	75%	71,045	54,515
Venues and facilities	28,273	-	-	28,273	23,373	4,900	83%	19,467	14,408
Rental and hiring	2,831	-	-	2,831	1,160	1,671	41%	1,349	636
Interest and rent on land	-	-	-	-	19,215	(19,215)	0%	-	38,887
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	19,215	(19,215)	0%	-	38,887

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
Transfers and subsidies	**371,722**	**-**	**-**	**371,722**	**520,844**	**(149,122)**	**140%**	**624,724**	**519,529**
Departmental agencies and accounts	14,970	-	-	14,970	14,721	249	98%	16,873	16,866
Departmental agencies	14,970	-	-	14,970	14,721	249	98%	16,873	16,866
Non-profit institutions	41,729	-	-	41,729	35,450	6,279	85%	34,412	26,528
Households	315,023	-	-	315,023	470,673	(155,650)	149%	573,439	476,135
Social benefits	84,232	-	-	84,232	105,854	(21,622)	126%	77,966	87,951
Other transfers to households	230,791	-	-	230,791	364,819	(134,028)	158%	495,473	388,184
Payments for capital assets	**1,384,004**	**-**	**-**	**1,384,004**	**1,106,521**	**277,483**	**80%**	**1,520,068**	**1,301,665**
Buildings and other fixed structures	379,237	2,257	-	381,494	352,588	28,906	92%	592,363	461,114
Buildings	379,237	2,257	-	381,494	352,588	28,906	92%	592,363	461,114
Machinery and equipment	1,004,767	(2,257)	-	1,002,510	753,933	248,577	75%	927,705	840,551
Transport equipment	183,965	-	25,000	208,965	224,680	(15,715)	108%	179,229	299,514
Other machinery and equipment	820,802	(2,257)	(25,000)	793,545	529,253	264,292	67%	748,476	541,037
	29,117,112	**-**	**-**	**29,117,112**	**29,126,813**	**(9,701)**	**100%**	**28,251,570**	**28,189,296**

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	11,899	-	-	11,899	10,108	1,791	85%	8,089	6,156
2 MANAGEMENT	788,394	-	(40,000)	748,394	746,400	1,994	100%	836,401	838,328
	800,293	**-**	**(40,000)**	**760,293**	**756,508**	**3,785**	**100%**	**844,490**	**844,484**
Economic classification									
Current payments	**729,337**	**-**	**(40,000)**	**689,337**	**719,006**	**(29,669)**	**104%**	**773,483**	**729,429**
Compensation of employees	470,172	-	(40,000)	430,172	409,316	20,856	95%	421,925	393,917
Salaries and wages	403,069	-	(40,000)	363,069	354,728	8,341	98%	365,659	342,199
Social contributions	67,103	-	-	67,103	54,588	12,515	81%	56,266	51,718
Goods and services	259,165	-	-	259,165	305,606	(46,441)	118%	351,558	332,601
Administrative fees	1,834	-	-	1,834	1,486	348	81%	1,385	877
Advertising	497	-	-	497	100	397	20%	1,697	1,170
Minor assets	5,560	-	-	5,560	50	5,510	1%	6,377	18
Audit costs: External	32,553	-	-	32,553	31,879	674	98%	27,833	28,492
Bursaries: Employees	-	-	-	-	71	(71)	0%	-	10

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
Catering: Departmental activities	395	-	-	395	185	210	47%	611	281
Communication (G&S)	23,605	-	-	23,605	74,320	(50,715)	315%	44,402	48,943
Computer services	52,200	-	-	52,200	33,165	19,035	64%	150,115	128,958
Consultants: Business and advisory services	21,239	-	-	21,239	98,245	(77,006)	463%	47,883	11,807
Legal services	71,456	-	-	71,456	831	70,625	1%	31,039	82,631
Contractors	415	-	-	415	73	342	18%	160	-
Agency and support / outsourced services	138	-	-	138	137	1	99%	-	-
Fleet services (including government motor transport)	441	-	-	441	3,116	(2,675)	707%	3,501	8,865
Inventory: Food and food supplies	157	-	-	157	58	99	37%	119	28
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0%	120	87
Inventory: Learner and teacher support material	-	-	-	-	-	-	0%	-	31
Inventory: Materials and supplies	707	-	-	707	134	573	19%	633	129
Inventory: Other supplies	658	-	-	658	229	429	35%	228	220
Consumable supplies	3,263	-	-	3,263	28,154	(24,891)	863%	2,195	619
Consumable: Stationery, printing and office supplies	4,746	-	-	4,746	1,179	3,567	25%	4,015	1,722
Operating leases	3,917	-	-	3,917	3,521	396	90%	8,583	2,774
Property payments	605	-	-	605	283	322	47%	948	226
Travel and subsistence	32,751	-	-	32,751	26,426	6,325	81%	17,605	13,906
Operating payments	2,028	-	-	2,028	618	1,410	30%	1,128	510

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
Venues and facilities	-	-	-	-	1,346	(1,346)	0%	981	297
Interest and rent on land	-	-	-	-	4,084	(4,084)	0%	-	2,911
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	4,084	(4,084)	0%	-	2,911
Transfers and subsidies	**2,072**	**-**	**-**	**2,072**	**3,303**	**(1,231)**	**159%**	**2,369**	**4,200**
Households	2,072	-	-	2,072	3,303	(1,231)	159%	2,369	4,200
Social benefits	2,072	-	-	2,072	3,298	(1,226)	159%	2,369	4,189
Other transfers to households	-	-	-	-	5	(5)	0%	-	11
Payments for capital assets	**68,884**	**-**	**-**	**68,884**	**34,199**	**34,685**	**50%**	**68,638**	**110,855**
Machinery and equipment	68,884	-	-	68,884	34,199	34,685	50%	68,638	110,855
Transport equipment	5,380	-	-	5,380	6,193	(813)	115%	5,337	52,138
Other machinery and equipment	63,504	-	-	63,504	28,006	35,498	44%	63,301	58,717
	800,293	**-**	**(40,000)**	**760,293**	**756,508**	**3,785**	**100%**	**844,490**	**844,484**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 1.1: OFFICE OF THE MEC

	2023/24							2022/23	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**10,413**	**-**	**-**	**10,413**	**10,087**	**326**	**97%**	**6,427**	**5,946**
Compensation of employees	4,697	-	-	4,697	5,579	(882)	119%	1,328	4,349
Goods and services	5,716	-	-	5,716	4,508	1,208	79%	5,099	1,597
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%	-	
Foreign governments and international organisations				-		-	0%	-	
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%	-	
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**1,486**	**-**	**-**	**1,486**	**21**	**1,465**	**1%**	**1,662**	**210**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	1,486	-	-	1,486	21	1,465	1%	1,662	210
Payment for financial assets				**-**		**-**	**0%**	**-**	
Total	**11,899**	**-**	**-**	**11,899**	**10,108**	**1,791**	**85%**	**8,089**	**6,156**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 1.2: 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**718,924**	**-**	**(40,000)**	**678,924**	**708,919**	**(29,995)**	**104%**	**767,056**	**723,483**
Compensation of employees	465,475	-	(40,000)	425,475	403,737	21,738	95%	420,597	389,568
Goods and services	253,449	-	-	253,449	301,098	(47,649)	119%	346,459	331,004
Interest and rent on land	-	-	-	-	4,084	(4,084)	0%	-	2,911
Transfers and subsidies	**2,072**	**-**	**-**	**2,072**	**3,303**	**(1,231)**	**159%**	**2,369**	**4,200**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	2,072	-	-	2,072	3,303	(1,231)	159%	2,369	4,200
Payments for capital assets	**67,398**	**-**	**-**	**67,398**	**34,178**	**33,220**	**51%**	**66,976**	**110,645**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	67,398	-	-	67,398	34,178	33,220	51%	66,976	110,645
Payment for financial assets				**-**		**-**	**0%**		
Total	**788,394**	**-**	**(40,000)**	**748,394**	**746,400**	**1,994**	**100%**	**836,401**	**838,328**

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	1,032,141	-	7,000	1,039,141	1,035,993	3,148	100%	1,049,490	1,084,075
2 COMMUNITY HEALTH CLINICS	2,797,660	-	206,000	3,003,660	3,284,094	(280,434)	109%	2,799,463	2,942,147
3 COMMUNITY HEALTH CENTRES	1,482,766	-	30,000	1,512,766	1,541,482	(28,716)	102%	1,492,994	1,409,766
4 COMMUNITY BASED SERVICES	849,577	-	-	849,577	789,961	59,616	93%	834,764	819,164
5 OTHER COMMUNITY SERVICES	51,569	-	-	51,569	54,756	(3,187)	106%	311,846	208,015
6 HIV/AIDS	2,664,744	-	-	2,664,744	2,696,995	(32,251)	101%	2,762,178	2,795,830
7 NUTRITION	40,067	-	-	40,067	30,355	9,712	76%	41,874	31,097
8 CORONER SERVICES	133,394	-	10,000	143,394	142,661	733	99%	116,411	132,897
9 DISTRICT HOSPITALS	5,705,783	-	312,589	6,018,372	6,041,896	(23,524)	100%	5,580,372	5,654,230
	14,757,701	**-**	**565,589**	**15,323,290**	**15,618,193**	**(294,903)**	**102%**	**14,989,392**	**15,077,221**

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
Economic classification									
Current payments	**14,412,159**	**-**	**475,589**	**14,887,748**	**15,202,615**	**(314,867)**	**102%**	**14,421,717**	**14,663,863**
Compensation of employees	10,570,066	-	207,589	10,777,655	10,770,463	7,192	100%	10,200,571	10,137,436
Salaries and wages	9,275,651	-	162,589	9,438,240	9,369,162	69,078	99%	9,005,305	8,886,609
Social contributions	1,294,415	-	45,000	1,339,415	1,401,301	(61,886)	105%	1,195,266	1,250,827
Goods and services	3,842,093	-	268,000	4,110,093	4,424,004	(313,911)	108%	4,221,146	4,504,824
Administrative fees	1,291	-	-	1,291	(215)	1,506	-17%	1,431	989
Advertising	6,183	-	-	6,183	2,795	3,388	45%	8,685	2,633
Minor assets	51,779	-	-	51,779	7,343	44,436	14%	50,902	4,349
Bursaries: Employees	-	-	-	-	12,603	(12,603)	0%	-	1,044
Catering: Departmental activities	2,995	-	-	2,995	1,595	1,400	53%	2,709	1,020
Communication (G&S)	72,845	-	-	72,845	120,104	(47,259)	165%	42,061	69,685
Computer services	4,785	-	-	4,785	3,924	861	82%	8,119	4,561
Consultants: Business and advisory services	30,987	-	-	30,987	20,054	10,933	65%	25,786	10,585
Laboratory services	753,397	-	-	753,397	733,865	19,532	97%	898,505	874,291
Legal services	-	-	-	-	1,085	(1,085)	0%	-	4,810
Contractors	26,395	-	-	26,395	12,940	13,455	49%	49,606	14,214
Agency and support / outsourced services	113,886	-	-	113,886	68,737	45,149	60%	130,593	82,885
Entertainment	-	-	-	-	-	-	0%	18	40

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
Economic classification									
Fleet services (including government motor transport)	15,541	-	-	15,541	34,038	(18,497)	219%	59,988	85,568
Inventory: Clothing material and accessories	8,759	-	-	8,759	2,210	6,549	25%	5,975	1,877
Inventory: Farming supplies	-	-	-	-	-	-	0%	-	2,949
Inventory: Food and food supplies	114,587	-	-	114,587	67,010	47,577	58%	93,393	53,261
Inventory: Fuel, oil and gas	60,268	-	-	60,268	47,633	12,635	79%	63,976	35,184
Inventory: Materials and supplies	26,934	-	-	26,934	9,785	17,149	36%	15,416	11,151
Inventory: Medical supplies	287,104	-	15,000	302,104	329,065	(26,961)	109%	309,738	330,962
Inventory: Medicine	1,248,902	-	171,000	1,419,902	1,777,829	(357,927)	125%	1,431,386	1,795,306
Inventory: Other supplies	41,406	-	-	41,406	18,656	22,750	45%	35,518	22,076
Consumable supplies	53,978	-	-	53,978	76,597	(22,619)	142%	55,234	63,700
Consumable: Stationery, printing and office supplies	63,295	-	-	63,295	30,217	33,078	48%	73,364	22,842
Operating leases	49,220	-	-	49,220	27,247	21,973	55%	49,378	41,216
Property payments	581,170	-	82,000	663,170	839,573	(176,403)	127%	619,792	818,412
Transport provided: Departmental activity	936	-	-	936	175	761	19%	796	207
Travel and subsistence	141,003	-	-	141,003	115,848	25,155	82%	115,316	87,441

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
Economic classification									
Training and development	4,928	-	-	4,928	23	4,905	0%	1,156	27
Operating payments	56,314	-	-	56,314	47,333	8,981	84%	57,723	50,117
Venues and facilities	20,709	-	-	20,709	14,899	5,810	72%	13,837	11,106
Rental and hiring	2,496	-	-	2,496	1,036	1,460	42%	745	316
Interest and rent on land	-	-	-	-	8,148	(8,148)	0%	-	21,603
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	8,148	(8,148)	0%	-	21,603
Transfers and subsidies	**164,282**	**-**	**-**	**164,282**	**278,389**	**(114,107)**	**169%**	**384,661**	**296,649**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	6	-
Departmental agencies	-	-	-	-	-	-	0%	6	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-

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
Economic classification									
Non-profit institutions	41,729	-	-	41,729	35,450	6,279	85%	34,412	26,528
Households	122,553	-	-	122,553	242,939	(120,386)	198%	350,243	270,121
Social benefits	42,631	-	-	42,631	69,213	(26,582)	162%	52,797	53,516
Other transfers to households	79,922	-	-	79,922	173,726	(93,804)	217%	297,446	216,605
Payments for capital assets	**181,260**	**-**	**90,000**	**271,260**	**137,189**	**134,071**	**51%**	**183,014**	**116,709**
Buildings and other fixed structures	-	2,257	-	2,257	2,257	-	100%	-	-
Buildings	-	2,257	-	2,257	2,257	-	100%	-	-
Machinery and equipment	181,260	(2,257)	90,000	269,003	134,932	134,071	50%	183,014	116,709
Transport equipment	64,817	-	25,000	89,817	61,804	28,013	69%	54,574	56,623
Other machinery and equipment	116,443	(2,257)	65,000	179,186	73,128	106,058	41%	128,440	60,086
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	14,757,701	**-**	**565,589**	**15,323,290**	**15,618,193**	**(294,903)**	**102%**	**14,989,392**	**15,077,221**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.1: DISTRICT 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**948,806**	**-**	**-**	**948,806**	**934,856**	**13,950**	**99%**	**945,442**	**1,002,035**
Compensation of employees	837,129	-	-	837,129	838,144	(1,015)	100%	719,546	811,959
Goods and services	111,677	-	-	111,677	96,712	14,965	87%	225,896	190,076
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**42,331**	**-**	**-**	**42,331**	**56,711**	**(14,380)**	**134%**	**40,347**	**32,303**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	42,331	-	-	42,331	56,711	(14,380)	134%	40,347	32,303
Payments for capital assets	**41,004**	**-**	**7,000**	**48,004**	**44,426**	**3,578**	**93%**	**63,701**	**49,737**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	41,004	-	7,000	48,004	44,426	3,578	93%	63,701	49,737
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,032,141**	**-**	**7,000**	**1,039,141**	**1,035,993**	**3,148**	**100%**	**1,049,490**	**1,084,075**

Subprogramme: 2.2: COMMUNITY HEALTH CLINICS

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,776,828**	**-**	**186,000**	**2,962,828**	**3,271,660**	**(308,832)**	**110%**	**2,788,027**	**2,932,926**
Compensation of employees	2,107,954	-	15,000	2,122,954	2,142,364	(19,410)	101%	1,967,195	1,978,553
Goods and services	668,874	-	171,000	839,874	1,129,218	(289,344)	134%	820,832	954,358
Interest and rent on land	-	-	-	-	78	(78)	0%	-	15
Transfers and subsidies	**-**	**-**	**-**	**-**	**6,865**	**(6,865)**	**0%**	**-**	**3,264**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	6,865	(6,865)	0%	-	3,264
Payments for capital assets	**20,832**	**-**	**20,000**	**40,832**	**5,569**	**35,263**	**14%**	**11,436**	**5,957**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	20,832	-	20,000	40,832	5,569	35,263	14%	11,436	5,957
Payment for financial assets				**-**		**-**	**0%**	**-**	**-**
Total	**2,797,660**	**-**	**206,000**	**3,003,660**	**3,284,094**	**(280,434)**	**109%**	**2,799,463**	**2,942,147**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.3: COMMUNITY HEALTH CENTRES

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**1,474,919**	**-**	**-**	**1,474,919**	**1,526,400**	**(51,481)**	**103%**	**1,417,637**	**1,382,411**
Compensation of employees	1,262,155	-	-	1,262,155	1,304,020	(41,865)	103%	1,175,137	1,145,094
Goods and services	212,764	-	-	212,764	222,301	(9,537)	104%	242,500	235,269
Interest and rent on land	-	-	-	-	79	(79)	0%	-	2,048
Transfers and subsidies	**-**	**-**	**-**	**-**	**10,353**	**(10,353)**	**0%**	**69,456**	**21,115**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	10,353	(10,353)	0%	69,456	21,115
Payments for capital assets	**7,847**	**-**	**30,000**	**37,847**	**4,729**	**33,118**	**12%**	**5,901**	**6,240**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	7,847	-	30,000	37,847	4,729	33,118	12%	5,901	6,240
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,482,766**	**-**	**30,000**	**1,512,766**	**1,541,482**	**(28,716)**	**102%**	**1,492,994**	**1,409,766**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.4: COMMUNITY BASED 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**811,875**	**-**	**-**	**811,875**	**764,504**	**47,371**	**94%**	**832,329**	**814,432**
Compensation of employees	688,005	-	-	688,005	661,101	26,904	96%	672,329	697,530
Goods and services	123,870	-	-	123,870	103,403	20,467	83%	160,000	116,902
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**679**	**(679)**	**0%**	**-**	**771**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	679	(679)	0%	-	771
Payments for capital assets	**37,702**	**-**	**-**	**37,702**	**24,778**	**12,924**	**66%**	**2,435**	**3,961**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	37,702	-	-	37,702	24,778	12,924	66%	2,435	3,961
Payment for financial assets				**-**		**-**	**0%**		
Total	**849,577**	**-**	**-**	**849,577**	**789,961**	**59,616**	**93%**	**834,764**	**819,164**

Subprogramme: 2.5: OTHER COMMUNITY 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**42,937**	**-**	**-**	**42,937**	**50,915**	**(7,978)**	**119%**	**311,705**	**207,959**
Compensation of employees	24,700	-	-	24,700	40,519	(15,819)	164%	297,834	197,385
Goods and services	18,237	-	-	18,237	10,396	7,841	57%	13,871	10,574
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**56**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	56
Payments for capital assets	**8,632**	**-**	**-**	**8,632**	**3,841**	**4,791**	**44%**	**141**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	8,632	-	-	8,632	3,841	4,791	44%	141	-
Payment for financial assets				**-**		**-**	**0%**		
Total	**51,569**	**-**	**-**	**51,569**	**54,756**	**(3,187)**	**106%**	**311,846**	**208,015**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.6: HIV/AIDS

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,603,890**	**-**	**-**	**2,603,890**	**2,642,812**	**(38,922)**	**101%**	**2,707,515**	**2,749,465**
Compensation of employees	658,643	-	-	658,643	653,349	5,294	99%	659,544	559,976
Goods and services	1,945,247	-	-	1,945,247	1,989,463	(44,216)	102%	2,047,971	2,189,489
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**42,029**	**-**	**-**	**42,029**	**36,543**	**5,486**	**87%**	**34,668**	**26,889**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	6	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	41,729			41,729	35,450	6,279	85%	34,412	26,528
Households	300	-	-	300	1,093	(793)	364%	250	361
Payments for capital assets	**18,825**	**-**	**-**	**18,825**	**17,640**	**1,185**	**94%**	**19,995**	**19,476**
Buildings and other fixed structures	-	2,257	-	2,257	2,257	-	100%	-	-
Machinery and equipment	18,825	(2,257)	-	16,568	15,383	1,185	93%	19,995	19,476
Payment for financial assets				**-**		**-**	**0%**		
Total	**2,664,744**	**-**	**-**	**2,664,744**	**2,696,995**	**(32,251)**	**101%**	**2,762,178**	**2,795,830**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.7: NUTRITION

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**39,810**	**-**	**-**	**39,810**	**30,334**	**9,476**	**76%**	**41,600**	**31,097**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	39,810	-	-	39,810	30,334	9,476	76%	41,600	31,097
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**257**	**-**	**-**	**257**	**21**	**236**	**8%**	**274**	**-**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	257	-	-	257	21	236	8%	274	-
Payment for financial assets				**-**		**-**	**0%**		
Total	**40,067**	**-**	**-**	**40,067**	**30,355**	**9,712**	**76%**	**41,874**	**31,097**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.8: CORONER 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**127,392**	**-**	**-**	**127,392**	**133,857**	**(6,465)**	**105%**	**109,880**	**125,353**
Compensation of employees	109,105	-	-	109,105	114,809	(5,704)	105%	91,580	103,251
Goods and services	18,287	-	-	18,287	19,048	(761)	104%	18,300	22,102
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**200**	**94**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	200	94
Payments for capital assets	**6,002**	**-**	**10,000**	**16,002**	**8,804**	**7,198**	**55%**	**6,331**	**7,450**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	6,002	-	10,000	16,002	8,804	7,198	55%	6,331	7,450
Payment for financial assets				**-**		**-**	**0%**		
Total	**133,394**	**-**	**10,000**	**143,394**	**142,661**	**733**	**99%**	**116,411**	**132,897**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 2.9: DISTRICT HOSPITALS

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**5,585,702**	**-**	**289,589**	**5,875,291**	**5,847,277**	**28,014**	**100%**	**5,267,582**	**5,418,185**
Compensation of employees	4,882,375	-	192,589	5,074,964	5,016,157	58,807	99%	4,617,406	4,643,688
Goods and services	703,327	-	97,000	800,327	823,129	(22,802)	103%	650,176	754,957
Interest and rent on land	-	-	-	-	7,991	(7,991)	0%	-	19,540
Transfers and subsidies	**79,922**	**-**	**-**	**79,922**	**167,238**	**(87,316)**	**209%**	**239,990**	**212,157**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	79,922	-	-	79,922	167,238	(87,316)	209%	239,990	212,157
Payments for capital assets	**40,159**	**-**	**23,000**	**63,159**	**27,381**	**35,778**	**43%**	**72,800**	**23,888**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	40,159	-	23,000	63,159	27,381	35,778	43%	72,800	23,888
Payment for financial assets				**-**		**-**	**0%**		
Total	**5,705,783**	**-**	**312,589**	**6,018,372**	**6,041,896**	**(23,524)**	**100%**	**5,580,372**	**5,654,230**

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 TRANSPORT	1,244,184	(6,500)	(115,000)	1,122,684	1,069,678	53,006	95%	1,215,684	1,209,639
2 PLANNED PATIENT TRANSPORT	275,423	6,500	(6,000)	275,923	290,707	(14,784)	105%	238,959	243,238
	1,519,607	**-**	**(121,000)**	**1,398,607**	**1,360,385**	**38,222**	**97%**	**1,454,643**	**1,452,877**
Economic classification									
Current payments	**1,396,354**	**-**	**(121,000)**	**1,275,354**	**1,217,706**	**57,648**	**95%**	**1,265,025**	**1,264,249**
Compensation of employees	1,091,571	-	(15,000)	1,076,571	1,049,361	27,210	97%	1,023,050	1,022,603
Salaries and wages	963,389	-	(15,000)	948,389	886,237	62,152	93%	900,561	874,444
Social contributions	128,182	-	-	128,182	163,124	(34,942)	127%	122,489	148,159
Goods and services	304,783	-	(106,000)	198,783	168,345	30,438	85%	241,975	241,646
Advertising	4	-	-	4	-	4	0%	4	-
Minor assets	4,512	-	(1,200)	3,312	346	2,966	10%	3,127	461
Catering: Departmental activities	-	-	-	-	9	(9)	0%	22	21
Communication (G&S)	14,478	-	(25,000)	(10,522)	(18,104)	7,582	172%	2,406	7,636
Computer services	1,100	-	-	1,100	176	924	16%	2,500	-
Contractors	5,072	-	-	5,072	2,022	3,050	40%	4,919	1,918
Agency and support / outsourced services	4,620	-	-	4,620	2,325	2,295	50%	12,063	12,213

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
Economic classification									
Fleet services (including government motor transport)	74,370	-	(600)	73,770	84,836	(11,066)	115%	119,892	156,125
Inventory: Clothing material and accessories	-	-	-	-	-	-	0%	-	491
Inventory: Fuel, oil and gas	33,909	-	-	33,909	622	33,287	2%	2,749	366
Inventory: Materials and supplies	723	-	-	723	193	530	27%	1,035	931
Inventory: Medical supplies	20,525	-	(8,500)	12,025	9,862	2,163	82%	15,676	8,782
Inventory: Medicine	70	-	-	70	830	(760)	1186%	51	635
Inventory: Other supplies	640	-	-	640	294	346	46%	702	421
Consumable supplies	26,998	-	(15,000)	11,998	10,398	1,600	87%	23,353	7,029
Consumable: Stationery, printing and office supplies	5,320	-	(3,000)	2,320	1,795	525	77%	2,911	1,870
Operating leases	74,055	-	(42,700)	31,355	51,351	(19,996)	164%	26,972	20,032
Property payments	33,984	-	(10,000)	23,984	18,727	5,257	78%	17,595	18,292
Transport provided: Departmental activity	272	-	-	272	-	272	0%	261	-
Travel and subsistence	4,081	-	-	4,081	2,556	1,525	63%	5,467	4,211
Operating payments	-	-	-	-	103	(103)	0%	70	120

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
Economic classification									
Venues and facilities	50	-	-	50	4	46	8%	200	92
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**4,012**	**-**	**-**	**4,012**	**2,846**	**1,166**	**71%**	**3,970**	**3,028**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	4,012	-	-	4,012	2,846	1,166	71%	3,970	3,028
Social benefits	4,012	-	-	4,012	2,846	1,166	71%	3,970	3,028
Payments for capital assets	**119,241**	**-**	**-**	**119,241**	**139,833**	**(20,592)**	**117%**	**185,648**	**185,600**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	119,241	-	-	119,241	139,833	(20,592)	117%	185,648	185,600
Transport equipment	110,187	-	-	110,187	136,496	(26,309)	124%	130,214	180,483
Other machinery and equipment	9,054	-	-	9,054	3,337	5,717	37%	55,434	5,117
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,519,607	**-**	**(121,000)**	**1,398,607**	**1,360,385**	**38,222**	**97%**	**1,454,643**	**1,452,877**

Subprogramme: 3.1: EMERGENCY TRANSPORT

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**1,136,981**	**(6,500)**	**(115,000)**	**1,015,481**	**958,355**	**57,126**	**94%**	**1,085,529**	**1,030,953**
Compensation of employees	874,263	(6,500)	(15,000)	852,763	825,761	27,002	97%	872,554	801,937
Goods and services	262,718	-	(100,000)	162,718	132,594	30,124	81%	212,975	229,016
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**4,012**	**-**	**-**	**4,012**	**2,744**	**1,268**	**68%**	**3,970**	**2,978**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	4,012	-	-	4,012	2,744	1,268	68%	3,970	2,978
Payments for capital assets	**103,191**	**-**	**-**	**103,191**	**108,579**	**(5,388)**	**105%**	**126,185**	**175,708**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	103,191	-	-	103,191	108,579	(5,388)	105%	126,185	175,708
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,244,184**	**(6,500)**	**(115,000)**	**1,122,684**	**1,069,678**	**53,006**	**95%**	**1,215,684**	**1,209,639**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 3.2: PLANNED PATIENT TRANSPORT

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**259,373**	**6,500**	**(6,000)**	**259,873**	**259,351**	**522**	**100%**	**179,496**	**233,296**
Compensation of employees	217,308	6,500	-	223,808	223,600	208	100%	150,496	220,666
Goods and services	42,065	-	(6,000)	36,065	35,751	314	99%	29,000	12,630
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**102**	**(102)**	**0%**	**-**	**50**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	102	(102)	0%	-	50
Payments for capital assets	**16,050**	**-**	**-**	**16,050**	**31,254**	**(15,204)**	**195%**	**59,463**	**9,892**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	16,050	-	-	16,050	31,254	(15,204)	195%	59,463	9,892
Payment for financial assets				**-**		**-**	**0%**		
Total	**275,423**	**6,500**	**(6,000)**	**275,923**	**290,707**	**(14,784)**	**105%**	**238,959**	**243,238**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 4: PROVINCIAL 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 GENERAL (REGIONAL) HOSPITALS	3,048,687	-	-	3,048,687	3,181,458	(132,771)	104%	2,722,831	2,909,523
2 TB HOSPITALS	489,100	-	-	489,100	411,707	77,393	84%	447,634	387,954
3 PSYCHIATRIC MENTAL HOSPITALS	716,029	-	-	716,029	660,175	55,854	92%	650,213	629,233
	4,253,816	**-**	**-**	**4,253,816**	**4,253,340**	**476**	**100%**	**3,820,678**	**3,926,710**
Economic classification									
Current payments	**4,173,984**	**-**	**-**	**4,173,984**	**4,103,701**	**70,283**	**98%**	**3,684,890**	**3,797,684**
Compensation of employees	3,248,704	-	-	3,248,704	3,323,115	(74,411)	102%	2,930,698	3,056,817
Salaries and wages	2,834,715	-	-	2,834,715	2,879,429	(44,714)	102%	2,412,354	2,670,829
Social contributions	413,989	-	-	413,989	443,686	(29,697)	107%	518,344	385,988
Goods and services	925,280	-	-	925,280	777,252	148,028	84%	754,192	728,650
Administrative fees	188	-	-	188	11	177	6%	222	47
Advertising	82	-	-	82	37	45	45%	52	14
Minor assets	7,261	-	-	7,261	1,329	5,932	18%	6,133	639
Bursaries: Employees	-	-	-	-	1,222	(1,222)	0%	-	278

Programme 4: PROVINCIAL 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
Economic classification									
Catering: Departmental activities	5,661	-	-	5,661	-	5,661	0%	30	-
Communication (G&S)	5,733	-	-	5,733	9,805	(4,072)	171%	6,007	10,261
Computer services	1,676	-	-	1,676	916	760	55%	1,240	13
Consultants: Business and advisory services	171	-	-	171	38	133	22%	5,727	81
Laboratory services	52,596	-	-	52,596	19,883	32,713	38%	59,660	35,447
Legal services	-	-	-	-	1,362	(1,362)	0%	48	630
Contractors	15,820	-	-	15,820	4,636	11,184	29%	10,088	5,529
Agency and support / outsourced services	180,090	-	-	180,090	149,396	30,694	83%	112,455	163,663
Fleet services (including government motor transport)	3,758	-	-	3,758	3,431	327	91%	4,202	7,673
Inventory: Clothing material and accessories	3,308	-	-	3,308	1,262	2,046	38%	1,547	367
Inventory: Food and food supplies	100,052	-	-	100,052	62,157	37,895	62%	87,748	53,525
Inventory: Fuel, oil and gas	16,915	-	-	16,915	14,967	1,948	88%	25,846	11,590
Inventory: Materials and supplies	5,988	-	-	5,988	1,566	4,422	26%	6,437	2,607
Inventory: Medical supplies	143,639	-	-	143,639	166,499	(22,860)	116%	139,214	146,029
Inventory: Medicine	21,024	-	-	21,024	14,292	6,732	68%	24,281	18,502
Inventory: Other supplies	13,556	-	-	13,556	6,806	6,750	50%	10,695	8,893

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 4: PROVINCIAL 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
Economic classification									
Consumable supplies	19,307	-	-	19,307	24,886	(5,579)	129%	17,248	21,056
Consumable: Stationery, printing and office supplies	14,510	-	-	14,510	7,714	6,796	53%	9,771	6,075
Operating leases	39,066	-	-	39,066	28,206	10,860	72%	30,386	27,529
Property payments	259,784	-	-	259,784	247,414	12,370	95%	185,462	202,599
Transport provided: Departmental activity	759	-	-	759	116	643	15%	1,340	280
Travel and subsistence	10,262	-	-	10,262	6,751	3,511	66%	5,996	3,438
Operating payments	3,624	-	-	3,624	2,489	1,135	69%	2,357	1,656
Venues and facilities	450	-	-	450	61	389	14%	-	229
Interest and rent on land	-	-	-	-	3,334	(3,334)	0%	-	12,217
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	3,334	(3,334)	0%	-	12,217
Transfers and subsidies	**68,426**	**-**	**-**	**68,426**	**140,192**	**(71,766)**	**205%**	**92,434**	**120,207**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Programme 4: PROVINCIAL 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
Economic classification									
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	68,426	-	-	68,426	140,192	(71,766)	205%	92,434	120,207
Social benefits	17,804	-	-	17,804	14,510	3,294	81%	16,718	13,206
Other transfers to households	50,622	-	-	50,622	125,682	(75,060)	248%	75,716	107,001
Payments for capital assets	**11,406**	**-**	**-**	**11,406**	**9,447**	**1,959**	**83%**	**43,354**	**8,819**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	11,406	-	-	11,406	9,447	1,959	83%	43,354	8,819
Transport equipment	1,685	-	-	1,685	6,835	(5,150)	406%	34,626	5,691
Other machinery and equipment	9,721	-	-	9,721	2,612	7,109	27%	8,728	3,128
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	4,253,816	**-**	**-**	**4,253,816**	**4,253,340**	**476**	**100%**	**3,820,678**	**3,926,710**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 4.1: GENERAL (REGIONAL) HOSPITALS

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**2,981,321**	**-**	**-**	**2,981,321**	**3,039,975**	**(58,654)**	**102%**	**2,601,874**	**2,788,774**
Compensation of employees	2,455,151	-	-	2,455,151	2,546,043	(90,892)	104%	2,170,356	2,341,435
Goods and services	526,170	-	-	526,170	490,598	35,572	93%	431,518	435,122
Interest and rent on land	-	-	-	-	3,334	(3,334)	0%	-	12,217
Transfers and subsidies	**64,213**	**-**	**-**	**64,213**	**138,167**	**(73,954)**	**215%**	**88,734**	**117,346**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	64,213	-	-	64,213	138,167	(73,954)	215%	88,734	117,346
Payments for capital assets	**3,153**	**-**	**-**	**3,153**	**3,316**	**(163)**	**105%**	**32,223**	**3,403**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,153	-	-	3,153	3,316	(163)	105%	32,223	3,403
Payment for financial assets				**-**		**-**	**0%**		
Total	**3,048,687**	**-**	**-**	**3,048,687**	**3,181,458**	**(132,771)**	**104%**	**2,722,831**	**2,909,523**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 4.2: TB HOSPITALS

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**482,198**	**-**	**-**	**482,198**	**407,884**	**74,314**	**85%**	**438,408**	**384,811**
Compensation of employees	358,389	-	-	358,389	334,082	24,307	93%	311,222	309,491
Goods and services	123,809	-	-	123,809	73,802	50,007	60%	127,186	75,320
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**1,563**	**-**	**-**	**1,563**	**257**	**1,306**	**16%**	**1,200**	**229**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	1,563	-	-	1,563	257	1,306	16%	1,200	229
Payments for capital assets	**5,339**	**-**	**-**	**5,339**	**3,566**	**1,773**	**67%**	**8,026**	**2,914**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	5,339	-	-	5,339	3,566	1,773	67%	8,026	2,914
Payment for financial assets				**-**		**-**	**0%**		
Total	**489,100**	**-**	**-**	**489,100**	**411,707**	**77,393**	**84%**	**447,634**	**387,954**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 4.3: PSYCHIATRIC MENTAL HOSPITALS

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**710,465**	**-**	**-**	**710,465**	**655,842**	**54,623**	**92%**	**644,608**	**624,099**
Compensation of employees	435,164	-	-	435,164	442,990	(7,826)	102%	449,120	405,891
Goods and services	275,301	-	-	275,301	212,852	62,449	77%	195,488	218,208
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**2,650**	**-**	**-**	**2,650**	**1,768**	**882**	**67%**	**2,500**	**2,632**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	2,650	-	-	2,650	1,768	882	67%	2,500	2,632
Payments for capital assets	**2,914**	**-**	**-**	**2,914**	**2,565**	**349**	**88%**	**3,105**	**2,502**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	2,914	-	-	2,914	2,565	349	88%	3,105	2,502
Payment for financial assets				**-**		**-**	**0%**		
Total	**716,029**	**-**	**-**	**716,029**	**660,175**	**55,854**	**92%**	**650,213**	**629,233**

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	1,645,590	-	3,000	1,648,590	1,751,326	(102,736)	106%	1,740,366	1,702,835
2 PROVINCIAL TERTIARY SERVICES	3,484,986	-	(204,589)	3,280,397	3,177,547	102,850	97%	3,017,031	3,010,739
	5,130,576	**-**	**(201,589)**	**4,928,987**	**4,928,873**	**114**	**100%**	**4,757,397**	**4,713,574**
Economic classification									
Current payments	**4,921,122**	**-**	**(201,589)**	**4,719,533**	**4,718,032**	**1,501**	**100%**	**4,437,685**	**4,512,638**
Compensation of employees	3,584,753	-	(119,589)	3,465,164	3,465,164	-	100%	3,197,409	3,196,308
Salaries and wages	3,197,537	-	(119,589)	3,077,948	3,041,583	36,365	99%	2,838,156	2,817,625
Social contributions	387,216	-	-	387,216	423,581	(36,365)	109%	359,253	378,683
Goods and services	1,336,369	-	(82,000)	1,254,369	1,249,219	5,150	100%	1,240,276	1,314,174
Administrative fees	355	-	-	355	183	172	52%	66	40
Advertising	400	-	-	400	-	400	0%	298	-
Minor assets	5,852	-	-	5,852	1,192	4,660	20%	6,311	971
Bursaries: Employees	-	-	-	-	1,483	(1,483)	0%	-	397

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
Economic classification									
Current payments	**4,921,122**	**-**	**(201,589)**	**4,719,533**	**4,718,032**	**1,501**	**100%**	**4,437,685**	**4,512,638**
Catering: Departmental activities	380	-	-	380	187	193	49%	160	56
Communication (G&S)	10,542	-	-	10,542	11,952	(1,410)	113%	14,720	15,722
Computer services	12,710	-	-	12,710	9,863	2,847	78%	25,793	22,167
Consultants: Business and advisory services	150	-	-	150	23	127	15%	-	-
Laboratory services	105,902	-	-	105,902	148,594	(42,692)	140%	102,858	130,201
Legal services	-	-	-	-	2,814	(2,814)	0%	-	325
Contractors	72,308	-	-	72,308	45,526	26,782	63%	40,445	43,520
Agency and support / outsourced services	50,233	-	-	50,233	55,254	(5,021)	110%	75,337	75,901
Fleet services (including government motor transport)	2,389	-	-	2,389	3,882	(1,493)	162%	3,992	3,744
Inventory: Clothing material and accessories	7,340	-	-	7,340	390	6,950	5%	100	-
Inventory: Food and food supplies	81,582	-	(20,000)	61,582	44,384	17,198	72%	50,547	41,386
Inventory: Fuel, oil and gas	46,164	-	-	46,164	42,006	4,158	91%	40,401	54,779
Inventory: Materials and supplies	9,654	-	-	9,654	6,101	3,553	63%	7,569	4,980

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
Economic classification									
Inventory: Medical supplies	495,246	-	(42,000)	453,246	448,191	5,055	99%	436,319	420,789
Inventory: Medicine	57,159	-	-	57,159	85,814	(28,655)	150%	47,519	76,413
Inventory: Other supplies	33,857	-	-	33,857	27,418	6,439	81%	25,734	25,770
Consumable supplies	18,056	-	-	18,056	30,961	(12,905)	171%	22,459	26,430
Consumable: Stationery, printing and office supplies	17,645	-	-	17,645	10,794	6,851	61%	9,570	6,561
Operating leases	48,465	-	-	48,465	57,523	(9,058)	119%	61,961	82,545
Property payments	245,245	-	(20,000)	225,245	209,061	16,184	93%	258,987	276,195
Transport provided: Departmental activity	530	-	-	530	112	418	21%	520	137
Travel and subsistence	9,236	-	-	9,236	4,269	4,967	46%	5,332	3,623
Training and development	-	-	-	-	-	-	0%	-	17
Operating payments	4,484	-	-	4,484	1,118	3,366	25%	2,479	1,144
Venues and facilities	200	-	-	200	-	200	0%	245	41
Rental and hiring	285	-	-	285	124	161	44%	554	320
Interest and rent on land	-	-	-	-	3,649	(3,649)	0%	-	2,156
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	3,649	(3,649)	0%	-	2,156

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
Economic classification									
Transfers and subsidies	**46,679**	**-**	**-**	**46,679**	**53,869**	**(7,190)**	**115%**	**69,606**	**37,772**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	46,679	-	-	46,679	53,869	(7,190)	115%	69,606	37,772
Social benefits	13,652	-	-	13,652	13,418	234	98%	(299)	10,704
Other transfers to households	33,027	-	-	33,027	40,451	(7,424)	122%	69,905	27,068
Payments for capital assets	**162,775**	**-**	**-**	**162,775**	**156,972**	**5,803**	**96%**	**250,106**	**163,164**
Buildings and other fixed structures	15,959	-	-	15,959	14,449	1,510	91%	98,000	17,509
Buildings	15,959	-	-	15,959	14,449	1,510	91%	98,000	17,509
Machinery and equipment	146,816	-	-	146,816	142,523	4,293	97%	152,106	145,655
Transport equipment	-	-	-	-	4,570	(4,570)	0%	(49,961)	2,881
Other machinery and equipment	146,816	-	-	146,816	137,953	8,863	94%	202,067	142,774
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	5,130,576	**-**	**(201,589)**	**4,928,987**	**4,928,873**	**114**	**100%**	**4,757,397**	**4,713,574**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 5.1: 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**1,537,841**	**-**	**3,000**	**1,540,841**	**1,622,971**	**(82,130)**	**105%**	**1,570,911**	**1,572,492**
Compensation of employees	1,127,155	-	3,000	1,130,155	1,129,724	431	100%	1,071,439	1,037,741
Goods and services	410,686	-	-	410,686	489,966	(79,280)	119%	499,472	533,085
Interest and rent on land	-	-	-	-	3,281	(3,281)	0%	-	1,666
Transfers and subsidies	**7,425**	**-**	**-**	**7,425**	**34,885**	**(27,460)**	**470%**	**7,546**	**26,921**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	7,425	-	-	7,425	34,885	(27,460)	470%	7,546	26,921
Payments for capital assets	**100,324**	**-**	**-**	**100,324**	**93,470**	**6,854**	**93%**	**161,909**	**103,422**
Buildings and other fixed structures	15,959	-	-	15,959	14,449	1,510	91%	98,000	17,509
Machinery and equipment	84,365	-	-	84,365	79,021	5,344	94%	63,909	85,913
Payment for financial assets				**-**		**-**	**0%**		
Total	**1,645,590**	**-**	**3,000**	**1,648,590**	**1,751,326**	**(102,736)**	**106%**	**1,740,366**	**1,702,835**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 5.2: PROVINCIAL TERTIARY 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**3,383,281**	**-**	**(204,589)**	**3,178,692**	**3,095,061**	**83,631**	**97%**	**2,866,774**	**2,940,146**
Compensation of employees	2,457,598	-	(122,589)	2,335,009	2,335,440	(431)	100%	2,125,970	2,158,567
Goods and services	925,683	-	(82,000)	843,683	759,253	84,430	90%	740,804	781,089
Interest and rent on land	-	-	-	-	368	(368)	0%	-	490
Transfers and subsidies	**39,254**	**-**	**-**	**39,254**	**18,984**	**20,270**	**48%**	**62,060**	**10,851**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	39,254	-	-	39,254	18,984	20,270	48%	62,060	10,851
Payments for capital assets	**62,451**	**-**	**-**	**62,451**	**63,502**	**(1,051)**	**102%**	**88,197**	**59,742**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	62,451	-	-	62,451	63,502	(1,051)	102%	88,197	59,742
Payment for financial assets				**-**		**-**	**0%**		
Total	**3,484,986**	**-**	**(204,589)**	**3,280,397**	**3,177,547**	**102,850**	**97%**	**3,017,031**	**3,010,739**

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	333,144	-	(40,000)	293,144	235,211	57,933	80%	263,469	237,777
2 EMS TRAINING COLLEGE	16,046	-	-	16,046	13,248	2,798	83%	15,254	10,522
3 BURSARIES	89,008	-	-	89,008	38,549	50,459	43%	68,379	49,152
4 OTHER TRAINING	811,523	-	(58,000)	753,523	789,563	(36,040)	105%	701,261	688,255
	1,249,721	**-**	**(98,000)**	**1,151,721**	**1,076,571**	**75,150**	**93%**	**1,048,363**	**985,706**
Economic classification									
Current payments	**1,135,486**	**-**	**(98,000)**	**1,037,486**	**1,022,218**	**15,268**	**99%**	**955,166**	**917,579**
Compensation of employees	908,988	-	(78,000)	830,988	829,418	1,570	100%	826,179	809,225
Salaries and wages	827,359	-	(78,000)	749,359	787,555	(38,196)	105%	749,096	768,045
Social contributions	81,629	-	-	81,629	41,863	39,766	51%	77,083	41,180
Goods and services	226,498	-	(20,000)	206,498	192,800	13,698	93%	128,987	108,354
Administrative fees	1,251	-	-	1,251	505	746	40%	1,150	473
Advertising	620	-	-	620	437	183	70%	240	82
Minor assets	5,047	-	(2,500)	2,547	142	2,405	6%	5,440	1,153
Bursaries: Employees	22,379	-	(500)	21,879	13,441	8,438	61%	16,329	13,822

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
Economic classification									
Catering: Departmental activities	541	-	-	541	308	233	57%	1,384	690
Communication (G&S)	1,028	-	-	1,028	1,123	(95)	109%	637	1,417
Computer services	-	-	-	-	-	-	0%	2,315	-
Contractors	573	-	-	573	52	521	9%	1,692	23
Agency and support / outsourced services	80,327	-	-	80,327	80,218	109	100%	250	-
Fleet services (including government motor transport)	1,595	-	-	1,595	1,445	150	91%	765	2,176
Inventory: Clothing material and accessories	50	-	-	50	600	(550)	1200%	600	-
Inventory: Food and food supplies	5	-	-	5	-	5	0%	-	-
Inventory: Fuel, oil and gas	77	-	-	77	30	47	39%	35	23
Inventory: Materials and supplies	150	-	-	150	147	3	98%	323	144
Inventory: Medical supplies	8,798	-	-	8,798	12,764	(3,966)	145%	5,606	7,763
Inventory: Medicine	-	-	-	-	3	(3)	0%	205	-
Inventory: Other supplies	598	-	-	598	285	313	48%	404	278
Consumable supplies	2,351	-	-	2,351	1,324	1,027	56%	1,700	1,151

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
Economic classification									
Consumable: Stationery, printing and office supplies	3,583	-	-	3,583	834	2,749	23%	3,216	699
Operating leases	2,666	-	-	2,666	1,253	1,413	47%	2,668	2,183
Property payments	16,531	-	(4,500)	12,031	11,813	218	98%	15,407	12,528
Travel and subsistence	33,041	-	-	33,041	33,681	(640)	102%	29,648	37,177
Training and development	35,816	-	(10,000)	25,816	25,324	492	98%	31,876	23,072
Operating payments	3,057	-	(2,500)	557	410	147	74%	3,393	955
Venues and facilities	6,364	-	-	6,364	6,661	(297)	105%	3,704	2,545
Rental and hiring	50	-	-	50	-	50	0%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**85,130**	**-**	**-**	**85,130**	**41,812**	**43,318**	**49%**	**71,584**	**57,589**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	14,970	-	-	14,970	14,721	249	98%	16,867	16,866
Departmental agencies	14,970	-	-	14,970	14,721	249	98%	16,867	16,866

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
Economic classification									
Transfers and subsidies	**85,130**	**-**	**-**	**85,130**	**41,812**	**43,318**	**49%**	**71,584**	**57,589**
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	70,160	-	-	70,160	27,091	43,069	39%	54,717	40,723
Social benefits	3,000	-	-	3,000	2,202	798	73%	2,311	3,224
Other transfers to households	67,160	-	-	67,160	24,889	42,271	37%	52,406	37,499
Payments for capital assets	**29,105**	**-**	**-**	**29,105**	**12,541**	**16,564**	**43%**	**21,613**	**10,538**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	29,105	-	-	29,105	12,541	16,564	43%	21,613	10,538
Transport equipment	1,768	-	-	1,768	8,622	(6,854)	488%	2,146	1,460
Other machinery and equipment	27,337	-	-	27,337	3,919	23,418	14%	19,467	9,078
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,249,721	**-**	**(98,000)**	**1,151,721**	**1,076,571**	**75,150**	**93%**	**1,048,363**	**985,706**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 6.1: NURSING TRAINING COLLEGES

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**325,973**	**-**	**(40,000)**	**285,973**	**228,805**	**57,168**	**80%**	**256,180**	**232,738**
Compensation of employees	289,210	-	(30,000)	259,210	208,797	50,413	81%	228,188	207,778
Goods and services	36,763	-	(10,000)	26,763	20,008	6,755	75%	27,992	24,960
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**3,000**	**-**	**-**	**3,000**	**2,157**	**843**	**72%**	**2,311**	**3,147**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	3,000	-	-	3,000	2,157	843	72%	2,311	3,147
Payments for capital assets	**4,171**	**-**	**-**	**4,171**	**4,249**	**(78)**	**102%**	**4,978**	**1,892**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	4,171	-	-	4,171	4,249	(78)	102%	4,978	1,892
Payment for financial assets				**-**		**-**	**0%**		
Total	**333,144**	**-**	**(40,000)**	**293,144**	**235,211**	**57,933**	**80%**	**263,469**	**237,777**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 6.2: EMS TRAINING COLLEGE

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**12,362**	**-**	**-**	**12,362**	**12,232**	**130**	**99%**	**11,784**	**9,369**
Compensation of employees	8,458	-	-	8,458	8,726	(268)	103%	7,266	6,265
Goods and services	3,904	-	-	3,904	3,506	398	90%	4,518	3,104
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**65**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	65
Payments for capital assets	**3,684**	**-**	**-**	**3,684**	**1,016**	**2,668**	**28%**	**3,470**	**1,088**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,684	-	-	3,684	1,016	2,668	28%	3,470	1,088
Payment for financial assets				**-**		**-**	**0%**		
Total	**16,046**	**-**	**-**	**16,046**	**13,248**	**2,798**	**83%**	**15,254**	**10,522**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 6.3: BURSARIES

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**18,548**	**-**	**-**	**18,548**	**12,725**	**5,823**	**69%**	**11,223**	**10,427**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	18,548	-	-	18,548	12,725	5,823	69%	11,223	10,427
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**67,160**	**-**	**-**	**67,160**	**24,889**	**42,271**	**37%**	**52,406**	**37,326**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	67,160	-	-	67,160	24,889	42,271	37%	52,406	37,326
Payments for capital assets	**3,300**	**-**	**-**	**3,300**	**935**	**2,365**	**28%**	**4,750**	**1,399**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	3,300	-	-	3,300	935	2,365	28%	4,750	1,399
Payment for financial assets				**-**		**-**	**0%**		
Total	**89,008**	**-**	**-**	**89,008**	**38,549**	**50,459**	**43%**	**68,379**	**49,152**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 6.4: OTHER 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**778,603**	**-**	**(58,000)**	**720,603**	**768,456**	**(47,853)**	**107%**	**675,979**	**665,045**
Compensation of employees	611,320	-	(48,000)	563,320	611,895	(48,575)	109%	590,725	595,182
Goods and services	167,283	-	(10,000)	157,283	156,561	722	100%	85,254	69,863
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**14,970**	**-**	**-**	**14,970**	**14,766**	**204**	**99%**	**16,867**	**17,051**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	14,970	-	-	14,970	14,721	249	98%	16,867	16,866
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	45	(45)	0%	-	185
Payments for capital assets	**17,950**	**-**	**-**	**17,950**	**6,341**	**11,609**	**35%**	**8,415**	**6,159**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	17,950	-	-	17,950	6,341	11,609	35%	8,415	6,159
Payment for financial assets				**-**		**-**	**0%**		
Total	**811,523**	**-**	**(58,000)**	**753,523**	**789,563**	**(36,040)**	**105%**	**701,261**	**688,255**

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 ORTHOTIC & PROSTHETIC SERVICES	143,334	(22,000)	(15,000)	106,334	49,762	56,572	47%	87,710	53,386
2 MEDICINE TRADING ACCOUNT	56,566	22,000	-	78,566	62,934	15,632	80%	71,310	61,667
	199,900	**-**	**(15,000)**	**184,900**	**112,696**	**72,204**	**61%**	**159,020**	**115,053**
Economic classification									
Current payments	**182,898**	**-**	**(15,000)**	**167,898**	**110,619**	**57,279**	**66%**	**143,832**	**109,355**
Compensation of employees	96,338	-	-	96,338	71,912	24,426	75%	79,305	70,240
Salaries and wages	86,423	-	-	86,423	61,013	25,410	71%	69,598	60,079
Social contributions	9,915	-	-	9,915	10,899	(984)	110%	9,707	10,161
Goods and services	86,560	-	(15,000)	71,560	38,707	32,853	54%	64,527	39,115
Advertising	50	-	-	50	-	50	0%	-	-
Minor assets	9,237	-	-	9,237	3,726	5,511	40%	9,669	191
Bursaries: Employees	-	-	-	-	34	(34)	0%	-	-

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
Economic classification									
Communication (G&S)	588	-	-	588	496	92	84%	561	1,168
Computer services	5,010	-	-	5,010	867	4,143	17%	4,936	1,998
Consultants: Business and advisory services	300	-	-	300	-	300	0%	-	-
Laboratory services	-	-	-	-	-	-	0%	1,184	-
Contractors	340	-	-	340	69	271	20%	710	221
Agency and support / outsourced services	500	-	-	500	12	488	2%	-	-
Fleet services (including government motor transport)	706	-	-	706	55	651	8%	723	178
Inventory: Clothing material and accessories	20	-	-	20	-	20	0%	-	-
Inventory: Fuel, oil and gas	450	-	-	450	360	90	80%	480	771
Inventory: Materials and supplies	23	-	-	23	148	(125)	643%	10	6
Inventory: Medical supplies	45,395	-	(15,000)	30,395	19,276	11,119	63%	26,022	22,478
Inventory: Other supplies	167	-	-	167	20	147	12%	159	59
Consumable supplies	4,464	-	-	4,464	3,997	467	90%	3,634	2,704
Consumable: Stationery, printing and office supplies	1,560	-	-	1,560	1,360	200	87%	1,942	1,096
Operating leases	2,448	-	-	2,448	1,031	1,417	42%	2,021	1,031
Property payments	9,586	-	-	9,586	5,991	3,595	62%	6,761	6,309

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
Economic classification									
Travel and subsistence	2,654	-	-	2,654	1,243	1,411	47%	1,490	892
Training and development	263	-	-	263	-	263	0%	-	-
Operating payments	2,499	-	-	2,499	22	2,477	1%	3,675	13
Venues and facilities	300	-	-	300	-	300	0%	500	-
Rental and hiring	-	-	-	-	-	-	0%	50	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**1,121**	**-**	**-**	**1,121**	**431**	**690**	**38%**	**100**	**31**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-

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
Economic classification									
Households	1,121	-	-	1,121	431	690	38%	100	31
Social benefits	1,061	-	-	1,061	365	696	34%	100	31
Other transfers to households	60	-	-	60	66	(6)	110%	-	-
Payments for capital assets	**15,881**	**-**	**-**	**15,881**	**1,646**	**14,235**	**10%**	**15,088**	**5,667**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	15,881	-	-	15,881	1,646	14,235	10%	15,088	5,667
Transport equipment	128	-	-	128	160	(32)	125%	456	203
Other machinery and equipment	15,753	-	-	15,753	1,486	14,267	9%	14,632	5,464
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	199,900	**-**	**(15,000)**	**184,900**	**112,696**	**72,204**	**61%**	**159,020**	**115,053**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 7.1: ORTHOTIC & PROSTHETIC 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**127,546**	**(22,000)**	**(15,000)**	**90,546**	**48,188**	**42,358**	**53%**	**73,016**	**47,974**
Compensation of employees	69,010	(22,000)	-	47,010	23,425	23,585	50%	31,883	23,587
Goods and services	58,536	-	(15,000)	43,536	24,763	18,773	57%	41,133	24,387
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**310**	**-**	**-**	**310**	**66**	**244**	**21%**	**100**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	310	-	-	310	66	244	21%	100	-
Payments for capital assets	**15,478**	**-**	**-**	**15,478**	**1,508**	**13,970**	**10%**	**14,594**	**5,412**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	15,478	-	-	15,478	1,508	13,970	10%	14,594	5,412
Payment for financial assets				**-**		**-**	**0%**		
Total	**143,334**	**(22,000)**	**(15,000)**	**106,334**	**49,762**	**56,572**	**47%**	**87,710**	**53,386**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 7.2: MEDICINE TRADING ACCOUNT

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**55,352**	**22,000**	**-**	**77,352**	**62,431**	**14,921**	**81%**	**70,816**	**61,381**
Compensation of employees	27,328	22,000	-	49,328	48,487	841	98%	47,422	46,653
Goods and services	28,024	-	-	28,024	13,944	14,080	50%	23,394	14,728
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**811**	**-**	**-**	**811**	**365**	**446**	**45%**	**-**	**31**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	811	-	-	811	365	446	45%	-	31
Payments for capital assets	**403**	**-**	**-**	**403**	**138**	**265**	**34%**	**494**	**255**
Buildings and other fixed structures	-	-	-	-	-	-	0%	-	-
Machinery and equipment	403	-	-	403	138	265	34%	494	255
Payment for financial assets				**-**		**-**	**0%**		
Total	**56,566**	**22,000**	**-**	**78,566**	**62,934**	**15,632**	**80%**	**71,310**	**61,667**

APPROPRIATION 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	212,191	-	-	212,191	207,593	4,598	98%	280,402	215,004
2 EMERGENCY MEDICAL RESCUE SERVICES	3,000	-	-	3,000	-	3,000	0%	-	-
3 DISTRICT HOSPITAL SERVICES	789,122	(1,200)	(90,000)	697,922	621,985	75,937	89%	620,578	567,534
4 PROVINCIAL HOSPITAL SERVICES	171,874	-	-	171,874	173,426	(1,552)	101%	265,435	287,279
5 OTHER FACILITIES	27,152	1,200	-	28,352	15,084	13,268	53%	9,076	1,758
	1,203,339	**-**	**(90,000)**	**1,113,339**	**1,018,088**	**95,251**	**91%**	**1,175,491**	**1,071,575**
Economic classification									
Current payments	**407,887**	**-**	**-**	**407,887**	**403,392**	**4,495**	**99%**	**422,884**	**371,209**
Compensation of employees	56,150	-	-	56,150	31,243	24,907	56%	32,324	24,157
Salaries and wages	56,150	-	-	56,150	27,967	28,183	50%	32,321	22,026
Social contributions	-	-	-	-	3,276	(3,276)	0%	3	2,131
Goods and services	351,737	-	-	351,737	372,149	(20,412)	106%	390,560	347,052
Administrative fees	20	-	-	20	-	20	0%	594	-
Advertising	142	-	-	142	-	142	0%	242	-
Minor assets	-	-	-	-	1,347	(1,347)	0%	687	334
Bursaries: Employees	-	-	-	-	9	(9)	0%	-	-

APPROPRIATION 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
Economic classification									
Communication (G&S)	195	-	-	195	-	195	0%	193	17
Computer services	100	-	-	100	99	1	99%	-	-
Contractors	342,695	-	-	342,695	287,691	55,004	84%	384,928	310,426
Fleet services (including government motor transport)	-	-	-	-	1	(1)	0%	-	108
Inventory: Clothing material and accessories	-	-	-	-	2	(2)	0%	-	-
Inventory: Food and food supplies	-	-	-	-	70	(70)	0%	-	19
Inventory: Fuel, oil and gas	-	-	-	-	-	-	0%	-	125
Inventory: Materials and supplies	50	-	-	50	42,528	(42,478)	85056%	50	19,909
Inventory: Medical supplies	-	-	-	-	17,579	(17,579)	0%	-	12,236
Inventory: Other supplies	40	-	-	40	190	(150)	475%	31	596
Consumable supplies	320	-	-	320	4,564	(4,244)	1426%	519	12
Consumable: Stationery, printing and office supplies	280	-	-	280	29	251	10%	520	-
Operating leases	-	-	-	-	-	-	0%	300	-
Property payments	1,654	-	-	1,654	13,143	(11,489)	795%	-	292

APPROPRIATION 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
Economic classification									
Travel and subsistence	3,017	-	-	3,017	2,956	61	98%	1,980	2,880
Training and development	2,584	-	-	2,584	1,408	1,176	54%	296	-
Operating payments	440	-	-	440	131	309	30%	220	-
Venues and facilities	200	-	-	200	402	(202)	201%	-	98
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**2**	**(2)**	**0%**	**-**	**53**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions	-	-	-	-	-	-	0%	-	-
Foreign governments and international organisations	-	-	-	-	-	-	0%	-	-

APPROPRIATION 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
Economic classification									
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions	-	-	-	-	-	-	0%	-	-
Households	-	-	-	-	2	(2)	0%	-	53
Social benefits	-	-	-	-	2	(2)	0%	-	53
Payments for capital assets	**795,452**	**-**	**(90,000)**	**705,452**	**614,694**	**90,758**	**87%**	**752,607**	**700,313**
Buildings and other fixed structures	363,278	-	-	363,278	335,882	27,396	92%	494,363	443,605
Buildings	363,278	-	-	363,278	335,882	27,396	92%	494,363	443,605
Machinery and equipment	432,174	-	(90,000)	342,174	278,812	63,362	81%	258,244	256,708
Transport equipment	-	-	-	-	-	-	0%	1,837	35
Other machinery and equipment	432,174	-	(90,000)	342,174	278,812	63,362	81%	256,407	256,673
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	1,203,339	**-**	**(90,000)**	**1,113,339**	**1,018,088**	**95,251**	**91%**	**1,175,491**	**1,071,575**

Subprogramme: 8.1: COMMUNITY HEALTH FACILITIES

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**62,880**	**-**	**-**	**62,880**	**110,411**	**(47,531)**	**176%**	**73,419**	**68,748**
Compensation of employees	50	-	-	50	696	(646)	1392%	1,906	1,476
Goods and services	62,830	-	-	62,830	109,715	(46,885)	175%	71,513	67,272
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**149,311**	**-**	**-**	**149,311**	**97,182**	**52,129**	**65%**	**206,983**	**146,256**
Buildings and other fixed structures	118,182	-	-	118,182	82,371	35,811	70%	127,286	75,692
Machinery and equipment	31,129	-	-	31,129	14,811	16,318	48%	79,697	70,564
Payment for financial assets				**-**		**-**	**0%**		
Total	**212,191**	**-**	**-**	**212,191**	**207,593**	**4,598**	**98%**	**280,402**	**215,004**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 8.2: EMERGENCY MEDICAL RESCUE 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Compensation of employees	-	-	-	-	-	-	0%	-	-
Goods and services	-	-	-	-	-	-	0%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**3,000**	**-**	**-**	**3,000**	**-**	**3,000**	**0%**	**-**	**-**
Buildings and other fixed structures	3,000	-	-	3,000	-	3,000	0%	-	-
Machinery and equipment	-	-	-	-	-	-	0%	-	-
Payment for financial assets				**-**		**-**	**0%**		
Total	**3,000**	**-**	**-**	**3,000**	**-**	**3,000**	**0%**	**-**	**-**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 8.3: DISTRICT 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**202,947**	**(1,200)**	**-**	**201,747**	**179,644**	**22,103**	**89%**	**230,416**	**220,514**
Compensation of employees	16,084	(1,200)	-	14,884	1,079	13,805	7%	108	1,904
Goods and services	186,863	-	-	186,863	178,565	8,298	96%	230,308	218,610
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**2**	**(2)**	**0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	2	(2)	0%	-	-
Payments for capital assets	**586,175**	**-**	**(90,000)**	**496,175**	**442,339**	**53,836**	**89%**	**390,162**	**347,020**
Buildings and other fixed structures	205,464	-	-	205,464	190,112	15,352	93%	263,314	253,215
Machinery and equipment	380,711	-	(90,000)	290,711	252,227	38,484	87%	126,848	93,805
Payment for financial assets				**-**		**-**	**0%**		
Total	**789,122**	**(1,200)**	**(90,000)**	**697,922**	**621,985**	**75,937**	**89%**	**620,578**	**567,534**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 8.4: PROVINCIAL 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
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**126,500**	**-**	**-**	**126,500**	**102,734**	**23,766**	**81%**	**119,049**	**80,216**
Compensation of employees	40,016	-	-	40,016	28,231	11,785	71%	30,310	20,349
Goods and services	86,484	-	-	86,484	74,503	11,981	86%	88,739	59,867
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**53**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	53
Payments for capital assets	**45,374**	**-**	**-**	**45,374**	**70,692**	**(25,318)**	**156%**	**146,386**	**207,010**
Buildings and other fixed structures	31,140	-	-	31,140	62,777	(31,637)	202%	96,763	114,698
Machinery and equipment	14,234	-	-	14,234	7,915	6,319	56%	49,623	92,312
Payment for financial assets				**-**		**-**	**0%**		
Total	**171,874**	**-**	**-**	**171,874**	**173,426**	**(1,552)**	**101%**	**265,435**	**287,279**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Subprogramme: 8.5: OTHER FACILITIES

	2023/24							2022/23	
	Adjusted Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
Economic classification	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**R'000**	**%**	**R'000**	**R'000**
Current payments	**15,560**	**1,200**	**-**	**16,760**	**10,603**	**6,157**	**63%**	**-**	**1,731**
Compensation of employees	-	1,200	-	1,200	1,237	(37)	103%	-	428
Goods and services	15,560	-	-	15,560	9,366	6,194	60%	-	1,303
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Provinces and municipalities	-	-	-	-	-	-	0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	0%	-	-
Higher education institutions				-		-	0%		
Foreign governments and international organisations				-		-	0%		
Public corporations and private enterprises	-	-	-	-	-	-	0%	-	-
Non-profit institutions				-		-	0%		
Households	-	-	-	-	-	-	0%	-	-
Payments for capital assets	**11,592**	**-**	**-**	**11,592**	**4,481**	**7,111**	**39%**	**9,076**	**27**
Buildings and other fixed structures	5,492	-	-	5,492	622	4,870	11%	7,000	-
Machinery and equipment	6,100	-	-	6,100	3,859	2,241	63%	2,076	27
Payment for financial assets				**-**		**-**	**0%**		
Total	**27,152**	**1,200**	**-**	**28,352**	**15,084**	**13,268**	**53%**	**9,076**	**1,758**

APPROPRIATION STATEMENT
for the year ended 31 March 2024

Direct charge: Member of Executive Council salary

	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 **Member of Executive Council salary**	2,159	-	-	2,159	2,159	-	100%	2,096	2,096
	2,159	**-**	**-**	**2,159**	**2,159**	**-**	**100%**	**2,096**	**2,096**
Economic classification									
Current payments	**2,159**	**-**	**-**	**2,159**	**2,159**	**-**	**100%**	**2,096**	**2,096**
Compensation of employees	2,159	-	-	2,159	2,159	-	100%	2,096	2,096
Salaries and wages	2,159	-	-	2,159	2,159	-	100%	2,096	2,096
Goods and services	-	-	-	-	-	-	0%	-	-
Interest and rent on land	-	-	-	-	-	-	0%	-	-
Transfers and subsidies	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Payments for capital assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
Payment for financial assets	**-**	**-**	**-**	**-**	**-**	**-**	**0%**	**-**	**-**
	2,159	**-**	**-**	**2,159**	**2,159**	**-**	**100%**	**2,096**	**2,096**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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 the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

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

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

3 Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note 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 Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Administration	760,293	756,508	3,785	0.50%

Programme 1 spent at 99.50% (under by R3,785 million) after adjusting for funds shifts and virements of minus R40,000 million post the 2023/24 AEPRE. The programme gave up portion of its cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

District Health Services	15,323,290	15,618,193	(294,903)	-1.92%

Programme 2 spent at 101.92% (over by R294,903 million) after adjusting for funds shifts and virements of plus R565,589 million post the 2023/24 AEPRE. Overspending was primarily caused by goods and services pressures vesting in the Community Health Clinics and Community Health Centres sub programme in order to continue the delivery of public health care services uninterrupted.

The budget pressures in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Emergency Medical Services				
	1,398,607	1,360,385	38,222	2.73%

Programme 3 spent at 97.27% (under by R38,222 million) after adjusting for funds shifts and virements of minus R121,000 million post the 2023/24 AEPRE. The programme gave up portion of its cash flows in favour of mitigating the goods and services pressures within District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Provincial Hospital Services				
	4,253,816	4,253,340	476	0.01%

Programme 4 spent at 99.99% (under by R476 thousand)

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Central Hospital Services				
	4,928,987	4,928,873	114	0.00%

Programme 5 spent at 100% (under by R114 thousand) after adjusting for funds shifts and virements of minus R201,589 million post the 2023/24 2 AEPRE. The programme gave up portion of its equitable cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

Health Science and Training				
	1,151,721	1,076,571	75,150	6.53%

Programme 6 spent at 93.47% (under by R75,150 million) after adjusting for funds shifts and virements of minus R98,000 million post the 2023/24 AEPRE. The programme gave up portion of its equitable cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Health Care and Support Services				
	184,900	112,696	72,204	39.05%

Programme 7 spent at 60.95% (under by R72,204 million) after adjusting for funds shifts and virements of minus R15,000 million post the 2023/24 AEPRE.

The underspend is primarily attributable inter alia to the department ringfencing and budgeting for the mandate of a "public healthcare remedy" for the provision of healthcare services in the public healthcare sector rather than lump sum settlements for future medical care in medico-legal claims. The defences have envisaged the development of the common law to allow for a "public healthcare defence" and an "undertaking to pay defence" to be raised in medico-legal claims against the state.

This is premised on the approach that if the department is required to continue to pay claims on the basis of full, up-front settlements of estimated future medical and other expenses this will, in time, overwhelm the Department's capacity to meet its constitutionally mandated health service delivery obligations. The judgement was handed down on t7 February 2023, indicating clearly how the common law is to accommodate the public health defence; and affirming the goods and services that the State will provide to the plaintiff during their lifetime.

Although the landmark judgement is on appeal, agreement was reached that the order is to be implemented whilst the appeal process is underway. This means that Department started with the process of implementing the Court order in the current financial year.

Health Facilities Management				
	1,113,339	1,018,088	95,251	8.56%

Programme 8 spent at 91.44% (under by R95,251 million) after adjusting for funds shifts and virements of minus R90,000 million post the 2023/24 AEPRE. The programme gave up portion of its equitable share cash flows in favour of mitigating the goods and services pressures within the District Health Services Programme to continue the delivery of public health care services uninterrupted.

The pressure in the District Health Services Programme having arisen from the payment of payables and accruals of R4.7 billion at the vote level at the beginning of the current financial year being treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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

4.2 Per economic classification:

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
Current expenditure				
Compensation of employees	19,983,901	19,952,151	31,750	0.16%
Goods and services	7,377,485	7,528,082	(150,597)	-2.04%
Interest and rent on land	-	19,215	(19,215)	
Transfers and subsidies				
Departmental agencies and accounts	14,970	14,721	249	1.66%
Non-profit institutions	41,729	35,450	6,279	15.05%
Households	315,023	470,673	(155,650)	-49.41%
Payments for capital assets				
Buildings and other fixed structures	381,494	352,588	28,906	7.58%
Machinery and equipment	1,002,510	753,933	248,577	24.80%

Compensation of Employees - This budget was spent at a level of 99.84% of the adjusted appropriation - spending R19,952 151 billion against a final adjusted appropriation of R19,983 901 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R31,750 thousand or 0.16% of the final budget allocated.
This represents cash flows given up in favour of mitigating the goods and services pressures within the District Health Services programme to continue delivery of public health care services uninterrupted at the primary healthcare level.

Goods and Services - This budget spent at a level of 102.10% of the adjusted appropriation - spending R7,532 140 billion against a final adjusted appropriation of R7,377 485 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R154,655 million or 102.10% of the final budget allocated.
This net budget pressure arose in Programme 2 - District Health Services programme, to continue delivery of public health care services uninterrupted at the primary healthcare level, having arisen from the magnitude of the payment of payables and accruals at the vote level of R4,7 billion at the beginning of the current financial year, treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial years, affecting the budgets and cash flows that should ordinarily be dedicated to a full year's health system output and performance.

Transfers and Subsidies - This budget spent at a level of 140.12% of the adjusted appropriation - spending R520,844 million against a final adjusted appropriation of R371,722 million for the financial year ending 31 March 2024, resulting in a net over expenditure of R149,122 million or 40.12% of the final budget allocated, attributable primarily to the payment of several funded, underfunded and unfunded medico-legal claims as well as higher than expected payment of leave gratuities (social benefits).

Payment for Capital Assets - This budget was spent at a level of 79.95% of the adjusted appropriation - spending R1,106 521 billion against a final adjusted appropriation of R1,384 004 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R277,483 million or 20.05% (equitable share in nature) of the final budget allocated.

This represents cash flows given up in favour of mitigating the goods and services pressures within the District Health Services programme to continue delivery of public health care services uninterrupted at the primary healthcare level as well as mitigating the payment of several underfunded and unfunded medico-legal claims as well as higher than expected payment of leave gratuities (social benefits).

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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

4.3 Per conditional grant

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
National Tertiary Services grant	1,152,989	1,153,056	(67)	-0.01%
Human Resource and Training Grant	576,485	576,510	(25)	0.00%
District Health Programme Grant	2,884,993	2,884,993	-	0.00%
Health Facility Revitalisation grant	725,690	725,692	(2)	0.00%
Expanded Public Works Programme Integrated	1,943	1,943	-	0.00%
Expanded Public Works Programme Social Sector	13,167	13,167	-	0.00%
National Health Insurance Grant	106,065	105,561	504	0.48%
TOTAL	**5,461,332**	**5,460,922**	**410**	**0.01%**

Overall, conditional grants have spent at a level of 99.99% of the adjusted appropriation – spending R5,460 912 billion against a final adjusted appropriation of R5,461 332 billion for the financial year ending 31 March 2024, resulting in a net under expenditure of R410 thousand or 0.01%. of the final budget allocated. As the Conditional Grants have been fully spent, no application for rollovers have been made in the circumstances.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
REVENUE			
Annual appropriation	1	29,114,953	28,249,474
Statutory appropriation	2	2,159	2,096
Departmental revenue	3	-	-
Aid assistance	4	-	-
TOTAL REVENUE		**29,117,112**	**28,251,570**
EXPENDITURE			
Current expenditure			
Compensation of employees	5	19,952,158	18,712,799
Goods and services	6	7,528,077	7,616,414
Interest and rent on land	7	19,216	38,888
Aid assistance	4	-	-
Total current expenditure		**27,499,451**	**26,368,101**
Transfers and subsidies			
Transfers and subsidies	8	520,843	519,527
Total transfers and subsidies		**520,843**	**519,527**
Expenditure for capital assets			
Tangible assets	9	1,106,519	1,301,668
Intangible assets	9	-	-
Total expenditure for capital assets		**1,106,519**	**1,301,668**
Payments for financial assets		**-**	**-**
TOTAL EXPENDITURE		**29,126,813**	**28,189,296**
SURPLUS/(DEFICIT) FOR THE YEAR		**(9,701)**	**62,274**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2024

Reconciliation of Net Surplus/(Deficit) for the year

	Note	2023/24	2022/23
		R'000	R'000
Voted Funds		(9,701)	62,274
Annual appropriation		(10,111)	30,153
Statutory Appropriation		-	-
Conditional grants		410	32,121
Departmental revenue and NRF Receipts	3	-	-
Aid assistance	4	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		**(9,701)**	**62,274**

VOTE 3

STATEMENT OF FINANCIAL POSITION
as at 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
ASSETS			
Current Assets		**287,100**	**263,361**
Cash and cash equivalents	10	113	164
Prepayments and advances		-	-
Receivables	11	286,987	263,197
Non-Current Assets		**2,388**	**4,524**
Receivables	11	2,388	4,524
TOTAL ASSETS		**289,488**	**267,885**
LIABILITIES			
Current Liabilities		**3,140,566**	**2,840,548**
Voted funds to be surrendered to the Revenue Fund	12	1,973,429	1,720,359
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	39,598	52,152
Bank overdraft	14	1,109,420	1,045,831
Payables	15	15,131	19,218
Aid assistance unutilised	4	2,988	2,988
TOTAL LIABILITIES		**3,140,566**	**2,840,548**
NET ASSETS		**(2,851,078)**	**(2,572,663)**
Represented by:			
Recoverable revenue		179,920	163,432
Unauthorised expenditure		(3,030,998)	(2,736,095)
TOTAL		**(2,851,078)**	**(2,572,663)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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		163,432	148,649
Transfers		**16,488**	**14,783**
Debts revised		(2,449)	-
Debts recovered (included in departmental receipts)		2,757	(6,590)
Debts raised		16,180	21,373
Closing balance		**179,920**	**163,432**
Unauthorised expenditure			
Opening balance		(2,736,095)	(2,542,230)
Unauthorised expenditure - current year		(294,903)	(193,865)
Relating to overspending of the vote or main division within the vote		(294,903)	(193,865)
Closing balance		**(3,030,998)**	**(2,736,095)**
TOTAL		**(2,851,078)**	**(2,572,663)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

CASH FLOW STATEMENT
for the year ended 31 March 2024

	Note	2023/24 R'000	2022/23 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		**29,343,000**	**28,434,113**
Annual appropriated funds received	1.1	29,114,953	28,249,474
Statutory appropriated funds received	2	2,159	2,096
Departmental revenue received	3	225,581	182,190
Interest received	3.2	307	353
Aid assistance received	4	-	-
Net (increase)/ decrease in working capital		(27,877)	(6,852)
Surrendered to Revenue Fund		(272,308)	(265,797)
Surrendered to RDP Fund/Donor		-	-
Current payments		(27,480,235)	(26,329,213)
Interest paid	7	(19,216)	(38,888)
Payments for financial assets		-	-
Transfers and subsidies paid		(520,843)	(519,527)
Net cash flow available from operating activities	16	**1,022,521**	**1,273,836**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	9	(1,106,519)	(1,301,668)
Proceeds from sale of capital assets	3.3	1,734	4,190
(Increase)/ decrease in non-current receivables		2,136	(2,982)
Net cash flows from investing activities		**(1,102,649)**	**(1,300,460)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		16,488	14,783
Net cash flows from financing activities		**16,488**	**14,783**
Net increase/ (decrease) in cash and cash equivalents		(63,640)	(11,841)
Cash and cash equivalents at beginning of period		(1,045,667)	(1,033,826)
Cash and cash equivalents at end of period	17	**(1,109,307)**	**(1,045,667)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

ACCOUNTING POLICIES

Summary of significant accounting policies The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information. The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation. Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.	
1	**Basis of preparation** The financial statements have been prepared in accordance with the Modified Cash Standard.
2	**Going concern** The financial statements have been prepared on a going concern basis.
3	**Presentation currency** Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	**Rounding** Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	**Foreign currency translation** Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	**Comparative information**
6.1	**Prior period comparative information** Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	**Current year comparison with budget** A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	**Revenue**
7.1	**Appropriated funds** Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

	date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. Appropriated funds are measured at the amounts receivable. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.
7.2	**Departmental revenue** Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Departmental revenue is measured at the cash amount received. In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	**Accrued departmental revenue** Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.
8	**Expenditure**
8.1	**Compensation of employees**
8.1.1	**Salaries and wages** Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	**Social contributions** Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

8.2	**Other expenditure** Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold. Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.
8.3	**Accruals and payables not recognised** Accruals and payables not recognised are recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable. Accruals and payables not recognised are measured at cost or fair value at the reporting date.
8.4	**Leases**
8.4.1	**Operating leases** Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	**Finance leases** Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as departmental revenue. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
8.5	**Interest and rent on land** Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount is recorded under goods and services.
8.6	**Covid-19 expenditure**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

	Included in the total expenditure is expenditure incurred in relation to the covid-19 pandemic. The expenditure is categorised as per SCOA economic classification and recognised in the statement of financial performance on the date of payment: • Salaries and wages relating to employees / contract workers, etc. assigned to covid-19 facilities are recognised as compensation of employees in the statement of financial performance. • Operating expenditure relating to the covid-19 response is recognised as goods and services in the statement of financial performance on the date of payment. • Expenditure incurred on refurbishment/ acquisition of buildings and machinery relating to covid-19 facilities is recognised as expenditure for capital assets in the statement of financial performance. • Transfers to households relating to the covid-19 employees is recognised as Transfers & subsidies expenditure in the statement of financial performance.
9	**Aid Assistance**
9.1	**Aid assistance received** Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	**Aid assistance paid** Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.
10	**Cash and cash equivalents** Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.
11	**Prepayments and advances** Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost.
12	**Loans and receivables** Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy. Due to the uncertainty of the recovery date of receivables the department classifies only those receivables as non-current for which there is a formal agreement to that effect. The remaining receivables are deemed to be current as they are expected to be realised within 12 months.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

13	**Investments** Investments are recognised in the statement of financial position at cost.
14	**Financial assets**
14.1	**Financial assets (not covered elsewhere)** A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.
14.2	**Impairment of financial assets** Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.
15	**Payables** Payables are recognised in the statement of financial position at cost.
16	**Capital Assets**
16.1	**Immovable capital assets** Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	**Movable capital assets** Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.
16.3	**Intangible assets** Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

	value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.
16.4	**Project Costs: Work-in-progress** Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.
17	**Provisions and Contingents**
17.1	**Provisions** Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
17.2	**Employee benefits** Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position. The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note. Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date. The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.
17.3	**Contingent liabilities** Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be

	required to settle the obligation or the amount of the obligation cannot be measured reliably.
17.4	**Contingent assets** Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.
17.5	**Capital commitments** Capital commitments are recorded at cost in the notes to the financial statements.
18	**Unauthorised expenditure** Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure. Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either: • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. Unauthorised expenditure recorded in the notes to the financial statements comprise of • unauthorised expenditure that was under assessment in the previous financial year; • unauthorised expenditure relating to previous financial year and identified in the current year; and • Unauthorised incurred in the current year.
19	**Fruitless and wasteful expenditure** Fruitless and wasteful expenditure receivables are recognised in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or subsequently written-off as irrecoverable. Fruitless and wasteful expenditure is recorded in the notes to the financial statements when and at amounts confirmed, and comprises of. • fruitless and wasteful expenditure that was under assessment in the previous financial year; • fruitless and wasteful expenditure relating to previous financial year and identified in the current year; and • fruitless and wasteful expenditure incurred in the current year.
20	**Irregular expenditure** Losses emanating from irregular expenditure are recognised as a receivable in the statement of financial position when recoverable. The receivable is measured at the amount that is expected to be recovered and is de-recognised when settled or

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

	subsequently written-off as irrecoverable. Irregular expenditure is recorded in the notes to the financial statements when and at amounts confirmed and includes: For the current financial year - • Amounts incurred and confirmed in that financial year; • Payments made as it relates to multi-year contracts (if not condoned yet). For the previous financial year - • Amounts confirmed in that financial year; • Amounts that were under assessment in that financial year and confirmed in the current financial year; • Amounts that were not identified in the previous year and are identified and confirmed in the current financial year.
21	**Changes in accounting policies, accounting estimates and errors** Changes in accounting policies are applied in accordance with MCS requirements. Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.
22	**Events after the reporting date** Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.
23	**Principal-Agent arrangements** The department is party to a principal-agent arrangement for building of immovable properties. In terms of the arrangement the department is the principal and is responsible for oversight and financing the projects. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.
24	**Departures from the MCS requirements** Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with the Standard except where it has departed from a requirement to achieve fair presentation. The requirement from which the department has departed, the nature of the departure and the reason for departure will be presented in the notes to the financial statements if necessary.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

ACCOUNTING POLICIES
for the year ended 31 March 2024

25	**Capitalisation reserve** The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
26	**Recoverable revenue** Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
27	**Related party transactions** Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length. The full compensation of key management personnel is recorded in the notes to the financial statements.
28	**Key management personnel** Key management members are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. In the department all officials from level 14 and above are deemed to be key management personnel. Their full compensation is recorded in the notes to the financial statements.
29	**Inventories *(Effective from date determined in a Treasury Instruction)*** At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition. Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value. The cost of inventories is assigned by using the weighted average cost basis.
30	**Public-Private Partnerships** Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.

EXPLANATORY NOTES

1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for the Department.

1.1 Annual Appropriation

	2023/24			2022/23		
Programmes	**Final Appropriation R'000**	**Actual Funds Received R'000**	**Funds not requested/ not received R'000**	**Final Appropriation R'000**	**Appropriation Received R'000**	**Funds not requested/ not received R'000**
Pr1 Health Administration	800,293	800,293	-	855,644	855,644	-
Pr2 District Health Services	14,757,701	14,757,701	-	14,829,237	14,829,237	-
Pr3 Emergency Medical Services	1,519,607	1,519,607	-	1,378,643	1,378,643	-
Pr4 Provincial Hospital Services	4,253,816	4,253,816	-	3,686,851	3,686,851	-
Pr5 Central Hospital Services	5,130,576	5,130,576	-	4,910,397	4,910,397	-
Pr6 Health Science & Training	1,249,721	1,249,721	-	1,138,363	1,138,363	-
Pr7 Health Care & Support Services	199,900	199,900	-	172,848	172,848	-
Pr8 Health Facilities Management	1,203,339	1,203,339	-	1,277,491	1,277,491	-
Total	**29,114,953**	**29,114,953**	**-**	**28,249,474**	**28,249,474**	**-**

Funds are requested in order to pay for the planned activities of the department.
The Notes to the Appropriation Statement give variance explanations per programme and the recourse to be taken.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		2023/24	2022/23
		R'000	R'000
1.2 Conditional grants			
Total grants received	37	5,461,332	5,928,868
2 Statutory Appropriation			
Member of executive committee		2,159	2,096
Total		**2,159**	**2,096**
Actual Statutory Appropriation received		**2,159**	**2,096**
3 Departmental Revenue			
Sales of goods and services other than capital assets	*3.1*	203,353	171,433
Interest, dividends and rent on land	*3.2*	307	353
Sales of capital assets	*3.3*	1,734	4,190
Transactions in financial assets and liabilities	*3.4*	22,228	10,757
Total revenue collected		**227,622**	**186,733**
Less: Own revenue included in appropriation	13	227,622	186,733
Departmental revenue collected		**-**	**-**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

			2023/24	2022/23
			R'000	R'000
3.1	**Sales of goods and services other than capital assets**	*3*		
	Sales of goods and services produced by the department		**203,046**	**171,168**
	Sales by market establishment		20,692	19,817
	Administrative fees		3,207	3,748
	Other sales		179,147	147,603
	Sales of scrap, waste and other used current goods		307	265
	Total		**203,353**	**171,433**
3.2	**Interest, dividends and rent on land**	*3*		
	Interest		307	353
	Rent on land		-	-
	Total		**307**	**353**
3.3	**Sales of capital assets**	*3*		
	Tangible assets			
	Machinery and equipment		1,734	4,190
			1,734	**4,190**
3.4	**Transactions in financial assets and liabilities**	*3*		
	Receivables		2,739	2,724
	Other Receipts including Recoverable Revenue		19,489	8,033
	Total		**22,228**	**10,757**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		2023/24	2022/23
	Note	R'000	R'000
3.5 Gifts, donations and sponsorships received in-kind			
(not included in the main note)	*ANNEXURE 1H*		
Gifts		-	-
Donations		8,482	28,003
Sponsorships		-	-
Total		**8,482**	**28,003**

		2023/24	2022/23
	Note	R'000	R'000
4 Aid Assistance			
Opening Balance		2,988	2,988
Transferred from statement of financial performance		-	-
Transferred to/from retained funds		-	-
Paid during the year		-	-
Closing Balance		**2,988**	**2,988**
4.1 Analysis of balance by source			
Aid assistance from RDP		-	-
Aid assistance from other sources		2,988	2,988
Closing Balance		**2,988**	**2,988**
4.2 Analysis of balance			
Aid assistance unutilised		2,988	2,988
Aid assistance repayable			
Closing Balance		**2,988**	**2,988**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		2023/24	2022/23
	Note	R'000	R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		12,614,642	11,417,396
Performance award		5,120	12,596
Service Based		10,553	14,315
Compensative/circumstantial		2,144,378	1,941,329
Periodic payments		468	1,431
Other non-pensionable allowances		2,634,674	3,056,883
Total		**17,409,835**	**16,443,950**
5.2 Social Contributions			
Employer contributions			
Pension		1,531,078	1,372,059
Medical		1,003,384	889,948
UIF		3,319	2,683
Bargaining council		3,210	3,107
Insurance		1,332	1,052
Total		**2,542,323**	**2,268,849**
Total compensation of employees		**19,952,158**	**18,712,799**
Average number of employees		49,379	49,321

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

6 Goods and services

	Note	2023/24 R'000	2022/23 R'000
Administrative fees		1,970	2,429
Advertising		3,371	3,897
Minor assets	*6.1*	15,470	8,111
Bursaries (employees)		20,093	15,552
Catering		2,284	2,068
Communication		199,699	154,844
Computer services	*6.2*	49,011	157,697
Consultants: Business and advisory services		31,348	22,472
Laboratory services		911,082	1,039,935
Legal services		93,096	88,338
Contractors		353,034	375,912
Agency and support / outsourced services		356,079	334,665
Entertainment		-	41
Audit cost – external	*6.3*	31,877	28,492
Fleet services		130,802	264,438
Inventory	*6.4*	3,280,269	3,194,919
Consumables	*6.5*	234,795	163,572
Operating leases		170,130	177,315
Property payments	*6.6*	1,346,004	1,334,854
Rental and hiring		1,161	637
Transport provided as part of the departmental activities		406	622
Travel and subsistence	*6.7*	193,736	153,567
Venues and facilities		23,375	14,410
Training and development		26,757	23,117
Other operating expenditure	*6.8*	52,228	54,510
Total		**7,528,077**	**7,616,414**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

			2023/24	2022/23
			R'000	R'000
6.1	**Minor assets**	*6*		
	Tangible assets		**15,470**	**8,111**
	Machinery and equipment		15,470	8,111
	Total		**15,470**	**8,111**
6.2	**Computer services**	*6*		
	SITA computer services		28,578	47,322
	External computer service providers		20,433	110,375
	Total		**49,011**	**157,697**
6.3	**Audit cost – external**	*6*		
	Regularity audits		31,877	28,492
	Total		**31,877**	**28,492**
6.4	**Inventory**	*6*		
	Clothing material and accessories		4,464	2,736
	Food and food supplies		173,683	151,168
	Fuel, oil and gas		105,616	102,920
	Materials and supplies		114,506	98,200
	Medical supplies		1,003,233	949,042
	Medicine		1,878,767	1,890,853
	Total		**3,280,269**	**3,194,919**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		Note	2023/24 R'000	2022/23 R'000
6.5	**Consumables**	6		
	Consumable supplies		180,796	122,706
	Uniform and clothing		88,059	76,081
	Household supplies		43,962	36,343
	IT consumables		45,655	9,641
	Other consumables		3,120	641
	Stationery, printing and office supplies		53,999	40,866
	Total		**234,795**	**163,572**
6.6	**Property payments**	*6*		
	Municipal services		437,342	491,822
	Property maintenance and repairs		129,869	85,314
	Other		778,793	757,718
	Total		**1,346,004**	**1,334,854**
6.7	**Travel and subsistence**	*6*		
	Local		193,415	153,143
	Foreign		321	424
	Total		**193,736**	**153,567**
6.8	**Other operating expenditure**	*6*		
	Professional bodies, membership and subscription fees		443	1,026
	Resettlement costs		2,667	2,486
	Other		49,118	50,998
	Total		**52,228**	**54,510**

Included in the above other property payments are security related expenditures of R 768,134 million (2023: 746,882 million)

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

			2023/24	2022/23
		Note	R'000	R'000
7	**Interest and Rent on Land**			
	Interest paid		19,216	38,888
	Total		**19,216**	**38,888**
8	**Transfers and Subsidies**			
	Departmental agencies and accounts	*ANNEXURE 1B*	14,721	16,866
	Non-profit institutions	*ANNEXURE 1F*	35,442	26,528
	Households	*ANNEXURE 1G*	470,680	476,133
	Total		**520,843**	**519,527**
9	**Expenditure for capital assets**			
9.1	**Tangible assets**		**1,106,519**	**1,301,668**
	Buildings and other fixed structures	*34*	352,585	461,112
	Machinery and equipment	31	753,934	840,556
	Total		**1,106,519**	**1,301,668**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

9.2 Analysis of funds utilised to acquire capital assets - 2023/24

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	**1,106,519**	**-**	**1,106,519**
Buildings and other fixed structures	352,585	-	352,585
Machinery and equipment	753,934	-	753,934
Total	**1,106,519**	**-**	**1,106,519**

9.3 Analysis of funds utilised to acquire capital assets - 2022/23

	Voted Funds	Aid assistance	TOTAL
	R'000	R'000	R'000
Tangible assets	**1,301,668**	**-**	**1,301,668**
Buildings and other fixed structures	461,112	-	461,112
Machinery and equipment	840,556	-	840,556
Total	**1,301,668**	**-**	**1,301,668**

9.4 Finance lease expenditure included in Expenditure for capital assets

		2023/24	2022/23
		R'000	R'000
Tangible assets		**218,334**	**299,514**
Machinery and equipment		218,334	299,514
Total		**218,334**	**299,514**

	Note	2023/24	2022/23
		R'000	R'000
10 Cash and Cash Equivalents			
Consolidated Paymaster General Account		-	-
Cash receipts		113	164
Disbursements			
Total		**113**	**164**

			2023/24			2022/23		
			Current	Non-current	Total	Current	Non-current	Total
		Note	R'000	R'000	R'000	R'000	R'000	R'000
11	**Receivables**							
	Claims recoverable	11.1/Ann 4	2,432	-	2,432	1,929	-	1,929
	Trade receivables	11.2	2,155	-	2,155	2,096	-	2,096
	Recoverable expenditure	11.3	5,316	-	5,316	7,680	-	7,680
	Staff debt	11.4	21,260	2,388	23,648	15,814	4,524	20,338
	Other receivables	11.5	255,824	-	255,824	235,678	-	235,678
	Total		**286,987**	**2,388**	**289,375**	**263,197**	**4,524**	**267,721**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

			2023/24	2022/23
			R'000	R'000
11.4	**Staff debt**	11		
	Salary Debt		23,648	20,338
	Total		**23,648**	**20,338**
11.5	**Other debtors**	11		
	Irregular expenditure		210	8,758
	Fruitless and wasteful expenditure		1,558	1,540
	Medsas claims recoverable		5,846	1,388
	Ex-Employees		238,980	215,335
	Breach of contract - Bursary holders		9,230	8,657
	Total		**255,824**	**235,678**
	Dishonoured Cheques		473	473
	Salary rebates		4,843	7,207
	Total		**5,316**	**7,680**

			2023/24	2022/23
			R'000	R'000
11.4	**Staff debt**	11		
	Salary Debt		23,648	20,338
	Total		**23,648**	**20,338**
11.5	**Other debtors**	11		
	Irregular expenditure		210	8,758
	Fruitless and wasteful expenditure		1,558	1,540
	Medsas claims recoverable		5,846	1,388
	Ex-Employees		238,980	215,335
	Breach of contract - Bursary holders		9,230	8,657
	Total		**255,824**	**235,678**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

11.6 Impairment of receivables

Estimate of impairment of receivables	242,841	220,525
Total	**242,841**	**220,525**

It is the department's policy to impair all receivables, other than debts held by current employees that are older than 1 year.

	Note	2023/24 R'000	2022/23 R'000
12 Voted Funds to be Surrendered to the Revenue Fund			
Opening balance		1,720,359	1,581,090
Transfer from statement of financial performance		(9,701)	62,274
Add: Unauthorised expenditure for current year		294,903	193,865
Voted funds not requested/not received	*1.1*	-	-
Paid during the year		(32,132)	(116,870)
Closing balance		**1,973,429**	**1,720,359**
12.1 Reconciliation of unspent conditional grants			
Total conditional grants received		5,461,332	5,928,868
Total conditional grants spent		(5,460,922)	(5,896,747)
Unspent conditional grants to be surrendered	*37*	410	32,121
Due by the Provincial Revenue Fund		**410**	**32,121**
13 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		52,152	14,346
Transfer from Statement of Financial Performance		-	-
Own revenue included in appropriation	*3*	227,622	186,733
Paid during the year		(240,176)	(148,927)
Closing balance		**39,598**	**52,152**
14 Bank Overdraft			
Consolidated Paymaster General Account		1,109,420	1,045,831
Total		**1,109,420**	**1,045,831**

Excess on the department's paymaster general account (PMG)

The department's cumulative facility of R1,129,214 billion has not changed in the current financial year.

15 Payables - current			
Clearing accounts	*15.1*	15,131	19,218
Total		**15,131**	**19,218**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		Note	2023/24 R'000	2022/23 R'000
15.1	**Clearing accounts**	*15*		
	Salary finance and other institutions		13,889	18,680
	Pension recoverable		1,242	538
	Total		**15,131**	**19,218**
16	**Net cash flow available from operating activities**			
	Net surplus/(deficit) as per Statement of Financial Performance		(9,701)	62,274
	Add back non cash/cash movements not deemed operating activities		1,032,222	1,211,562
	(Increase)/decrease in receivables – current		(23,790)	(18,437)
	Increase/(decrease) in payables – current		(4,087)	11,585
	Proceeds from sale of capital assets		(1,734)	(4,190)
	Expenditure on capital assets		1,106,519	1,301,668
	Surrenders to Revenue Fund		(272,308)	(265,797)
	Own revenue included in appropriation		227,622	186,733
	Net cash flow generated by operating activities		**1,022,521**	**1,273,836**
17	**Reconciliation of cash and cash equivalents for cash flow purposes**			
	Consolidated Paymaster General account		(1,109,420)	(1,045,831)
	Cash receipts		113	164
	Total		**(1,109,307)**	**(1,045,667)**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		Note	2023/24 R'000	2022/23 R'000
18 Contingent liabilities and contingent assets				
18.1 Contingent liabilities				
Liable to	**Nature**			
Housing loan guarantees	Employees	*Annex 3A*	1,335	1,335
Claims against the department		*Annex 3B*	22,325,447	24,922,539
Other interdepartmental payables		*Annex 5*	482	281
Other		*Annex 3B*	-	-
Total			**22,327,264**	**24,924,155**

Prior year adjustment

The prior year balance for the claims against the state has been adjusted downwards by R1,4 billion due to corrections in the recognition of claims and valuation adjustments. Further details are under note 30.

Claims against the department

Claims against the department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables that are not under the control of the department. The nature of contingent liabilities also inherently contain a large degree of uncertainty. These variables could result in large fluctuations in the values. This volatility needs to be taken into consideration when making decisions based on the above figures as the totals could vary by 5% either way of the figure disclosed. Further details are included under Annexure 3B.

The department has identified and disclosed possible duplicate claims in the above amount that have been made on behalf of the same plaintiff but either by different attorneys or by registering different cases. The department only derecognizes these claims when they are withdrawn by either the plaintiff or the courts.

Financial sustainability & Going concern

The department has continued to operate within a fragile space bedded within intractable service pressures on a daily basis with severe resource limitations. This fragility is fuelled by the escalating burden of disease, including the multi - morbidity from chronic diseases, mental illness and others. While the pace and scale of progress has been constrained primarily through reduced budgets and the magnitude of historical and current medico legal claims brought against the department, the need to ensure uninterrupted service provision continues.

The resulting budget pressures vesting in payables and accruals at the vote level of R4.76 billion at the beginning of the current financial year were treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

As a result, by November 2023 the department's equitable share funding for goods and services (not for cost of employment or conditional grants) was essentially depleted. The department then engaged with its larger service providers to negotiate with them to continue service delivery uninterrupted, seeking arrangements also to make payments in the new 2024/25 financial year.

Developing common law to include two new "constitutional remedies" in dealing with medico-legal claims against the Department

As reported in the prior financial year - on 7 February 2023, the Eastern Cape High Court, Bhisho, delivered judgment in *TN obo BN v Member of the Executive Council for Health, Eastern Cape* [2023] ZAECBHC 3 ("TN").

Herein, the department had treated the case as a test case and put up substantial evidence of the negative impact of the award of lumpsum money damages on its budgeting, administration, healthcare delivery and financial reporting, including the creation of a substantial contingent liability. The department was successful and secured judgment in its favour developing the common law to include two new "constitutional remedies" in dealing with medico-legal claims against the department.

Prior to the judgment, compensation for medico-legal claims could only be made in monetary terms and in a single lumpsum. As a result of the TN judgment, the department is able to ask the Court in pending and future claims against it to order that future medical expenses are not paid in a single monetary amount. Instead, the department can seek orders requiring that it provide the required future medical services and supplies in kind directly to the claimant (the public healthcare remedy), or that it be ordered to pay for the medical services or supplies in the private healthcare sector only as and when it is needed (the undertaking to pay remedy).

The department anticipates that this change in the law will over time substantially reduce the outflow of funds from its budget in settling medico-legal claims and court orders, improve its ability to plan and manage its budget, improve healthcare delivery and further that, unless overturned on appeal, justifies a reassessment of the contingent liability in respect of medico-legal claims.

The judgment has been appealed to the Supreme Court of Appeal. In the interim, the judgment remains binding in the Eastern Cape and the department has continued to implement the court order in the current financial year. The department remains confident of success on appeal, given that the judgment was substantially based on two judgments of the Constitutional Court that have provisionally recognised the constitutional remedies.

Unauthorised Expenditure: Initiating the Processing of a Finance Bill for 372 Medico-Legal Claims R3,451 billion paid to 31 March 2021

The Provincial Treasury has continued with its preparation for a report for the Standing Committee on Public Accounts (SCOPA) to consider a finance Bill in respect of historic and current medico legal claims paid and for which there were no funding arrangements.

The preferred process by Provincial Treasury is to apply the robustness and consequence management of the provisions of Section 34 (1) (a) of the PFMA wherein unauthorised expenditure does not become a charge against the Revenue Fund except when the Provincial Legislature approves as a direct charge against the Provincial Revenue Fund an additional amount of the overspending.

The value of medico-legal claims settled or paid out pursuant to court orders by the department are summarised in the following table:

Medico Legal Payments

2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
423,263	797,434	766,399	866,144	38,683	350,684	339,928

These events and conditions indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern

Contingent Asset

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,183 million in the current year. This amount has been included in revenue and paid over to the revenue fund. If all affected staff resign or are dismissed, the full amount of HROPT owing becomes receivable by the department (R151,017 million). If all affected staff pay their R100 until they retire, the department will recover R8,2 million. If affected staff die, none of the outstanding balances receivable by the department. Due to the uncertainty relating to the combination of the above scenarios, the value of the contingent asset relating to HROPT payments is between nil and R151,017 million. The present value of the R8,2 million has been included in Staff debt per note 11.4 above.

		2023/24	2022/23
	Note	R'000	R'000
19 Capital commitments			
		1,914,172	**2,101,467**
Buildings and other fixed structures		1,700,662	1,465,453
Machinery and equipment		213,510	636,014
Total Commitments		**1,914,172**	**2,101,467**

Commitments at 31 March 2024 that exceed one year amount to R 840,735 million (31 March 2023: R 762,896 million).

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

				2023/24	2022/23
				R'000	R'000
20	**Accruals and payables not recognised**				
20.1	**Accruals**				
	Listed by economic classification	**30 days**	**30+ days**	**Total**	**Total**
	Goods and services	1,108,472	-	1,108,472	901,972
	Transfers and subsidies	123,464	-	123,464	123,705
	Capital assets	71,960	-	71,960	66,124
	Total	**1,303,896**	**-**	**1,303,896**	**1,091,801**

	2023/24	2022/23
Listed by programme level	**R'000**	**R'000**
Pr1 Health Administration	436,014	302,469
Pr2 District Health Services	266,297	203,559
Pr3 Emergency Medical Services	147,414	109,748
Pr4 Provincial Hospital Services	279,359	217,437
Pr5 Central Hospital Services	45,036	74,954
Pr6 Health Science and Training	20,264	100,420
Pr7 Health Care and Support Services	6,983	22,241
Pr8 Health Facilities Development and Maintenance	102,529	60,973
Total	**1,303,896**	**1,091,801**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

20.2 Payables not recognised

Listed by economic classification	**30 days**	**30+ days**	**2023/24 R'000 Total**	**2022/23 R'000 Total**
Goods and services	530,867	3,956,917	4,487,784	3,258,665
Transfers and subsidies	29,110	211,609	240,719	310,434
Capital assets	89,993	151,499	241,492	103,873
Total	**649,970**	**4,320,025**	**4,969,995**	**3,672,972**

Listed by programme level	**2023/24 R'000**	**2022/23 R'000**
Pr1 Health Administration	1,046,119	981,832
Pr2 District Health Services	2,394,796	860,388
Pr3 Emergency Medical Services	337,729	101,583
Pr4 Provincial Hospital Services	631,694	360,675
Pr5 Central Hospital Services	344,513	246,823
Pr6 Health Science and Training	35,919	14,534
Pr7 Health Care and Support Services	23,496	1,021,526
Pr8 Health Facilities Development and Maintenance	155,729	85,611
Total	**4,969,995**	**3,672,972**

Included in the above totals are the following:			
Confirmed balances with departments	*Annex 5*	1,615,737	1,187,977
Total		**1,615,737**	**1,187,977**

21 Employee benefits

Leave entitlement	850,120	818,813
Service bonus (Thirteenth cheque)	498,213	441,862
Performance awards	-	-
Capped leave commitments	240,466	272,282
Other	230,772	237,088
Total	**1,819,571**	**1,770,045**

Negative leave days are included in the Leave entitlement and Capped leave balances above and relate to the value of overdrawn leave as at 31 March 2024 which will be recovered from future monthly leave credits earned. The value of this leave is R13,5 million (2023: R11,1 million).

Included under Other are HR accruals & payables. Only claims validated as at 31 March 2023 have been included in this balance.

At this stage the department is not able to reliably measure the long-term portion of the long service awards.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		Note	2023/24 R'000	2022/23 R'000
22	**Provisions**			
22.1	**Claims against the state**		972,559	418,225
			972,559	**418,225**

22.2	**Reconciliation of movement in provisions - 2023/24**	**Claims against the state R'000**
	Opening balance	418,225
	Increase in provisions	800,843
	Settlement of provisions	(164,284)
	Change in provisions due to change in estimation of inputs	(82,225)
	Closing balance	**972,559**

22.3	**Reconciliation of movement in provisions - 2022/23**	**Claims against the state R'000**
	Opening balance	162,818
	Change in provision due to change in estimation of inputs	255,407
	Closing balance	**418,225**

The prior year balance for the claims against the state has been adjusted upwards by R255 million due to corrections in the recognition of claims and valuation adjustments. Further details in note 30.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

23 Lease commitments

23.1 Operating leases expenditure

2023/24	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	237	-	237
Later than 1 year and not later than 5 years	585	-	585
Later than five years	-	-	-
Total lease commitments	**822**	**-**	**822**

2022/23	Buildings and other fixed structures	Machinery, equipment, and motor vehicles	Total
	R'000	R'000	R'000
Not later than 1 year	259	-	259
Later than 1 year and not later than 5 years	822	-	822
Later than five years	-	-	-
Total lease commitments	**1,081**	**-**	**1,081**

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

Lease Commitments

23.2 Finance leases expenditure

2023/24	Motor Vehicles R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	214,906	46,390	261,296
Later than 1 year and not later than 5 years	335,116	34,509	369,625
Later than five years		-	-
Total lease commitments	**550,022**	**80,899**	**630,921**

2022/23	Motor Vehicles R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	156,409	37,882	194,291
Later than 1 year and not later than 5 years	174,863	15,265	190,128
Later than five years	-	-	-
Total lease commitments	331,272	53,147	384,419
LESS: finance costs	-	-	-
Total present value of lease liabilities	**331,272**	**53,147**	**384,419**

The department entered into an agreement with Government Fleet Management Services, a trading entity, of the Department of Transport for the provision of Fleet Services to the Department. The agreement commenced on 1 March 2012 and shall continue for an indefinite period. The Department may cancel the agreement at any time by giving GFMS 3 months' notice and returning the vehicles to GFMS".

In terms of Clause 4.1 of the agreement, ownership of the vehicles will remain vested in GFMS and will not be transferred to the departments at the end of the lease term."

During the year under review, the Department had the free use of buildings from the Department of Roads and Public Works.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

24 Accrued departmental revenue

	Note	2023/24 R'000	2022/23 R'000
Sales of goods and services other than capital assets		270,984	245,102
Total		**270,984**	**245,102**

24.1 Analysis of accrued departmental revenue

Opening balance	245,102	196,840
Less: Amounts received	(166,464)	(119,759)
Less: Services received in lieu of cash	-	-
Add: Amounts recognised	198,842	170,499
Less: Amounts written-off/reversed as irrecoverable	(6,496)	(2,478)
Other (Specify)	-	-
Closing balance	**270,984**	**245,102**

24.2 Accrued departmental revenue written off

Nature of losses

Patient debt written off	6,496	2,478
Total	**6,496**	**2,478**

24.3 Impairment of accrued departmental revenue

Estimate of impairment of accrued departmental revenue	182,816	172,916
Total	**182,816**	**172,916**

25 Unauthorised, Irregular and Fruitless and wasteful expenditure

	Note	2023/24 R'000	2022/23 R'000
Unauthorised expenditure		294,903	193,865
Irregular expenditure		6,844	6,579
Fruitless and wasteful expenditure		19,828	42,496
Total		**321,575**	**242,940**

Unauthorised expenditure

The Department has continued to operate within a fragile space bedded within intractable service pressures. This fragility has been fuelled by reduced budgets and the magnitude of payables and accruals linked to historic medico-legal lump sum settlements.

In the current financial year, the Department has spent 100.03% - R29,126 812 billion against a final adjusted appropriation of R29,117 112 billion for the financial year ending 31 March 2024, resulting in a net over expenditure of R9,701 million or 0.03% of the final budget allocated. The expenditure is inclusive of the payment of several funded, underfunded and unfunded medico-legal claims.

For the year under review, the Department has incurred unauthorized expenditure of R9,701 million at the Vote level and has incurred overspending of R294.903 million in Programme 2, which has primarily been caused by goods and services pressures vesting to continue the delivery of public health care services uninterrupted (R313,911 million) as well as the payment of underbudgeted and unbudgeted medico and legal settlements (R120,386 million) – mitigated by net underspending primarily in the capital expenditure budget of the programme.

Further, the budget pressures experienced by the department arose from the payment of payables and accruals at the vote level of (R4.6 billion) at the beginning of the current financial year, treated as a first charge of the 2023/24 budget allocation, with the knock on effect being that the 31 March 2024 budget allocation was used to pay for consumption related to the prior financial year, affecting the budgets and cash flow that should ordinarily be dedicated to a full year's health system output and performance.

26 Related parties

26.1 Related parties of the Department of Health Eastern Cape:

Departments: Office of the Premier, Provincial Legislature, Department of Social Development and Special Programmes, Department of Roads and Public Works, Department of Education, Department of Local Government and Traditional Affairs, Department of Rural Development and Agrarian Reform, Department of Economic Development, Environmental Affairs and Tourism, Department of Transport, Department of Human Settlements, Provincial Planning and Treasury, Department of Sport, Recreation, Arts and Culture and the Department of Safety and Liaison.
Provincial Public Entities: Eastern Cape Arts Council, Eastern Cape Gambling and Betting Board, Eastern Cape Liquor Board, Eastern Cape Parks and Tourism Agency, Eastern Cape Rural Development Agency and the Eastern Cape Socio-Economic Consultative Council.
Provincial Government Business Enterprises: East London Industrial Development Zone Corporation, Eastern Cape Development Corporation, and Mayibuye Transport Corporation.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

		2023/24	2022/23
		R'000	R'000
27	**Key management personnel**		
	Political office bearer	2,159	2,096
	Officials:		
	Level 15 to 16	6,538	7,346
	Level 14	24,658	25,027
	Total	**33,355**	**34,469**

28	**Public Private Partnerships**		
	Contract fee paid	**13,649**	**6,725**
	Fixed component	7,921	3,794
	Indexed component	5,728	2,931

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

	2023/24 R'000	2022/23 R'000
Fixed Component:		
Waste Management	459	230
Estate Maintenance and Engineering	2,193	1,008
Cleaning	2,786	1,357
Gardens	654	328
Laundry	865	434
Security	1,005	504
Personnel services (Reception Services)	984	450
Personnel services (She coordinator)	293	152
Less: Offset Services	(1,318)	(669)
Subtotal	**7,921**	**3,794**
Indexed Component		
Current Expenditure		
Goods and Services	**5,728**	**2,931**
Catering Services	3,486	1,648
Interest	525	457
Other Costs	1,717	826
Control Total	**13,649**	**6,725**

The Eastern Cape Department of Health recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

A Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999 was concluded. The agreement started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls) / Nature and extent of rights to use specified assets

The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government.

Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment, improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department and further as provided for in terms of the Agreement:

Included is the construction and installation of additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The Concessionaire has, and will have, no title, ownership, limited ownership, lien, or leasehold rights or any other rights of title with regard to the existing project facilities which vest and shall remain to vest in the Provincial Government, for the duration of the agreement, as well as after expiry or earlier termination thereof.

The Department will become owner of all movable additional project facilities with effect from expiry or earlier termination of this agreement and the Department shall become owner of all immovable additional project facilities and additional project facilities which are
in any way affixed to the concession area or improvements thereon (such as fixtures, fittings and equipment) as soon as the same are affixed, but excluding such equipment and
furniture which are listed and excluded from additional project facilities as defined.

Renewal and termination options

The agreement will automatically be terminated on expiry of the twenty – one year concession period, unless terminated earlier in accordance with the provisions of the agreement.

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown

The Eastern Cape Department of Health concluded a PPP concession agreement on 07 May 2007 (to October 2024) with Nalithemba Hospitals (Pty) Ltd for the Port Alfred and Settlers District Hospitals.

Nalithemba Hospitals (Pty) Ltd terminated its services in terms of the PPP agreement on 14 August 2020. It further brought an application in the High Court compelling the Department to appoint a termination calculation expert (TCE) to furnish a determination on the compensation payable. The order was granted on 31 August 2021. The termination calculation expert (TCE) was subsequently appointed.

The compensation payable as determined by the TCE is an amount of R169,1 million being the greater of the adjusted debt and the adjusted project value. Nalithemba Hospitals (Pty) Ltd has demanded payment of the compensation.

The Department, together with the technical support of National and Provincial Treasury have taken the above computation under review.

Contract Fee Paid

No unitary fees have been paid in the current nor previous financial year as there is a legal process in progress which deals with the termination of the public-private partnership ("PPP") agreement with Nalithemba Hospitals (Pty) Ltd.

29 Agent-principal arrangements

As per the Modified Cash Standards the department currently does not have any agent-principal arrangements to disclose.

		2022/23		
		Amount bef error correction	Prior period error	Restated amount
	Note	R'000	R'000	R'000
30.1 Correction of prior period error				
Contingent liabilities				
The opening balance as at 01 April 2023 has been restated due to changes in values of claims	18.1	26,345,655	(1,423,116)	24,922,539
Net effect		**26,345,655**	**(1,423,116)**	**24,922,539**

The prior year balance for the claims against the state has been adjusted downwards by R1,4 billion due to corrections in the recognition of claims and valuation adjustments.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2024

			2022/23		
			Amount bef error correction	Prior period error	Restated amount
		Note	R'000	R'000	R'000
30.2	**Correction of prior period error**				
	Provisions	22			
	The opening balance as at 01 April 2023 has been restated due to changes in values of claims		162,818	255,407	418,225
	Net effect		**162,818**	**255,407**	**418,225**

The prior year balance for the claims against the state has been adjusted upwards by R255 million due to corrections in the recognition of claims and valuation adjustments.

31.1 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
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	3,892,315	-	514,837	6,957	4,400,195
Transport assets	111,396	-	5,238	-	116,634
Computer equipment	315,100	-	60,858	674	375,284
Furniture and office equipment	133,382	-	15,028	188	148,222
Other machinery and equipment	3,332,437	-	433,713	6,095	3,760,055
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**3,892,315**	**-**	**514,837**	**6,957**	**4,400,195**

Movable Tangible Capital Assets under investigation	Number	Value
		R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	16,117	413,058

Reasons for assets under investigation are due to the fact that, during the verification exercise the assets listed above were not found. In the coming year an investigation will be performed for all assets not verified.

31.2 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
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	**3,374,445**	**-**	**524,990**	**7,120**	**3,892,315**
Transport assets	109,789	-	1,653	46	111,396
Computer equipment	221,636	-	94,396	932	315,100
Furniture and office equipment	119,380	-	14,137	135	133,382
Other machinery and equipment	2,923,640	-	414,804	6,007	3,332,437
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	**3,374,445**	**-**	**524,990**	**7,120**	**3,892,315**

32.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	Machinery and equipment	Total
	R'000	R'000
Opening balance	589,377	589,377
Additions	15,901	15,901
Disposals	2,316	2,316
TOTAL MINOR ASSETS	**602,962**	**602,962**

	Machinery and equipment	Total
Number of R1 minor assets	14,511	14,511
Number of minor assets at cost	478,499	478,499
TOTAL NUMBER OF MINOR ASSETS	**493,010**	**493,010**

Minor Capital Assets under investigation	Number	Value
		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	9,387	22,877

Reasons for assets under investigation are due to the fact that, during the verification exercise the assets listed above were not found. In the coming year an investigation will be performed for all assets not verified.

32.2 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	Machinery and equipment	Total
	R'000	R'000
Opening balance	584,944	584,944
Prior period error	-	-
Additions	5,655	5,655
Disposals	1,222	1,222
TOTAL MINOR ASSETS	**589,377**	**589,377**

	Machinery and equipment	Total
Number of R1 minor assets	14,498	14,498
Number of minor assets at cost	473,880	473,880
TOTAL NUMBER OF MINOR ASSETS	**488,378**	**488,378**

Included in the above minor assets are assets that have such low values and limited useful life expectancies that the administration and financial costs to include and maintain them in the register are impracticable and outweigh the costs of the assets. The value of these minor assets included in the closing balance for 2023/24 is R 9,139 million (2022/23: R 8,827 million). The department will embark on a process to write them off during the 2024/25 financial year.

33 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

Other machinery and equipment

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

33.1 MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
Computer Software	1,549	-	-	1,549
TOTAL INTANGIBLE CAPITAL ASSETS	**1,549**	**-**	**-**	**1,549**

34.1 Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2024

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	7,369,223	191,570	-	7,560,793
Dwellings	-	-	-	-
Non-residential buildings	7,369,223	191,570	-	7,560,793
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	7,369,223	191,570	-	7,560,793

34.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2023

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	**5,661,149**	**1,708,074**	**-**	**7,369,223**
Dwellings	-	-	-	-
Non-residential buildings	5,661,149	1,708,074	-	7,369,223
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	**5,661,149**	**1,708,074**	**-**	**7,369,223**

Immovable tangible capital assets: Capital Work-in-progress

35.1 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2024

	Note	Opening Balance 1 April 2023	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2024
	Annexure 7	**R'000**	**R'000**	**R'000**	**R'000**
Buildings and other fixed structures		2,252,945	357,773	(191,570)	2,419,148
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**2,252,945**	**357,773**	**(191,570)**	**2,419,148**

	2023/24	2022/23
35.2 Accruals and payables not recognised relating to Capital WIP	**R'000**	**R'000**
Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress	107,727	52,304
Total	**107,727**	**52,304**

35.3 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2023

	Note	Opening Balance 1 April 2022	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2023
	Annexure 7	**R'000**	**R'000**	**R'000**	**R'000**
Buildings and other fixed structures		3,499,907	461,112	(1,708,074)	2,252,945
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		**3,499,907**	**461,112**	**(1,708,074)**	**2,252,945**

36. Events after reporting date

36.1 Adjusting events after reporting date

The Ikamva Architects case had matured to a final judgement during the subsequent period and has been accounted for by moving the liability from contingent liabilities to accruals.

No other adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly other than those adjusted in these financial statements already.

36.2 Non-adjusting events after reporting date

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown: As reported in the previous financial year, the Department is in the legal process as a result of termination received from the Concessionaire, Messrs Nalithemba Hospitals (Pty) Ltd

No other non-adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly.

38 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	2023/24 R'000	2022/23 R'000
39	**COVID 19 Response Expenditure**	ANNEXURE 11		
	Compensation of employees		93,617	607,016
	Goods and services		81,596	400,750
	Transfers and subsidies		8	79
	Expenditure for capital assets		19,445	72,249
	Other		-	-
	Total		194,666	1,080,094

37 STATEMENT OF CONDITIONAL GRANTS RECEIVED

	2023/24								2022/23	
	GRANT				SPENT					
NAME OF DEPARTMENT	Division of Revenue Act / Prov Grants	Roll Overs	Other Adj	Total Available	Amount received by dept	Amount spent by dept	Under / (overspending)	% of available funds spent by dept	Division of Revenue Act	Amount spent by dept
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	1,127,765	25,224	-	1,152,989	1,152,989	1,153,056	(67)	100%	1,202,821	1,177,597
Human Resource Training Grant	576,485	-	-	576,485	576,485	576,510	(25)	100%	578,756	578,743
District Health Programme Grant	2,963,416	6,188	(84,611)	2,884,993	2,884,993	2,884,993	-	100%	3,221,279	3,214,612
Health Facility Revitalisation	773,491	-	(47,801)	725,690	725,690	725,692	(2)	100%	730,829	730,601
Expanded Public Programme Integrated	2,153	-	(210)	1,943	1,943	1,943	-	100%	1,906	1,905
Expanded Public Programme Social Sector	14,184	-	(1,017)	13,167	13,167	13,167	-	100%	12,268	12,268
National Health Insurance Grant	106,065	-	-	106,065	106,065	105,561	504	100%	181,009	181,021
	5,563,559	**31,412**	**(133,639)**	**5,461,332**	**5,461,332**	**5,460,922**	**410**	**100%**	**5,928,868**	**5,896,747**

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/ AGENCY/ ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2022/23	
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds not transferred	Final Budget	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Health & Welfare SETA	-	-	-	-	14,721		16,867	16,866
	-	**-**	**-**	**-**	**14,721**		**16,867**	**16,866**

ANNEXURE
STATEMENT OF TRANSFERS TO NON-PROFIT

	2023/2						2022/2	
	TRANSFER				TRANSFE			
DEPARTMENT/AGENCY/	Adjuste appropriatio	Roll	Adjustment	Tota Availabl	Actua Transfe	Availabl fund transferre	Final	Actua Transfe
	R'0	R'0	R'0	R'0	R'0	%	R'0	R'0
BERLIN ADVICE			(259	752		100		
BULUNGULA			-	615		100		
CAMDEBOO			-	468		100		
CARE			-	663		100		
EKUPHUMLENI JOE SLOVO			-	615		100		
EMPILISW			-	615		100		
FAITH & HOPE INTERGR AIDS			(259	752		100		
GRAHAMSTOWN			-	615		100		
GWEBINDLALA HIV/AIDS			-	663		100		
HAREPHELENG			-	615		100		
HLUMANI HIV/			-	663		100		

ANNEXURE
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2023/2						2022/2	
	TRANSFER				TRANSFE			
DEPARTMENT/AGENCY/	Adjuste appropriatio	Roll	Adjustment	Tota Availabl	Actua Transfe	Availabl fund transferre	Final	Actua Transfe
	R'0	R'0	R'0	R'0	R'0	%	R'0	R'0
HOSPICE ASSOC OF						72		
HUMANA PEOPLE TO PEOPLE			-			100		
IKAHENG COMMUNITY			-			100		
ILITHA COMMUNITY PSYCHOLOGY			-			100		
ITHUBALETHU DEV			(331	648		100		
IXABISO LOMNTU AIDS AWARE			-	663		100	6	
JABEZ AIDS HEALTH			-	615		100		
KEISKAMMA			(663)			100		
	3	6			6		4	6

ANNEXURE
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	2023/2						2022/2	
	TRANSFER				TRANSFE			
DEPARTMENT/AGENCY/	Adjuste appropriatio	Roll	Adjustment	Tota Availabl	Actua Transfe	Availabl fund transferre	Final	Actua Transfe
	R'00	R'00	R'00	R'00	R'00	%	R'00	R'00
NYWARA HOME BASED		-	-			100		
OFFICE CAPACITATION-	-	-	-	-	-		-	-
RETIRED HLTH CARE PERSONAL			-			66		
SAKHIMPILO HOME BASED CARE		-	-			100		
SINAKO WELLNESS & DEVELOP		-	-			100		
SINOTHANDO HOME OF	-	-	-	-	-		-	-
SIYAKHANYISA HIV/AIDS SUPPORT		-	-			100		
SIYAPHAMBILI ORPHAN		-				49		
SIZANENGUQU HOME COMM BASED		-	-			100		
SOCIAL			-			100		

ANNEXURE
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	R'00						R'00	
	TRANSFER				TRANSFE			
DEPARTMENT/AGENCY/	Adjuste appropriatio	Roll	Adjustment	Tota Availabl	Actua Transfe	Availabl fund transferre	Final	Actua Transfe
	R'0	R'0	R'0	R'0	R'0	%	R'0	R'0
SOCIAL HLTH AND			-			100		
SOPHAKAMA COMM BASED			(332)			100		
DEVELOPMENT	66	31	648		64	%	63	31
SOPHUMELELA CLINIC			-			100		
ST BERNARDS			-			100		
ST FRANCIS			-			100		
STEVE VUKILE MULTIPURPOSE			-			50		
THE S.A RED CROSS			(1,86		-			
UBUHLEBETHU 1203 ORGAN		-				100		
UKHAMBA				(210)		100		
WE				410 648		75		
WE CARE PROJECT			-			100		
YIZANI HOME BASED			-			99		
	35,5		**-**		**35,4**	**85**	**34,4**	
	41	**6,188**	**41,729**		**41**	**%**	**18**	**26,528**

ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	2023/24						2022/23	
	TRANSFER ALLOCATION				EXPENDITURE			
HOUSEHOLDS	Adjusted appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds transferred	Appro-priation Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Transfers								
Districts	122,553	-	-	122,553	242,939	198%	280,787	270,121
Clinical H/Comp	115,105	-	-	115,105	194,061	169%	196,418	157,978
Other	77,365	-	-	77,365	33,680	44%	61,156	48,034
Total	**315,023**	**-**	**-**	**315,023**	**470,680**	**149%**	**538,361**	**476,133**

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2023/24 R'000	2022/23 R'000
Donations			
Vodacom	Medical & Allied Equipment	-	4,773
DG Murray Trust (DGMT)/KFW	Medical & Allied Equipment	-	16,919
DG Murray Trust	Computer Equipment	-	6,311
Anglo American/Tshikululu Trust	Motor Transport	5,238	-
National Department of Health	Computer Equipment	3,244	-
TOTAL		**8,482**	**28,003**

ANNEXURE 1I
STATEMENT OF AID ASSISTANCE RECEIVED

		2023/24				
NAME OF DONOR	**PURPOSE**	**OPENING BALANCE**	**REVENUE**	**EXPENDI-TURE**	**PAID BACK ON/BY 31 MAR**	**CLOSING BALANCE**
		R'000	**R'000**	**R'000**	**R'000**	**R'000**
Received in cash						
European Union		2,114	-	-	-	2,114
Office of the Premier		39	-	-	-	39
IDZ		779	-	-	-	779
Tirelo Bosha		45	-	-	-	45
Methodist Church of South Africa		11	-	-	-	11
TOTAL		**2,988**	**-**	**-**	**-**	**2,988**

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2024 - LOCAL
Guarantee in respect of Housing

GUARANTOR INSTITUTION	Original guaranteed capital amount	Opening balance 1 April 2023	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released 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 2023
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
ABSA	-	122	-	-	-	122	-	-
Standard Bank	-	287	-	-	-	287	-	-
Nedbank LTD (NBS)	-	137	-	-	-	137	-	-
Nedbank LTD	-	94	-	-	-	94	-	-
FNB (Firstrand)	-	390	-	-	-	390	-	-
FNB (Saambou Bank)	-	51	-	-	-	51	-	-
Peoples Bank (FBC FID)	-	35	-	-	-	35	-	-

ANNEXURE 3A
(CONTINUED)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2024 - LOCAL (CONTINUED)
Guarantee in respect of Housing

GUARANTOR INSTITUTION	Original guaranteed capital amount	Opening balance 1 April 2022	Guarantees draw downs during the year	Guaranteed repayments / cancelled/ reduced/ released during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2023	Revaluations due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2023
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Old Mutual (Nedbank)	-	145	-	-	-	145	-	-
Unique Finance	-	61	-	-	-	61	-	-
SA Home Loans	-	13	-	-	-	13	-	-
	-	1,335	-	-	-	1,335	-	-

ANNEXURE 3B
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					
Legal Claims	24,922,539	1,764,718	(4,361,810)	-	22,325,447
TOTAL	24,922,539	1,764,718	(4,361,810)	-	22,325,447

ANNEXURE 4
CLAIMS RECOVERABLE

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
Department						
Department of Sport EC	-	-	-	62	-	62
Department of Agriculture EC	-	-	148	72	148	72
Deeds office EC	-	-	26	-	26	-
Department of Social Development EC	-	-	78	-	78	-
Premier Office EC	-	-	56	-	56	-
Department of Transport EC	-	-	-	13	-	13
Public works EC	-	-	13	-	13	-
National Department of Correctional Services	-	-	66	65	66	65
National Department Education	-	-	76	37	76	37
National Department of Defence	-	-	32	32	32	32
Department of Health NW	-	-	443	422	443	422
Department of Health KZN	-	-	1,061	597	1,061	597

ANNEXURE 4
CLAIMS RECOVERABLE (continued)

Government entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
Department of Health Gauteng	-	-	194	88	194	88
Department of Health WC	-	-	239	152	239	152
Department of Health NC	-	-	-	389	-	389
Total	**-**	**-**	**2,432**	**1,929**	**2,432**	**1,929**

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
DEPARTMENTS						
Current						
EC: Office of the Premier	2,022	1,056	-	-	2,022	1,056
EC: COGTA	-	-	-	-	-	-
EC: Provincial Treasury	1,709	1,709	-	-	1,709	1,709
EC: Public Works	24,276	22,632	-	-	24,276	22,632
EC: Department of Transport	571,133	305,555	-	-	571,133	305,555
EC: Department of Sport	66	-	-	-	66	-
EC: Department of Social development	60	-	-	43	60	43

ANNEXURE 5

INTER-GOVERNMENT PAYABLES (continued)

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2024	31/03/2023	31/03/2024	31/03/2023	31/03/2024	31/03/2023
	R'000	R'000	R'000	R'000	R'000	R'000
National Department of Justice	1,014,887	855,459	-	-	1,014,887	855,459
National Department of Water and Sanitation	-	-	163	-	163	-
South African Police Services	-	-	74	133	74	133
National department of Health	1,566	1,566	-	-	1,566	1,566
Health WC	-	-	-	87	-	87
Health KZN	18	-	-	18	18	18
Health Limpopo	-	-	77	-	77	-
Provincial Treasury Gauteng	-	-	168	-	168	-
Total	**1,615,737**	**1,187,977**	**482**	**281**	**1,616,219**	**1,188,258**

ANNEXURE 6

INVENTORY

	Note	Medicines and medical supplies	TOTAL
		R'000	R'000
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2024			
Opening balance		729,409	729,409
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash	6.4	3,280,269	3,280,269
Add: Additions - Non-cash		23,496	23,496
(Less): Disposals		(2,924)	(2,924)
(Less): Issues		(3,085,607)	(3,085,607)
Add/(Less): Received current, not paid (Paid current year, received prior year)		15,586	15,586
Closing balance		**960,229**	**960,229**

ANNEXURE 6

INVENTORY

	Note	Medicines and medical supplies	TOTAL
		R'000	R'000
INVENTORIES FOR THE YEAR ENDED 31 MARCH 2023			
Opening balance		767,451	767,451
Add/(Less): Adjustments to prior year balances		-	-
Add: Additions/Purchases - Cash	6.4	3,194,919	3,194,919
Add: Additions - Non-cash		3,730	3,730
(Less): Disposals		(2,258)	(2,258)
(Less): Issues		(3,234,433)	(3,234,433)
Add/(Less): Received current, not paid (Paid current year, received prior year)		-	-
Closing balance		**729,409**	**729,409**

ANNEXURE 7A

Movement in Capital Work-in-Progress
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2024

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,252,945	357,773	191,570	2,419,148
Dwellings				-
Non-residential buildings	2,252,945	357,773	191,570	2,419,148
Other fixed structures	-	-	-	-
TOTAL	2,252,945	357,773	191,570	2,419,148

ANNEXURE 7A

Movement in Capital Work-in-Progress (continued)
MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2023

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	3,499,907	461,112	1,708,074	2,252,945
Dwellings	-	-	-	-
Non-residential buildings	3,499,907	461,112	1,708,074	2,252,945
Other fixed structures	-	-	-	-
TOTAL	3,499,907	461,112	1,708,074	2,252,945

ANNEXURE 11

COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1	Subtotal Q2	Subtotal Q3	Subtotal Q4	2023/24 TOTAL	2022/23 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000
Compensation of employees	**30,465**	**44,345**	**23,384**	**(4,577)**	**93,617**	**607,016**
Goods services	**41,751**	**14,327**	**16,413**	**9,105**	**81,596**	**400,750**
ADMINISTRATIVE FEES: PAYMENTS	-	-	-	(520)	(520)	-
AGENCY&SUPRT/OUTSOURCED SERVICES	1,705	-	-	-	1,705	12,076
BURSARIES (EMPLOYEES)	16	16	30	-	62	43
TRAVEL AND SUBSISTENCE	-	46	-	-	46	41
COMMUNICATION	-	-	-	-	-	18,816
COMPUTER SERVICES	6,209	574	200	-	6,983	278
CONS SUPPLIES	574	1,031	848	(148)	2,305	5,057

ANNEXURE 11

COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1	Subtotal Q2	Subtotal Q3	Subtotal Q4	2023/24 TOTAL	2022/23 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000
Goods services (continued)						
CONS:STA,PRINT&OFF SUP	-	-	395	-	395	469
CONTACTORS	819	-	-	(819)	(0)	-
INV: MEDICINE	-	-	-	-	-	222
INV:CHEMS,FUEL,OIL,GAS,WOOD&COAL	3,083	2,325	1,601	616	7,625	4,487
INV:CLOTH MAT&ACCESSORIES	-	-	-	-	-	-
INV:FOOD & FOOD SUPPLIES	137	710	778	429	2,054	52
INV:MATERIALS AND SUPPLIES	-	-	-	-	-	484
INV:MEDICAL SUPPLIES	19,117	5,564	5,420	1,076	31,177	100,494
INV:OTHER SUPPLIES	-	-	4,098	-	4,098	42
LABORATORY SERVICES	8,437	2,235	-	5,068	15,740	159,595
MINOR ASSETS	-	99	(99)	-	-	-
FLEET SERVICES	-	-	-	-	-	230
OPERATING PAYMENTS	-	-	-	-	-	206
PROPERTY PAYMENTS	1,655	1,726	3,142	3,402	9,925	97,556

ANNEXURE 11
COVID 19 RESPONSE EXPENDITURE
Per quarter and in total

Expenditure per economic classification	Subtotal Q1	Subtotal Q2	Subtotal Q3	Subtotal Q4	2023/24 TOTAL	2022/23 TOTAL
	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies	-	8	-	-	8	79
Other transfers to households	-	8	-	-	8	79
Expenditure for capital assets	4,481	13,041	-	1,923	19,445	72,249
Buildings and other fixed structures	4,481	13,041	-	1,923	19,445	60,265
Other machinery and equipment	-	-	-	-	-	11,984
TOTAL COVID 19 RESPONSE EXPENDITURE	76,697	71,721	39,797	6,451	194,666	1,080,094

Province of the
EASTERN CAPE
HEALTH



PR238/2024 | ISBN: 978-1-77997-207-1

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.echealth.gov.za